

To deal with coronavirus, it's time to do the right thing by Todd Furniss

The COVID-19 pandemic is sweeping across America. More than 800,000 Americans have been sickened and nearly 50,000 have died. However, not all those who contract the virus are at equal risk of death. The true underlying issues prevalent in this pandemic are the pre-existing health conditions themselves and getting care for those conditions delivered to those in need. What is happening with coronavirus is highlighting important gaps in our healthcare mentality and thus the corresponding delivery system.

We don't need more ventilators—we need better care for African Americans, this means more black health care providers like doctors, nurse practitioners and physicians' assistants. It also means acknowledging the historic wrongs done to minority healthcare professionals. As a longtime stakeholder in the healthcare industry, I feel I have a unique perspective to analyze the data and a moral responsibility to speak out and to ask other businessmen and women to join me.

We have ramped up production of PPE and ventilators, just as we have with hospital beds and makeshift hospitals. But our resources need to be focused elsewhere. What populations are truly vulnerable and why? The facts of the matter are these. The virus is really contagious. However, over half of the people who get it have no symptoms. Of those who have symptoms, about 10 percent require hospitalization. Nationally the mortality rate is now estimated to [about one percent](#). Of confirmed cases, the mortality rate in my home state of Texas, is estimated at [about 2.6 percent](#).

Underneath that overall percentage are some very important facts. First, we need to remember that testing rates partly determine these percentages and most who succumb to the virus have one or more pre-existing medical conditions making them medically vulnerable, led by diabetes (highly associated with obesity), lung disease, heart disease and, to a lesser extent, kidney disease. In other words, they met the virus in poor health. Their immune system was already under siege. Further, in Dallas, 70 percent of those tragically lost were also more than 60 years old, most of whom were males. Their age further diminished their immune system's ability to combat the virus. Lastly, and importantly, people of color are adversely affected disproportionately. In other words, older, heavier males of color are most likely to fall prey to this disease.

Pointedly specific, our healthcare system has structurally disadvantaged people of color since Abraham Flexner wrote his eponymous report in 1910 that closed all but two medical schools in the country who embraced medical students of color. Physicians of color today make up only four percent of physicians, and eighty percent of those physicians graduated from one of those two schools not closed as a result of Flexner's report.

Why does this matter? A [paper](#) by the National Bureau of Economic Research found that black men treated by a black doctor are 49% more likely to get a diabetes screening, 71% more likely to get a cholesterol screening and 56% more likely to get a flu shot. These screenings directly tie to the pre-existing conditions of those most likely to die from coronavirus.

We need to think of the coronavirus as the quintessential symptom, and not the disease. We do not need to shut down the economy to provide care. We need more access to care provided in communities of color by physicians and professionals of color.

We do this by creating more medical schools attached to historically black colleges and universities. We have an acute undersupply and we need to allocate state and federal funds accordingly. Organized medicine won't like this, but it's time to admit the problem and take responsibility.

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It is also the case that we cannot afford to yield to being “politically correct.” We have clearly identified the real problem as older people of color with pre-existing conditions, and we can focus resources and care on those who really need it most. We need to start promoting and supporting the medical education of people of color to best preemptively treat our historically vulnerable populations before the next healthcare crisis. The real issue we need to address and solve for is the healthcare delivery system’s gaps in care creating or enabling medical vulnerability.

Let’s really focus the nation on the healthcare issues we can identify, and the solutions for those issues.