



Macedonia Baptist Church

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Macedonia and COVID-19

(Update #5 – April 9, 2020)

Introduction: What is the COVID-19 Workgroup Talking About?

At a press conference in Chicago, IL, on March 25, 1966, prior to speaking to the Medical Committee for Human Rights, Dr. Martin Luther King Jr. stated, “Of all the forms of inequality, injustice in health[care] is the most shocking and the most inhuman because it often results in physical death.”ⁱ 1966 – 54 years ago. Enter the COVID-19 virus. What do we find? Where are we as a nation today? According to reports from cities across the country, the needle has not moved far in providing healthcare in an equitable manner to all people regardless of race, sex, color, national origin, disability, age or income-level. In Chicago 68% of the COVID-19-related deaths have been Africa Americans, although African Americans represent only 30% of the city’s total population.ⁱⁱ In Nashville, TN, “three drive-thru testing centers sat empty for weeks because the city couldn’t acquire the necessary testing equipment and protective gear like gloves and masks. All of them were in diverse neighborhoods. One is on the campus of Meharry Medical College – a historically black institution.”ⁱⁱⁱ In New York City urgent care doctors are seeing sicker and sicker patients. Dr. Uche Blackstock, the Founder and CEO of Health Advancing Equity in Brooklyn, NY, when interviewed on PBS NewsHour stated that “Black and brown people encounter provider bias” and their “symptoms are often downplayed.”^{iv} In other words, the virus does not discriminate based on race, but the healthcare system does.

Data regarding the diagnosis, treatment and resultant deaths related to COVID-19 by race have not been collected or analyzed on a national scale^v, thereby making it virtually impossible to see the impact of the virus on communities of color and areas of low income – both of which typically include a high percentage of people with compromised health issues such as diabetes, high blood pressure and heart disease. The health issues that make COVID-19 especially virulent.

The disparity in healthcare and the lack of data by race and ethnicity is of such importance that on March 27, 2020, Senator Elizabeth Warren and Congresswoman Ayanna Pressley wrote a letter to the Secretary of the U.S. Department of Health and Human Services. The letter states, “The C.D.C. is currently failing to collect and publicly report on the racial and ethnic demographic information of patients tested for and affected by Covid-19. Our concerns echo those from some physicians: that decisions to test individuals for the novel coronavirus may be ‘more vulnerable to the implicit biases that every patient and medical professional carry around with them,’ potentially causing ‘black communities and other underserved groups ... [to] disproportionately mis[s] out on getting tested for Covid-19.’”

“The letter went on: Although Covid-19 does not discriminate along racial or ethnic lines, existing racial disparities and inequities in health outcomes and health care access may mean that the nation’s response to preventing and mitigating its harms will not be felt equally in every community.”^{vi}

The disparity in healthcare for people of color is historic, well-documented, and is again making an appearance during a crisis where it can result in unnecessary deaths. With this knowledge, be encouraged to be persistent in advocating for yourself and your loved ones, especially now. Be the force to ensure your family and loved ones are following the core health recommendations from the Centers

for Disease Control (CDC). Lead by example washing your hands frequently and maintaining social distance. The core health recommendations are things we can all do to prevent the need to interface with the healthcare system. However, if the need arises, seek help early if you hear a dry cough, observe difficulty breathing, or note a high fever. Be the advocate your family and loved ones need to obtain the best care, and know you have the United States Health and Human Services Office of Civil Rights behind you. The office issued a Bulletin on March 28, 2020 that clearly states, “Decisions by covered entities (healthcare facilities/professionals receiving federal funds) concerning whether an individual is a candidate for treatment should be based on individualized assessment of the patient based on the best available objective medical evidence.”^{vii} If you believe that a covered entity violated your civil rights, conscience and religious freedom, or health information privacy rights, you may file a complaint at <https://www.hhs.gov/ocr/complaints>

Follow these basic safety procedures established by the Centers for Disease Control (CDC)^{viii}

- Wash your hands frequently with soap and water for at least 20 seconds.
- Sneeze or cough into a tissue if available or the crook of your elbow, not your hands. Toss any used tissue. Wash immediately after coughing, sneezing or blowing your nose.
- Avoid touching your face, especially your mouth, nose and eyes, with unwashed hands.
- Frequently disinfect surfaces touched including keyboards, desktops, cell phones, elevator buttons, doorknobs, handrails and remote controls.
- Use hand sanitizer that is, at least, 60% alcohol.
- Avoid close contact with anyone who has flu-like symptoms.
- Stay home if you have flu-like-symptoms.
- If you must go out, practice “social distancing” which means not being within 6 feet of another person.
- Hold any gatherings of 10 or more people virtually or not at all.

In keeping with CDC recommendations, Macedonia will have livestreamed worship only at 11:00 a.m. on Sundays until further notice. The church will not be open. The closing of the church also applies to Sunday School, Bible Study, New Member Classes, and all internal and external meetings. Pastor and the Workgroup will update communications accordingly with any changes.

