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“When Surviving Jim Crow Is a Preexisting Condition”: The Impact of COVID-19 on African Americans in Late Adulthood and Their Perceptions of the Medical Field

Taryne M. Mingo

This article examines how the trauma of historical and structural racism affects one’s health and well-being across the life span, specifically for African Americans identified as descendants of Africans enslaved in the United States (DAEUS). Counselors are provided with antiracist strategies to support the intersection of multiple social identities for DAEUS citizens in late adulthood disproportionately affected by COVID-19.

Keywords: DAEUS, late adulthood, COVID-19, Jim Crow, intersectionality

At the height of the novel coronavirus (COVID-19) pandemic in March 2020, the Centers for Disease Control and Prevention (CDC) recognized vulnerable populations susceptible to dying from COVID-19 because of increased health vulnerabilities, focusing specifically on persons over 65 years of age (CDC, 2020b). The CDC (2020a) also recognized Black and Latinx persons as two vulnerable racial demographic populations susceptible to dying from COVID-19 at disproportionate rates compared with White Americans in the United States, specifically because of “social determinants of health” (para. 2). Therefore, Black and Latinx persons in late adulthood, or over 65 years of age, could be considered most vulnerable and least able to survive COVID-19. Counselors are called upon to advocate for the social and emotional needs of these populations and be informed about the significance of historical and structural racism contributing to their vulnerability in the United States.

On April 10, 2020, U.S. Surgeon General Dr. Jerome Adams gave a national press conference in the White House briefing room acknowledging Black and Latinx persons as being “socially predisposed” to health disparities, and, therefore, much more susceptible to dying from the virus as a result of preexisting

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health conditions such as diabetes, heart disease, and hypertension (Summers, 2020). Dr. Adams acknowledged that people of color were “not biologically or genetically predisposed to get COVID-19,” but what is worth noting, for the purposes of this article, is when he asked people of color, specifically Black and Latinx Americans, to “step up” and “avoid alcohol, drugs and tobacco” to reduce the impact and effects of COVID-19 within marginalized communities (Summers, 2020). Despite the CDC publicly acknowledging that people of color were disproportionately at risk for COVID-19 exposure due to their occupations as essential employees, Dr. Adams instructed people of color to follow the White House Task Force rules and placed full responsibility on people of color to prevent COVID-19 spread in their communities by protecting their “Big Mama” or “Abuela” (Summers, 2020). Dr. Adams’s public statement served to uphold a half-truth narrative about the health disparities among people of color, normalizing systemic racism and ignoring the ongoing traumatic impact of historical and structural racism on the health of people of color in the United States (Bunn, 2020). In effort to complete the narrative shared by the CDC and Dr. Adams, as author, I will provide a historical, contextual, and intersectional analysis of growing up in the Jim Crow South as told by 10 research participants. Through their narratives, I hope counselors will empathize with the citizens who are descendants of Africans enslaved in the United States (DAEUS) and understand their reluctance to seek help from mental health settings due to a lifetime of anti-Black health care in medical settings, and I urge counselors to strive to promote antiracist interventions acknowledging the impact of historical racism on the health of DAEUS citizens.

THE DAEUS STUDY

Participants’ excerpts from my ongoing qualitative research study, “Exploring the Impact of Historical Racism on the Health of African Americans (DAEUS) in Late Adulthood During a Global Pandemic,” are shared throughout this article to highlight DAEUS citizens’ perceptions of the medical field after a lifetime of experiencing legalized segregation and racism—also known as the Jim Crow era—and anti-Black health care. The purpose of this phenomenological research study is to explore the experiences of African Americans in late adulthood, specifically DAEUS citizens who grew up during the Jim Crow era (1930–1955), to develop major themes that more adequately reflect how trauma across the life span affects one’s overall well-being. Through snowball sampling and the use of audio-recorded, semistructured interview questions, I met with each participant individually to understand their lived experiences during the Jim Crow era, perceptions of their health, and perceptions of health care settings today. The study’s theoretical framework is grounded in the five tenets of critical race theory (Delgado & Stefancic, 2017) and guided by Bowleg’s (2012) five assertions that a lens of intersectionality (Crenshaw, 1995) in health care settings is critical to achieve equitable public health for all.

