

## Why COVID-19 Will Hit “Marjorie” Harder

If you’ve wondered why many more Black and Brown people get COVID-19 and die of it than other people in the United States, Leandris Liburd might tell you a story about someone you already know. Leandris might call her “Marjorie.”

Marjorie could be that cashier you chat with or your grandfather’s favorite nursing aide in a long-term care center. Marjorie is Black, about 47, and despite following public health guidance as best she can, she will test positive for COVID-19.

Marjorie is not an actual person, but she symbolizes people [Leandris](#) advocates for as chief health equity officer in CDC’s COVID-19 response – groups of people at increased risk for the disease. They include Hispanic, Native American, Alaskan Native, and Black people, and although each community is unique, many people in these groups have suffered much more in the pandemic.

They are more than 2.5 times as likely as White people in the United States to get COVID-19 and on average about five times as likely to be hospitalized, [according to CDC data](#). They are more likely to die from the disease, particularly Black patients, who are twice as likely to die.

To help CDC develop recommendations that work better for people in highly burdened communities, Leandris researches their specific public health needs and informs colleagues about those needs. In the three months since she took on her newly created role, work for her team has piled high.

“My days start early and end late, and I work into the weekends. Emails keep flooding in,” says Leandris, who herself is Black.

When she speaks in webinars, thousands attend, and then requests arrive for her to do more. The workload would have worn on Leandris in the past. But now, it energizes her because many more public health professionals are clamoring to hear what she has to say about the health inequities people like Marjorie face.

“It gives me life to be able to play such a central role in this response,” Leandris says.

Data guides all of her work, but compassion drives it, and Leandris, who is a medical anthropologist, believes in the power of storytelling. To help you understand why Marjorie will not be able to avoid getting COVID-19, Leandris might ask you to picture Marjorie ringing up 100 shoppers in a checkout lane before taking the bus home to her tight-knit family.

“They live in a small three-bedroom house, where the grandmother has her own room, three teen daughters share one, and the parents have one,” Leandris says. “Grandma has high blood pressure and diabetes and sometimes needs a walker, and Marjorie’s husband drives a truck.”

Their jobs put Marjorie and her husband in contact with many people, some of whom don’t wear masks. Their managers don’t always mandate good practices to limit exposure to COVID-19.

The family's rainy-day fund is sparse, and their employers don't offer paid sick leave or health insurance. Grandma helps keep the household afloat by watching the girls and running the kitchen, and that family cohesion makes life beautiful.

"Grandma doesn't face loneliness and can pass her knowledge down to the teenagers along with stories about family history," Leandris says. "We at CDC need to be very sensitive to how people live in their communities and find ways to help them be safe in their own environment."

Marjorie gets a cough and tests positive for COVID-19. She'd isolate away from home to protect grandma but can't find guidance anywhere on how to do that or how to get food while she does.

She'll lose at least two weeks of pay and maybe her job, so Marjorie's husband stays on the road to keep money coming in, even though he's worried sick. He refuses to get a COVID-19 test.

"In my community, some people are hesitant to get tested because they're afraid a positive result will make them miss work. Missing a paycheck or two could easily make them go under financially," Leandris says.

Grandma will care for the teens, but what if she falls? Many families, including White families, face predicaments like the one Marjorie's family does during COVID-19, but in these vulnerable groups, a disproportionate number of people end up in acute crises, Leandris says.

Leandris is at least indirectly affected by health disparities herself. Her sister is on dialysis and leads a small household with a daughter and three grandbabies.

"I worry about my sister every single day," Leandris says. "My niece works in a long-term care facility and comes home every evening. I'm as anxious as the next person to get to the end of this pandemic."

Leandris is thankful that CDC research revealed the disproportionate suffering in COVID-19 by people historically and currently disadvantaged because of race.

"In an unfortunate way, COVID-19 has given us a new opportunity to rigorously learn so much more about what drives health inequities," Leandris says.

<https://www.cdc.gov/coronavirus/2019-ncov/communication/responder-stories/leandris-liburd-covid19-inequity.html>