[MUSIC]

GLENN WAKAM: My work in these Detroit areas, it was optional. I'm a surgical resident at the University of Michigan, and I had this opportunity to go work in these areas, and I've chosen to do it. And when this pandemic started, there was the option to stop, out of danger, and I just couldn't stop based on who I was seeing dying and knowing I had a skill set to help. And so I think that probably affects me differently than some other physicians who are not of color.

[MUSIC]

NARRATOR: Welcome to "We Roar." This spring, with coronavirus disrupting all our lives, we're reaching out to Princetonians everywhere to hear how we're continuing our collective and personal missions, how we're staying together at a distance, and how so many of us are working to serve the wider world. This episode, with a doctor on the front lines in Detroit, explores why African Americans are dying disproportionately.

[MUSIC]

GLENN WAKAM: My name is Glenn Wakam. I'm from the Great Class of 2011. I'm currently a surgical resident at the University of Michigan who's been spending his nights and weekends over the past few months working in a Detroit-area hospital.

The disproportionate amount of infection and death in the African American community has been extremely jarring. It was our experience at that hospital, but at the time when it was happening, we just thought it was a reflection of just the local community. Personally, I didn't think much of it. Sort of, as an African American doctor myself, when the people start dying that look like me, you know, it affects me in a different way. And so that's what I thought I was feeling.

And then, as the numbers across the country started coming out and revealing: This is the experience pretty much nationwide — and not universally, not worldwide, nationwide. So this was a uniquely United States problem. It just, then, revealed that the amount of infection and death is disproportionate to their population size.

So in this home state of Michigan, it's 14% African American. African Americans, though, have accounted for 40% of the deaths. As recently as two weeks ago in St. Louis, African Americans had — although they were something like maybe 20% of the population — accounted for 100% of the deaths. So every person who had died was African American.

And you know, those numbers might have changed around a little bit, but I bet if we looked them up right now, they're roughly the same. And it's even worse, too, when you even get into even smaller areas, like for example, Washtenaw County, where I live, I think the African American population is, you know, less than 10%, but the deaths and infections have, again, been greater than 40%.

[MUSIC]

You know, when this all started, you know COVID-19 was touted as the great equalizer. Officials said it didn't matter your race, your religion, your socioeconomic status, that this would affect us all the same, and that's just not true.

[MUSIC]

It's one of the million-dollar questions: Why? What is happening that is causing communities of color to be disproportionally affected?

You know, there is — some things that are obvious. The underlying health is poorer in these communities. They have higher rates of obesity and hypertension. And people with comorbidities do worse with this virus. But then you go back, and you think, “Why do they have higher rates of obesity and hypertension?”

At Princeton, I actually was a sociology major, and even in 2002, there was a landmark report, "Unequal Treatment," released by the Institute of Medicine, that highlighted the very stark differences in health care — access to health care, transportation, health care outcomes of every major disease — by race.

And what the pandemic has realized is, like, we've really made no progress. There's some things, like infant mortality rate — maternal mortality rate in African American women has gotten worse instead of better over this time.

My senior thesis — when I was at Princeton, I looked at the health care outcomes of African immigrants to this country, and it turns out when they get here — and I'm first-generation, my parents are from Cameroon, and so this hit home with me — when African immigrants come to the United States, they have equivalent health care outcomes to white Americans, and then within one generation — so their children, so me in this example — their outcomes plummet to the equivalent of African Americans who have lived here for generations.

And so it is not a genetic thing. The rates of hypertension and diabetes in Africa aren't higher. And so then, you think that there’s underlying things about our country and our health care system, structurally, that disproportionately disadvantage people of color.

And so that is part of it. And then the other part of it is the essential workers — the people who clean the hospitals, who work the grocery stores, nurses, or techs — are disproportionately people of color. And so they can't socially isolate or work from home. That's a luxury that they don't have. And then their transportation to work, a lot of times, can be predominately on public transportation where you can't socially isolate or distance. And so effects like that, where even people who didn't have worse underlying health are just put in situations where they haven't been able to really protect themselves early on.

And I think the real issue is that what you need to truly solve the problem is to truly

solve the problem of the historic legacy of structural racism and inequality and implicit bias, right? And so those are big things that's hard for anyone to bite off and chew.

I think what's interesting, and what I think more people need to know is: What can we do? What little changes can we make? Are we going to fix the amount of people in low-income areas without access to health care, or who don't get paid a decent living?

Yes, politicians should definitely work on that. But as we know, if anything, in politics, that's not happening next week. But you know, can we talk about: What are the safety nets in place in your local community and how those are being utilized? How those are funded? Can we donate to those and fix local problems? I think we all can do that without any legislation passed.

I think those are the things that people and individuals and small communities need to start doing to make sure people of color around them or in their communities or in their nearby communities are getting a fair shake at life. And I think if everyone just did a little bit, you did something, one thing, whether it was volunteering, donating money, campaigning, you know, if everyone did one little thing, I think we could make big changes.

[MUSIC]

My work in these Detroit areas, it was optional. You know, I'm a surgical resident at the University of Michigan. And I had this opportunity to go work in these areas, and I've chosen to do it. And when this pandemic started, there was the option to stop, out of danger, and I just couldn't stop based on who I was seeing dying and, like, knowing I had a skill set to help.

[MUSIC]

I truly hope my career is different as a result of this pandemic. I came with the heavy background in disparities and sort of have — I don't want to say let it go, but you know, I just haven't been as active and involved in terms of the research or in the things I think about, and I think this has reinvigorated me to think about these issues, talk about these issues, research these issues, and bring them back to the forefront.

So I hope this — these experiences, this pandemic leaves me with a sustained passion for fighting these issues. I mean, they're hard. Change is slow. So people can often fall off on things like that, like it’s human nature to want a little bit more gratification. But I — this has been such a jarring experience that I hope it at least has a sustained, profound impact on me.

[MUSIC]

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