Research participants consisted of a small group of African American individuals ($N = 10$) between 68 and 90 years of age whose childhood and adolescent experiences reflect the traumatic effects of growing up in the segregated U.S. southern region. Specifically, these research participants identified as DAEUS who have experienced a lifetime of overt, structural racism and discrimination and may feel inhibited to seek help in medical settings due to previous or current discriminatory experiences by health care professionals. The geographic backgrounds of each participant included the southern states of Alabama, Georgia, North Carolina, Virginia, and Tennessee. Their occupational histories included retired educators, nurses, law enforcement personnel, veterans, and factory technicians. Of the 10 participants, seven were women and three were men, 80% lived alone but were supported by their children, and 40% described having at least a master's degree. In terms of health status, 70% of participants described their health as adequate for their age, and 90% of participants acknowledged having at least one serious health concern such as heart disease, Type 2 diabetes, chronic kidney disease, and/or hypertension. Among all participants, 50% stated that they visited health care settings at least 2 to 3 times a month for routine checkups, and 30% acknowledged the need to visit health care settings for emergency reasons at least 3 times a year. All participants attended segregated, all-Black schools in the South; 70% attended segregated schools for the full duration of their school experience, whereas 20% experienced the trauma of integrating into predominantly White classrooms.

When considering the long-term consequences of being legally treated as second-class citizens and denied adequate care because of one's racial identity, it should be no surprise that surviving individuals of the Jim Crow era would suffer a number of physical and mental health disparities into late adulthood. Add today's global COVID-19 pandemic involving a virus that has deadly consequences for anyone with preexisting health conditions, DAEUS citizens in late adulthood are dying at disproportionate rates in comparison with White persons in the same age group as a direct result of historical and ongoing racism in the country. Therefore, counselors who wish to support this population safely should reflect on how their current perceptions of historical racism reinforce White supremacy and/or perpetuate anti-Black treatment through limited counselor self-awareness, cognitive dissonance, and deflection when reading about racial trauma in the United States.

The remaining sections of this article will provide excerpts from research participants whose various backgrounds reflect the long-term impact of structural racism and legal discrimination, particularly as they relate to the intersection of race, gender, and socioeconomic status. Participants' names have been changed to protect confidentiality. By incorporating research participants' experiences growing up in the U.S. South, this article will accomplish three goals: (a) highlight the lifelong, traumatic impact of legalized racism and racial segregation on the physical and mental well-being of DAEUS citizens; (b) examine the

medical field's history of upholding standards of White supremacy, including anti-Black health care practices; and (c) provide counselors with antiracist counseling strategies that incorporate the intersection of multiple social identities for DAEUS clients in late adulthood challenged by the national impact of COVID-19. The focus on African Americans identified as DAEUS is not to suggest non-DAEUS Black citizens are not severely affected by racism but to highlight the unique impact of generational trauma and poverty as a direct result of slavery in the United States.

RACISM IS TRAUMA

Racial health disparities have existed long before the COVID-19 pandemic. In fact, I would argue that the physical, mental, and economic impact on the lives of Black people began with White colonization and White violence, most notably beginning with the transatlantic slave trade. Consider, also, the inevitable health consequences caused by chattel slavery, over 100 years of lynching, segregation, legal discrimination, mass incarceration, and police brutality, to name a few. Despite the dismantling of Jim Crow laws and updated constitutional rights preventing the discrimination against anyone based on race, more covert forms of racism have emerged to contribute to the chronic stress of DAEUS citizens, all of which have a significant effect on a person's health (Forde et al., 2019; Rogers et al., 2020). Racism is trauma, and it can have a significant impact on the mind and body (Bryant-Davis & Ocampo, 2005). Considering White Americans live 5 to 7 years longer than Black Americans due to disparities in income, education, health, and occupation (Geruso, 2012), it calls to question the quality of life for Black Americans, specifically DAEUS citizens.

"The Way It Was"

Upon the issuance of the Emancipation Proclamation in 1865, many DAEUS families, having no money, education, or transportation to leave, remained on plantations. As a result, generations continued as sharecroppers working long hours for meager wages. Eli, a 69-year-old Army veteran, described his youth as a sharecropper in the cotton fields of Madison, Georgia. He said, "We worked from sun up to sun down, and were only paid three dollars a day! And this was the '50s." Working as a sharecropper meant living in dilapidated housing and enduring harsh conditions, and access to a doctor was not guaranteed. Stacy, a 72-year-old Alabama woman, talked about witnessing her sister step on a nail completely barefoot, but since White doctors would not treat Black patients in her town, her family had to rely on home remedies. She said, "My aunt pulled the nail out with her hands, she put some fat on it, and told our mom to keep a penny tied around her ankle. That was it."