COVID-19 and Stigma

The Merriam Webster dictionary defines “stigma” as a “mark of shame or discredit.” COVID-19 has now been part of our daily lives long enough that people have begun to stigmatize or shame individuals who are, or have, been infected with the virus. Because the novel coronavirus began in China, there have been “an increasing number of news reports that document instances of stereotyping, harassment and bullying directed at people of Asian descent...”^{ix} There is no evidence that people of Asian descent are at any greater risk of infection or spread than any other racial or ethnic group. That stigma has also been attached to people who traveled abroad and even to healthcare professionals. Dr. Richard Levitan, an emergency physician from New Hampshire who responded to New York’s call for volunteers, came to New York City to work with patients with the coronavirus for 10 days at Bellevue Hospital in Manhattan. He was to stay at his older brother’s apartment. At the end of his first day’s

shift, he was notified by his brother that the building's co-op board did not want him staying there. They heard what he was doing and did not want him in the building.^x Stigmatizing only serves to distract people from the real issues of the crisis, and often encourages the stigmatized individual or group to avoid seeking healthcare. The bottom line is that “no one group, ethnicity or population in the US is more likely to get or spread coronavirus disease 2019 (COVID-19) than others.”^{xi}

What can we do to eliminate any stigma or shame associated with the novel coronavirus/COVID-19?

Use people-first language, that respects the individual and talk about the disease with a positive tone in all communication channels, including media, such as:

- Not attaching ethnicity or locations to the disease, such as 'Wuhan virus' or 'Asian virus' and using only the official name COVID-19
- Using 'people who have COVID-19' instead of 'COVID-19 cases' or 'COVID-19 victims' or 'COVID-19 suspects'
- Using terminology like, people 'acquiring' or 'contracting' COVID-19 instead of people 'transmitting COVID-19', 'infecting others' or 'spreading the virus' as it implies intentional transmission and assigns blame
- Refrain from using criminalising or dehumanising terminology in a way that might create impression that those with the disease have done something wrong, thereby feeding stigma
- Speaking the facts about COVID-19 accurately, based on scientific data and latest official health advice
- Not repeating or sharing unconfirmed rumors, and avoiding using of exaggerative terms like 'plague' and 'apocalypse' to denote the pandemic
- Emphasizing the effectiveness of prevention and treatment measures, rather than dwelling on the negatives or messages of threat.

Spread accurate and updated facts, such as by:

- Using simple language and avoiding clinical terminology
- Engaging social influencers, such as religious or political leaders and celebrities to amplify the message in a geographically and culturally appropriate way
- Amplifying the stories and images of local people who have recovered or supported a loved one through the recovery from COVID-19
- Portraying of different ethnic groups, and use of symbols and formats that are neutral and not suggestive of any ethnic group
- Practicing ethical journalism: Reports that overly focus on patient responsibility can increase stigma for people who may have the disease. News that speculates the source COVID-19 in each country, for example, can increase stigma towards such individuals.
- Linking up to the other initiatives that address social stigma and stereotyping.

Observe communication tips:

- Correct misconceptions, while acknowledging that people's feelings and subsequent behaviour are real, even if their underlying assumptions are false.
- Share sympathetic narratives and stories that humanise the struggles of affected individuals and groups
- Communicate support for those working in the frontline.^{xii}

Let these suggestions guide how we think and behave toward each other now and hopefully into the future.

A Special Focus on Cleaning!

Part of the strategy to flatten the curve is to kill the virus wherever it may land, whether hands, surfaces, devices or other materials. So, there are questions ad infinitum about how to clean basically everything. Jill Neimark wrote a very succinct article, *“How to Disinfect Food and Your Kitchen for Coronavirus,”* in the Huffington Post (3/24/20). Obviously, there is not enough space here to do the topic justice but a few highlights (for households where everyone is healthy and free of COVID-19):

- Clean first. Clean to remove dirt and everything that clings to it. Use soap and water to clean commonly used surfaces such as countertops, kitchen table, doorknobs, cutting boards, stove knobs and cabinet doors.
- Then disinfect. The virus’ outer membrane is easily disrupted by soap and water, and many disinfectants. The article shares which surfaces can tolerate a bleach-based disinfectant.
- The good news – just rinse your produce as usual. No need to soak in a sanitizing solution!
- When finished, wash your hands and dry them on a clean towel.

Ms. Neimark gives many more details at https://www.huffpost.com/entry/clean-disinfect-food-kitchen-coronavirus_1_5e78bc8bc5b6f5b7c54804ca

So that was the kitchen. What about the rest of the house? Ann Hinga Klein wrote an article, dated March 27, 2020, for The Elemental Medium called *“How to Clean Your Home During the Coronavirus Outbreak.”* This article includes responses and advice from doctors and health policy experts about cleaning. It even goes as far as responding to questions about cleaning upholstered furniture, antiques and wood. Then, as with just about everything you read or hear related to precautionary measures we can all take to remain healthy, this article also speaks to the importance of washing your hands! Well worth a few minutes of your time. Click on the following link to access the full article:

<https://elemental.medium.com/how-to-clean-your-home-during-the-coronavirus-outbreak-115c66af2c0b>

