



APRIL, 2020

Covid-19 in Immigrant Communities

Being poor can be like treading water with the waterline right under your nose. The slightest ripple and you choke, a wave will submerge you. The novel coronavirus pandemic is a tsunami for those living in poverty. As the recent [New York Times article](#) illustrates, communities living in crowded conditions, with uncontrolled chronic diseases like diabetes and hypertension, marginalized by the lack of comprehensible health information, and mistrusting the current systems to treat them fairly will be disproportionately ravaged by Covid-19. We have seen this in the past with tuberculosis, HIV, and hepatitis B. But the novel coronavirus acts faster and in some cases more aggressively and so reveals disparities even more dramatically.

When one of my colleagues moved to Brooklyn from Haiti she and 6 family members lived in a one room apartment until they established themselves and began to develop both social and financial capital. This takes time. In the interim there were three or more to a room managing busy schedules at work and school. But what if the schools are closed and work is restricted? When three or even more generations are in an apartment it takes time to think through how to protect the most vulnerable from those who must go to work to feed the group. Do you plan to send the elderly or chronically ill to a neighbor's or friend's to sequester them? Or, do you have the working people from different households stay together to minimize exposure to their larger families? In order to think this through the group needs time to consider their options and discuss. They need to understand the dynamics of the virus and mechanisms of contagion. To understand the outbreak they need information that is in readily accessible language on platforms that can be managed by the least literate. Infected family members need instructions when discharged from the ER or hospital with practical and understandable

next steps.

Dietary practice, particularly during religious holidays for the devout like Easter, Passover, or Ramadan are some of the most important and joyful vehicles of cultural identity carried forward from the old country to the United States and some of the hardest habits to break. How do you shop, cook, and share meals during a viral pandemic when faith and family are what sustains you and your hope? How do you grieve together and bury your dead? These practices too require thoughtful discussions in advance of the tidal wave.

In the era of *WhatsApp, Facebook, YouTube, TikTok, and Instagram* there is little excuse for Health Departments not getting messages out quickly and comprehensibly to marginalized communities most at risk....ask any middle schooler for help, they are innovative and they aren't busy. But Health Departments have long been under funded.

Covid-19 is revealing the frayed fibers of our safety net. This is evident to everyone struggling for access to care for chronic diseases, without insurance or a reliable clinical home, living from paycheck to paycheck. A tarnished silver lining may be that the nation begins to understand at a much deeper level the brilliance of institutions it took for granted, the role and importance of Public Health and the CDC, the National Institutes of Health, the FDA, the Affordable Care Act, and other remarkable, but underfunded governmental programs.

As advocates for immigrant and refugee communities bring attention to these issues there is a risk of unintentionally stigmatizing already marginalized groups. This happened with migrant children at the southern border accused of bringing tuberculosis, measles, and dengue into the country. Absurd of course, but a reframe of the issues intended to blame the victim, thereby literally adding insult to injury. A delicate balance is required to focus on the issues of education and access to information and adequate care of chronic conditions, and not falsely identify foreigners with infection again.

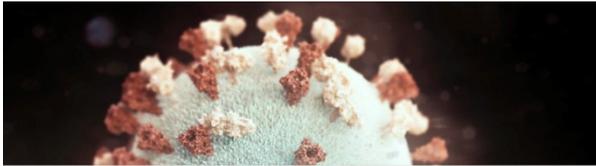
There are myriad stories in this pandemic in each of your communities. We at EthnoMed.org invite you to post your stories and the lessons learned. [Contact us](#). Let's learn from one another and innovate as we go....talk to us and teach us.

Best,
Carey

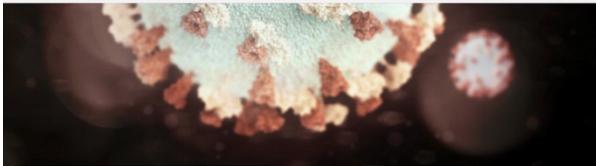
J. Carey Jackson, MD, MPH, MA Medical Director, International Medicine Clinic, Harborview Medical Center

EthnoMed has moved to a new platform and design in Word Press. We welcome feedback as we continue to work on the new site.

Featured Content



CORONAVIRUS



[COVID-19 Online Information](#)

Links to local multilingual information and external web resources on the topic of Covid-19, including public health information and educational materials and outreach by community health boards. A work in progress - check back for updates!



Practicing Cultural Humility

The concept of cultural humility has three tenets:

- Lifelong learning and self-reflection
- Mitigating power imbalances
- Institutional accountability

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Ramadan 2020

April 24 – May 23, 2020
(anticipated dates in North America)

Clinical Considerations:
During Ramadan, Muslims will abstain from food and drink from dawn to sunset. In northern locations like Seattle, the days this year will be long, between 14 and 15 1/2 hours. [MORE](#)



2020 Calendars

13-month calendar (PDF) with photos and information about healthy eating and diabetes. In Amharic, Khmer, Somali, Spanish and Vietnamese, with English. Print on both sides of paper (flip paper on long edge) and fold to make calendar.

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