The Jim Crow laws of segregation reinforced the inferiority of Black Americans while promoting White supremacy. Some research participants described

having to step off the sidewalk whenever a White person approached, as well as the emotional toll of witnessing their parents cater to the needs of White people as maids and handymen. "Every time my uncle saw a White man, he'd jump off the sidewalk and tip his hat, 'Mornin' sir,' he'd say," stated Sam, 68 years old. He added, "You just tried not to put yourself in a dangerous situation. And I remember the 'Whites Only' signs. Meant having to stay in our place." Similarly, Wesley, a 75-year-old participant, described having to walk around to the back of a restaurant when he and his family wanted to go out for dinner. He stated, "Colored folks, we weren't called Blacks back then, had to be seen in the back. The sign said, 'Coloreds Only.' The way it was."

In addition to the experiences of Eli, Stacy, Sam, and Wesley, two other participants, Barbara and Zet, described being denied seating at counter-top restaurants; the experiences of drinking at "Coloreds Only" dirty water fountains; and, as children, seeing billboards on the highway stating, "Nigger, get out of town before the sun goes down." Barbara, a 70-year-old Virginia woman, added, "Even the beach was segregated! By a rickety old fence. The White side had an amusement park, but our side had maybe one vending machine. I mean, it's the same ocean!" According to Zet, a 69-year-old retired deputy sheriff, segregated schooling reinforced feelings of inferiority to White people: "We always got second-hand books from the White schools. And our Black teachers would hit us when the White superintendent visited our room to make us stand at attention." Wesley described walking into an all-White drug store when he was a child to purchase some gum, when a White girl his age eating an apple spit apple chunks into his face. He shared, "I hit her back though, ha! But the adults, all White, called me names and chased me out. We were supposed to stay in our place. Not me."

Racial Trauma at the Intersections

The subtle differences in treatment of DAEUS women and men revealed the intersection of gendered racism and how it affected the physical and mental health of participants. Ms. Lucy, a Georgia woman approaching her 91st birthday in January 2021, acknowledged the vulnerability of being a sharecropper and a woman in the South, especially around the White farm owner who owned the plantation her family lived on. She stated, "There were a lot of biracial children. You had to be careful and walk on eggshells. If he raped you, who would say he didn't." Subsequently, Eli, a biracial man, described what happened when his mother was victimized by the White man who owned the farm they worked on as sharecroppers: "When our family saw me, they blamed her for getting them kicked off the plantation. It was like we were in a mental prison ourselves. Felt we deserved it."

With regard to the experiences of DAEUS men, Sam, a former truck driver, described the difficulty of a Black man finding a well-paying job that did not require physical labor. Sam stated he eventually found work as a truckdriver and, for almost 20 years, made close to \$70,000 per year. He said, "You know, White people did not give you those kinds of jobs, and for a Black man in

the late '70s that was a lot of money.” Sam also acknowledged the difference in pay scale and workload between Black and White truck drivers. He stated White drivers were paid \$13 per hour and Black drivers were paid \$10 per hour, even when paired in the same truck. In addition, Sam described how Black drivers were expected to load and unload heavy pallets of cargo, whereas White drivers remained in the truck watching them unload or went inside a convenience store to eat. When asked why he decided to retire after 20 years, he said, “The physical labor was too much and I had to leave. Some of the other guys stayed because they had to, but most ended up [on dialysis and had to retire].”

Two participants from the same small town in Georgia described uniquely different perspectives of the Jim Crow era due to their families’ socioeconomic status. Wesley, a retired educator, spoke proudly of his father’s activism in the town’s local NAACP chapter, his mother’s background as a teacher, and his parents’ persistence in reminding him that being Black was not a curse. Wesley stated, “My grandfather had owned property since 1905, and we had our own doctors and teachers. Everything was ours, so our humanity was never affected. Being Black motivated us.” Zet, on the other hand, shared a different experience. She described how her father’s death left her family with very little money when she was a child and how she grew up believing Black people were low on the totem pole. She stated, “I never thought to myself, ‘These White people are racist,’ but ‘Why did we have to be Black?’” Fortunately for Zet, her family’s church was the one place she felt a sense of self-esteem, surrounded by other Black leaders in her church.