In addition, the Centers for Disease Control (CDC) also provides a guide to cleaning and disinfecting your home. Click the following link: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

If you have questions regarding COVID-19, contact the CDC at www/cdc.gov/coronavirus or the New York State Department of Health Coronavirus Hotline at (888) 364-3065 or go to www.ny.gov/coronavirus

Keeping Up Church Operations and Programs

In order to continue to maintain our edifice and the programs that Macedonia provides and supports, there are two options to continue contributing your tithes and offering: Online donations or by check. ***The church prefers the use of “Online Giving” as it is a direct transfer from you to the church.*** To use the online options, follow these steps:

- Go to the website at: www.macedoniaofalbany.org

- Click “**Giving**” - on the following window, scroll down to select either:
 - “**Online Giving**” which allows you to give using a debit or credit card or through your bank.
 - “**Donate**” which allows you to give using PayPal, debit or credit card. ***Be aware that PayPal requires a third party to transfer funds to the church.***
- If you choose the “Online Giving” option, you will have the opportunity to select whether you want to create an account or give as a guest, ***and to designate how you want your contribution allocated, i.e. tithes, benevolence, scholarship, etc.***
- For either option you choose, after you submit you will see a screen indicating your donation was received and receive an email acknowledging your donation.

For those who prefer to contribute by check, you may send your tithes and offerings through the mail. ***Each day one of the Trustees stop at church to secure any checks received through the mail.*** Be sure to address your envelope to:

**Macedonia Baptist Church
26 Wilson Ave.
Albany, NY 12205**

If you have an offering envelope at home, you will notice that it is pre-addressed. You can simply enclose your check; seal the envelope; add a stamp; and place it in the mail. **DO NOT MAIL CASH!**

We will continue to be alert to our everchanging landscape, but we will also continue to hold God’s unchanging hand for we are a people of faith. And remember “...perfect love casteth out fear...” (1 John 4:18)

DISCLAIMER

The information contained in the E-news and otherwise disseminated by Macedonia Baptist Church and its authorized agents concerning COVID-19 (Coronavirus) are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical condition or precautions appropriate for your specific circumstances. Every effort has been made to ensure the accuracy of the information provided as of the date of the content issued, however, due to the unprecedented nature of the current public health emergency and rapidly changing guidance, please consult with your physician or qualified healthcare provider and/or the reputable resources listed for the latest changes.

ⁱ *Dr. Martin Luther King on Healthcare Injustice.*” In Physicians for a National Health Program (PNHP)

ⁱⁱ “*Chicago’s Coronavirus Disparity: Black Chicagoans are Dying at Nearly Six Times the Rate of White Residents, Data Show,*” by Cecilia Reyes, Nausheen Husain, Christy Gutowski, Stacy St. Clair and Gregory Pratt. Chicago Tribune, April 7, 2020.

<https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-coronavirus-deaths-demographics-lightfoot-20200406-77nlylhiavgjzb2wa4ckivh7mu-story.html>

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- iii *“Long-Standing Racial and Income Disparities Seen Creeping into COVID-19 Care”*, Kaiser Health News
<https://khn.org/news/covid-19-treatment-racial-income-health-disparities/>
- iv *“COVID-19 May Not Discriminate Based on Race – But U.S. Healthcare Does”* PBS NewsHour, April 2, 2020.
<https://www.pbs.org/newshour/show/covid-19-may-not-discriminate-based-on-race-but-u-s-health-care-does>
- v *“The Racial Time Bomb in the COVID-19 Crisis”* by Charles M. Blow. New York Times, April 1, 2020.
<https://www.nytimes.com/2020/04/01/opinion/coronavirus-black-people.html>
- vi Letter from Senator Elizabeth Warren and Congresswoman Ayanna Pressley to the Secretary of the U.S. Department of Health and Human Services.
<https://pressley.house.gov/sites/pressley.house.gov/files/2020.03.27%20Letter%20to%20HHS%20re%20racial%20disparities%20in%20COVID%20response.pdf>
- vii HHS Office for Civil Rights in Action Bulletin: Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)
<https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>
- viii *Former CDC director: There's a long war ahead and our Covid-19 response must adapt*” by Dr. Tom Frieden <https://www.cnn.com/2020/03/20/health/coronavirus-response-must-adapt-frieden-analysis/index.html>
- ix *“Combating Bias and Stigma Related to COVID-19.”* American Psychological Association, March 25, 2020 (Find the full article at www.apa.org COVID-19 Information and Resources)
- x *“The Doctor Came To Save Lives. The Co-op Board Told Him To Get Lost”* by Jim Dwyer. New York Times, April 3, 2020.
<https://www.nytimes.com/2020/04/03/nyregion/co-op-board-coronavirus-nyc.html>
https://emergency.cdc.gov/cerc/cerccorner/article_123016.asp
- xi COVID-19: Stigma
<https://www.ncdhhs.gov/divisions/public-health/covid19/stigma>
- xii *“Social Stigma Associated with COVID-19”* Wikipedia.
https://en.wikipedia.org/wiki/Social_stigma_associated_with_COVID-19