COVID-19:
An impasse between livelihood and health

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It is a well-known fact that in America, socio-economic status may put individuals at a disadvantage in terms of healthcare. These health disparities in the United States have been especially highlighted during the COVID-19 pandemic. This virus has disproportionally affected low income and homeless populations; there is a domino effect on access to healthcare, nutrition and personal hygiene. Those who do not have proper access to one of these things will most likely not have proper access to the rest. Through my work with my family’s non-profit organization, Charity Crossing, I have been able to work with the underprivileged communities in Wilmington, Newark, Dover, and Maryland. I have seen first-hand that lack of proper nutrition places individuals at a higher risk for diabetes and obesity, which come with a host of other comorbidities, including COVID-19.

During this pandemic, we have launched a No One Hungry Fundraiser that serves meals to those affected by COVID-19, including hospitals, old age homes and various homeless populations in Delaware, Maryland, and Philadelphia suburbs. So far, we have raised $31,500, served 6,132 meals, and plan to distribute 2,000 more by the end of June. Especially in Wilmington, we have been experiencing a higher volume of those coming to receive meals during this pandemic– a testimony for the amount of people experiencing food insecurity. Delaware was quick to provide resources to students that were now unable to secure their school provided meals, and the food banks did a wonderful job supplying to those in need, but this also highlighted a deficit. Those who do not have cars or means of transportation still struggle to receive what is provided for them.

While most are able to take shelter in their homes, not everyone has the same luxury. Some are unable to work from home and must work to deliver essential services, while others provide care for those who have fallen ill. Essential workers have been sacrificing their livelihoods as well as putting their families at risk to keep our country running. Parents who are still working also may have to actively seek childcare, which makes social distancing challenging. In addition, the homeless population is extremely vulnerable; in many shelter homes, social distancing is not attainable. To achieve some form of distancing, officials in Las Vegas resorted to painting squares on the concrete parking lot to allow social distancing while sleeping. Other states, including Delaware, were able to take this to the next level and provide housing in vacant hotels.

This virus has put the world at an impasse between livelihood and health. It has had a devastating effect, mentally, economically, and socially. The hope is that this will be a blessing in disguise, to unite humanity as we realize that everyone is equally susceptible – no matter the economic, social, or political status. Although we can only hope that a vaccine will be available to offer us some protection, we will never again take for granted the simple act of shaking hands, going to concerts, and attending crowded restaurants and bars. This has truly brought inequalities to light, made us rethink our values and regain perspective. The negatives are certainly undeniable, but globally, people have been lending a helping hand. Hopefully, after this tragedy, people will
continue to recognize the value in that helping hand, and never cease to offer support to those who need it.

As a future physician, I’m grateful to be a part of this cultural change. I hope to take these life lessons into my practice by understanding the inequities that exist within our current system and actively work to address them to create a more just and accessible system for all American citizens. That is the America I believe in, and the America I hope to see in the future.