CONSEQUENCES OF LONG-TERM ANTI-BLACK HEALTH CARE PRACTICES

Intergenerational trauma suggests children can genetically inherit the unprocessed trauma of their parents’ traumatic experiences and, in some cases, maintain similar behavioral patterns or coping mechanisms in response to genetically inherited trauma (Barker et al., 2019; Connolly, 2011). The existence of intergenerational trauma among DAEUS clients, of any age, indicates the need for counselors to understand the physical and mental health consequences of long-term anti-Black health care, especially in a global pandemic. Ms. Lucy, a former motor technician, described a White doctor’s unwillingness to treat her when she was sick as a teenager: “He wouldn’t even touch me. Just said, ‘Nothing’s wrong with her. She just needs to eat.’ Then left. But we didn’t have any food, and I was tissue-paper thin.” The combination of poverty and a lifetime of race-based trauma should be recognized by counselors as significant indicators of chronic stress (Yoshikawa et al., 2012). For many DAEUS citizens growing up in the South, medical attention was either nonexistent or inadequate. Ms. Lucy, Zet, and Eli described the segregated wards in hospitals and how, as children, they watched all the White

patients be treated first while they were seated in dirty waiting rooms. Eli stated, "I remember it would take a long time for the doctor to arrive, and his demeanor said, 'Let me get in and get out.'" He added, "I never knew what it was like to be seen by a caring White doctor until I received services through the VA [Veterans Affairs] after I joined the military."

Unfortunately for Black Americans, centuries-long exposure to racism, White supremacy, and anti-Black governmental policies and procedures has left little time for healing from intergenerational trauma and is likely one of the causes of health disparities within the Black community today. Sam described the consequences of growing up in a wood cabin with no electricity or refrigeration, which meant an inability to have access to milk or meat at home, and always having to go to bed fully dressed during the winter. Sam stated, "But when I got my first job at 19, I tasted ham for the first time, and always loved the taste. I know it's why I have blood pressure problems now." Just as trauma counselors support clients who have adopted behavioral patterns to cope with past traumatic events, counselors should be mindful about personal biases pertaining to health and dietary habits in the Black community. Zet, in particular, felt that the ongoing narrative about health disparities among the Black community contributed to inadequate care from doctors even during the COVID-19 pandemic. He said, "Doctors assume your health is bad because you're Black. So they don't give full energy to help you. Like we're cursed to be sick, so why bother saving us."

"Black People Don't Feel Pain"

Damon Tweedy, author of the 2015 book *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*, acknowledged a common racist perception that Black persons have a higher tolerance for pain in comparison with Whites. Being privy to this stereotype as a Black woman myself, it was not a surprise to hear my research participants share similar interactions they had with medical staff, whom they felt carried this same perception when treating them as patients, particularly nurses who were inconsiderate in acknowledging their level of pain. Nina, a 68-year-old retired educator, stated, "He was just going to put the dialysis needle in without any numbing cream! I jumped. Then he said, 'Oh, your arm looked tough enough.'" Jenny, a 68-year-old Tennessee woman, stated, "This White phlebotomist stuck me four or five times, never apologized, and got visibly mad at me when I requested a different nurse to put in the IV line!" Ms. Lucy added, "When I was a teenager, White doctors had a room for Whites and a room for Blacks. It didn't matter how much pain you were in, they would treat White patients first and get to you around 10 o'clock at night." For counselors wishing to support this population, we must consider the ways we reinforce this perception in counseling practices, including ways we diminish the emotional pain of DAEUS clients in late adulthood in counseling settings.

Black Health Matters

Although the Tuskegee Syphilis Study from 1932 to 1972 is a highly referenced source for the Black community’s distrust of the medical profession, the White medical community’s treatment of DAEUS citizens has demonstrated centuries-long mistreatment and indifference to Black health. One research participant, Barbara, stated, “White doctors weren’t shy about dismissing you as a Black patient. They assumed we were uneducated, and so we would receive the worst care.” As a nurse of over 30 years, Jane, a 71-year-old Georgia native, described how Black nurses at her medical facility were frequently given an increased number of patients in comparison with White nurses, and how White nurses were not expected by management to treat Black patients. Jane stated, “It was probably a good thing though. It was obvious the White nurses did not see Black patients as human the way they acted around them. Like they didn’t want to touch them.”

