

## **COVID-19 Impact**

Donna K. Quait

Department of Social Work, Texas Christian University

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### **COVID-19: Explained**

According to the Center for Disease Control, COVID-19 stands for Coronavirus Disease, and the “19” represents the year in which the first case appeared, 2019. Some far right politicians have nicknamed it the “Chinese Virus”, but that is an incorrect name, considering that the World Health Organization clearly states that the virus cannot be named from its country of origin. As of April 26, there are 957,975 cases in the United States, and 53,922 deaths. Texas, California, Florida and the majority of the north eastern states have at least 10,000 cases. Among the patients that have specified their race and ethnicity, Hispanic, African American and Asian-Americans make up roughly 173,000 of these cases.

### **Population of Interest**

As of December 2019, approximately 27.9 million people in the United States are uninsured (Tolbert, Orgera, Singer & Damico, 2019). Sadly, that doesn’t include undocumented immigrants, refugees, or anyone else living in the United States that is not a citizen. That number also doesn’t include people who lost their insurance due to recently becoming unemployed, or people who have lost certain benefits because of the lack of expansion in our healthcare system. Healthcare for impoverished people continues to be an issue in the United States, and COVID-19 has exacerbated the healthcare divide.

### **Increased Risk**

Although lawmakers have made testing for the coronavirus free, testing positive is a heavy burden for the uninsured. Anyone hospitalized “with coronavirus can expect to pay anywhere from \$42,486 to \$74,310 if they are uninsured or if they receive care that’s deemed out-of-network by their insurance company” (Leonhardt, 2020). Furthermore, even those who

are insured will have “out-of-pocket costs [that] will be a portion of \$21,936 to \$38,755” (Leonhardt, 2020). In addition to the virus, the costs of treatment and potential hospitalization can be detrimental to uninsured patients. Even though “the white house plans to designate \$100 billion in emergency spending” to help hospitals and healthcare providers treat these patients, other problems arise (Flaherty & Phelps, 2020). Many are worried that these funds won’t go to the right places like the “hospitals in the states hit hardest so far” and that this policy “may not address concerns over the millions of people now without coverage for medical care unrelated to the virus” (Abelson & Sanger-Katz, 2020).

The idea that these Americans have to go without regular preventative care, is also an issue. Studies have shown that most uninsured Americans are a part of the “working poor”, and these people may not be able to afford co-pays for regular doctor visits and vaccines. These people are at a huge risk of being infected by this virus, because many of the uninsured “also make up the workforce now deemed ‘essential’ ... and doctors and clinics who treat these patients” are worried that people may have to make the difficult decision of exposing themselves (McCausland, 2020). All in all, the fear of being infected and having no way to pay for it is keeping most people in their homes, while those required to work are essentially some of the lowest paid uninsured employees.

### **Support for this Population**

For this population, education would be a top priority. Many people don’t understand what this virus is and the true impacts, and that can cause panic and mayhem in our American society. As stated above, new policy is being enacted to try and cover these costs and lessen the burden of those infected. However, these people need a guarantee that they will be able to get treated, and not have to fight the battle of paying for it later. Additionally, if we are to conquer

this virus, we have to treat every patient, including the uninsured, undocumented immigrants, and the elderly. The country does not benefit when we leave people without a healthcare solution. As a society have no choice but to help them, as helping them helps us all.

## References

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