Three other research participants also discussed how doctors automatically assume that the participants, even now in their late adulthood, cannot afford the best medical procedures to heal their ailments and tend to offer superficial medical advice. Nina explained how frustrated she became by her nephrologist’s failure to provide multiple health care options. She said, “When I found out I had chronic kidney disease, my nephrologist automatically tried to prep me for hemodialysis. But a White coworker told me about at-home peritoneal dialysis.” In addition, she discussed feeling discriminated against after she confronted the nephrologist about his failure to provide all options to treat her kidney disease: “He said, ‘Well, peritoneal dialysis requires a constant sterile environment and being able to follow procedures methodically.’ I changed nephrologists.” Fortunately for Nina, she successfully managed at-home peritoneal dialysis for 6 years before receiving a kidney transplant in 2017.

Jenny, an Army veteran, felt the negative media coverage about Black people’s substance use was the cause of her inability to get pain medication from her White dentist. Jenny stated, “I go to the same dentist as my White friends, but they get pain medicines, I don’t. When I ask, he just says, ‘Not needed. It won’t help you.’” Although she realized other DAEUS citizens have been affected differently by “the system,” Jenny felt her military background and parents’ reliance on natural herbs instead of medication were the source of her ability to advocate for her own health. In fact, various studies have found racial disparities related to doctors’ willingness to give pain medication, whereby Black patients were less likely than White patients to receive medication (Goyal et al., 2015; Hampton et al., 2015; Hoffman & Trawalter, 2016). Unfortunately, for many of the research participants, the fight to be heard and treated fairly by White doctors and nurses is an ongoing battle, and accepting the care of White physicians is something to be taken at face value. As Zet put it, “I have no choice but to rely on my previous experiences with White doctors. But I always hope their actions prove me wrong.”

PROVIDING INTERSECTIONAL ANTIRACIST COUNSELING STRATEGIES FOR DAEUS CLIENTS IN LATE ADULTHOOD

First and foremost, it is important for counselors to recognize that although DAEUS clients share a historical experience, they are not a monolithic group, and depending on their families' level of access and location, they may not view their past experiences during a period of legalized racism as traumatic. As mentioned by participants in this study, their interactions with White persons and the medical community were shaped by the intersection of gendered racism, class, state laws, and, in the cases of Eli and Jenny, privileges offered by military life. Some DAEUS families were able to migrate North to escape the hostile race relations of the South, and although they were still not treated as equals in the North, opportunities for economic advancement and Black health care improved. Therefore, counselors should actively engage in literary awareness about the historical impact of systemic oppression, specific to DAEUS clients, to safely support this population and prevent further traumatization and mistrust. Being informed goes beyond traditional-style book clubs or reading groups, and White counselors are encouraged to be accountable and engage in courageous conversations that challenge cognitive dissonance or deflection as a result of White fragility. The American Counseling Association's (ACA) Advocacy Competencies (J. A. Lewis et al., 2003; Toporek & Daniels, 2018) are the recommended next step to support the intersectional differences among DAEUS clients in late adulthood as well as their support systems in the midst of a global pandemic.

Given the threat of COVID-19 and external social factors contributing to the vulnerability of DAEUS clients in late adulthood, such as the high percentage of Black persons representing "essential employees" supporting DAEUS clients in late adulthood, these recommendations will focus on the meso level of advocacy. According to the ACA Advocacy Competencies' meso level of working *with clients*, also known as *community collaboration*, counselors identify and address barriers within their community that affect clients and operate as an ally for clients by including client voice when examining issues and determining a course of action (J. A. Lewis et al., 2003; Toporek & Daniels, 2018). Through engaging in literary awareness about the complexity of systemic oppression, counselors will understand why simply following the White House Task Force rules regarding COVID-19, as suggested by the U.S. Surgeon General, will not protect DAEUS clients in late adulthood. Therefore, putting DAEUS clients and their support systems in the role of experts and leaders to address realistic means of preventing COVID-19 spread is key. In a virtual format, counselors can collaborate with this population to develop solutions. One example may be developing a recorded virtual monologue about a topic addressing an equity gap in their community, such as transportation challenges for DAEUS clients ages 65 and older who can no longer rely on public transportation without

potentially exposing themselves to COVID-19. This recording could be shared by the counselor in privileged spaces to promote change. For the purposes of confidentiality, an audio recording may be considered the best option.

The ACA Advocacy Competencies' meso level of working *on behalf* of clients, also known as *systems advocacy*, encourages the counselor to advocate on behalf of their clients in spaces they may not have access to, such as counseling conferences and committees, counselor preparation courses, or clinical group supervision meetings (J. A. Lewis et al., 2003; Toporek & Daniels, 2018). Counselors can take collaborative solutions from DAEUS clients and their support systems, and they can copresent these ideas in privileged virtual spaces such as clinical committee meetings. The goal is not only to provide DAEUS clients an outlet for testimony of their experiences, but also to position DAEUS clients and their support systems in the role of experts in providing ideas and suggestions in spaces they would not normally have their voices heard. These opportunities, in conjunction with potential virtual group counseling sessions, can have a profound effect of healing among DAEUS clients when they are able to have a direct impact on their circumstances in addition to receiving external support. Antiracist counseling should move from being passively self-informed to actively developing an advocacy plan on behalf of the clients' personal community.

Finally, and in terms of transparency, language matters when discussing identity and marginalization, as terminology surrounding identity is intersectional (Bowleg, 2012). The U.S. Surgeon General, Dr. Jerome Adams, referred to African Americans who were disproportionately reflected in the COVID-19 death toll as being "socially predisposed" (Bunn, 2020), and the CDC (2020a) in its website acknowledged "social determinants of health" as contributing to preexisting health conditions among people of color. Counselors are called upon to not only recognize the history of DAEUS clients but also use terminology that adequately represents their trauma and avoid the use of terminology that promotes White comfort at the expense of DAEUS clients' direct experiences. Putting racism at the center of discussions about health disparities among people of color provides contextual understanding for the health of people of color without indirectly blaming them for their illnesses, especially when describing the impact of historical racism on the lives of DAEUS citizens. Therefore, when finding ways to support DAEUS clients in late adulthood affected by COVID-19, counselors should be mindful of their perceptions and biases regarding the health of this specific population.

IMPLICATIONS FOR COUNSELING

On December 20, 2020, Dr. Susan Moore, a 52-year-old Black medical physician, died of complications from COVID-19 a few weeks after sharing a self-recorded video describing the racially biased treatment by a White hospital physician. In the video, Dr. Moore described how her complaints of pain and

discomfort were not taken seriously and how the hospital doctor refused to give her more narcotics before releasing her to go home soon afterward (Eligon, 2020). The heartbreaking video not only highlighted the vulnerability of Black Americans in health care settings but also served to combat the assertion that medical bias only impacts poor Black patients. For many Black Americans who witnessed Dr. Moore's nationally televised plea for help, only to learn she died, what happened to her served to retraumatize and reinforce what has been known to DAEUS citizens for centuries: "I put forth and I maintain if I was White, I wouldn't have to go through that," stated Dr. Moore just before her passing from COVID-19 complications.

Although it is evident that COVID-19 does not discriminate, the same cannot be said about the U.S. health care system, including the mental health care systems. There is overwhelming evidence suggesting racial/ethnic minority patients continue to receive worse health care than White patients (Agency for Healthcare Research and Quality, 2020; Hatzenbuehler et al., 2013). Counselors need to advocate for Black and Latinx clients through advocacy and active dialogue. The global pandemic, in which Black and Latinx persons are dying in disproportionate numbers, reveals the need for interventions to address social inequality among groups most at risk for unfair or unequal treatment in health care settings. Incorporating intersectionality to understand racism may provide an opportunity to promote counseling practices that incorporate systemic and structural racism (T. T. Lewis & Van Dyke, 2018). Intersectional approaches to racism assume that racism experiences do not exist in a vacuum and change as a function of one's membership to multiple marginalized identity groups. Therefore, there is a definite need for more research in counseling focusing on how discrimination affects people of color's health (T. T. Lewis & Van Dyke, 2018) and the long-term health consequences of racial trauma across the life span.

REFERENCES

- Agency for Healthcare Research and Quality. (2020). *2018 national healthcare quality and disparities report*. <https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr18/index.html>
- Barker, S., Sedgemore, K., Tourangeau, M., Lagimodiere, L., Milloy, J., Dong, H., Hayashi, K., Shoveller, J., Kerr, T., & DeBeck, K. (2019). Intergenerational trauma: The relationship between residential schools and the child welfare system among young people who use drugs in Vancouver, Canada. *Journal of Adolescent Health, 65*(2), 248–254. <https://doi.org/10.1016/j.jadohealth.2019.01.022>
- Bowleg, L. (2012). The problem with the phrase *women and minorities*: Intersectionality—an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267–1273. <https://doi.org/10.2105/ajph.2012.300750>
- Bryant-Davis, O., & Ocampo, C. (2005). The trauma of racism: Implications for counseling, research, and education. *The Counseling Psychologist, 33*(4), 574–578. <https://doi.org/10.1177/0011000005276581>
- Bunn, C. (2020, April 15). *Black health experts say Surgeon General's comments reflect lack of awareness of Black community*. NBC. <https://www.nbcnews.com/news/nbcblk/black-health-experts-say-surgeon-general-s-comments-reflect-lack-n1183711>
- Centers for Disease Control and Prevention. (2020a, July 24). *Health equity considerations and racial and ethnic minority groups*. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

- Centers for Disease Control and Prevention. (2020b, November 30). *COVID-19 hospitalization and death by race/ethnicity*. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- Crenshaw, K. (1995). *Critical race theory: The key writings that formed the movement*. The New Press.
- Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory, symbolization and narrative. *Journal of Analytical Psychology, 56*(5), 607–626. <https://doi.org/10.1111/j.1468-5922.2011.01936.x>
- Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction* (3rd ed.). New York University Press.
- Eligon, J. (2020, December 23). Black doctor dies of COVID-19 after complaining of racist treatment. *The New York Times*. <https://www.nytimes.com/2020/12/23/us/susan-moore-black-doctor-indiana.html>
- Forde, A. T., Crookes, D. M., Suglia, S. F., & Demmer, R. T. (2019). The weathering hypothesis as an explanation for racial disparities in health: A systematic review. *Annals of Epidemiology, 33*(3), 1–18. <https://doi.org/10.1016/j.annepidem.2019.02.011>
- Geruso, M. (2012). Black-White disparities in life expectancy: How much can the standard SES variables explain? *Demography, 49*(2), 553–574. <https://doi.org/10.1177/s13524-011-0089-1>
- Goyal, M. K., Kupperman, N., Cleary, S. D., Teach, S. J., & Chamberlain, J. M. (2015). Racial disparities in pain management of children with appendicitis in emergency departments. *JAMA Pediatrics, 169*(11), 996–1002. <https://doi.org/10.1001/jamapediatrics.2015.1915>
- Hampton, S. B., Cavalier, J., & Langford, R. (2015). The influence of race and gender on pain management: A systematic literature review. *Pain Management Nursing, 16*(6), 968–977. <https://doi.org/10.1016/j.pmn.2015.06.009>
- Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health, 103*(5), 813–821. <https://doi.org/10.2105/AJPH.2012.301069>
- Hoffman, K. M., & Trawalter, S. (2016). Assumptions about life hardship and pain perception. *Group Processes & Intergroup Relations, 19*(4), 493–508. <https://doi.org/10.1177/1368430215625781>
- Lewis, J. A., Arnold, M. S., House, R., & Toporek, R. L. (2003). *ACA advocacy competencies*. American Counseling Association. https://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf
- Lewis, T. T., & Van Dyke, M. E. (2018). Discrimination and the health of African Americans: The potential importance of intersectionalities. *Current Directions in Psychological Science, 27*(3), 176–182. <https://doi.org/10.1177/0963721418770442>
- Rogers, R., Rogers, C. R., VanSant-Webb, E., Gu, L. Y., Yan, B., & Qeadan, F. (2020). Racial disparities in COVID-19 mortality among essential workers in the United States. *World Medical and Health Policy, 12*(3), 311–327. <https://doi.org/10.1002/wmh3.358>
- Summers, J. (2020, April 10). *US Surgeon General: People of color “socially predisposed” to coronavirus exposure*. NPR. <https://www.npr.org/sections/coronavirus-live-updates/2020/04/10/832026070/u-s-surgeon-general-people-of-color-socially-predisposed-to-coronavirus-exposure>
- Toporek, R. L., & Daniels, J. (2018). *ACA advocacy competencies (updated 2018)*. American Counseling Association. https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-updated-may-2020.pdf?sfvrsn=f410212c_4
- Tweedy, D. (2015). *Black man in a white coat: A doctor’s reflections on race and medicine*. Picador.
- Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist, 67*(4), 272–284.