

Fear of racism during COVID-19: A patient survey before and after the murder of George Floyd in Minneapolis

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Introduction

As the COVID-19 pandemic has progressed in the United States, the effects of structural racism have been amplified.^{1,2} Minnesota has some of the most significant racial disparities nationally.^{1,3,4} While the pandemic was disproportionately affecting local marginalized communities, the Minneapolis Police murder of George Floyd created a pivotal moment, further exposing how racism hurts and kills and galvanizing movements to push for change.¹

We use data from a 2020 survey⁵ to assess whether primary care patients in Minneapolis' largest safety net healthcare system avoided going out in public during the COVID-19 pandemic due to the fear of racism/discrimination, if this increased after the murder of George Floyd, and if increases differed by race.

Methods

We conducted a cross-sectional phone survey for operational quality improvement purposes.⁵ Trained staff collected surveys May 11–June 12, 2020. George Floyd was murdered on May 25, 2020, and data collection paused May 28–June 1, 2020.

Survey administrators attempted to contact 909 patients and reached 397 willing participants (43.6% response rate). We included 322 participants whose race/ethnicity/language subgroup had sufficient data before and after George Floyd's murder in our analyses.

Demographic information was pulled from Electronic Health Records, which is self-reported upon registration. We used binary logistic regression to predict fear of going out due to racism/discrimination by patient race/ethnicity/language (Latinx, Black, White) and time point (pre/post George Floyd murder).

Results

Across timepoints, Latinx respondents had the highest levels of fear of racism/discrimi-

nation (52.4%) compared to Black (35.6%) and White (8.2%) respondents. Across all groups, fear of racism/discrimination increased 14.2 percentage points (PP) after George Floyd's murder ($p=.003$). However, interaction effects showed only Black respondents experienced a significant increase in the fear of racism/discrimination after the murder of George Floyd (from 17.0% to 46.8%, 29.8 PP, $p < 0.001$) (Figure 1).

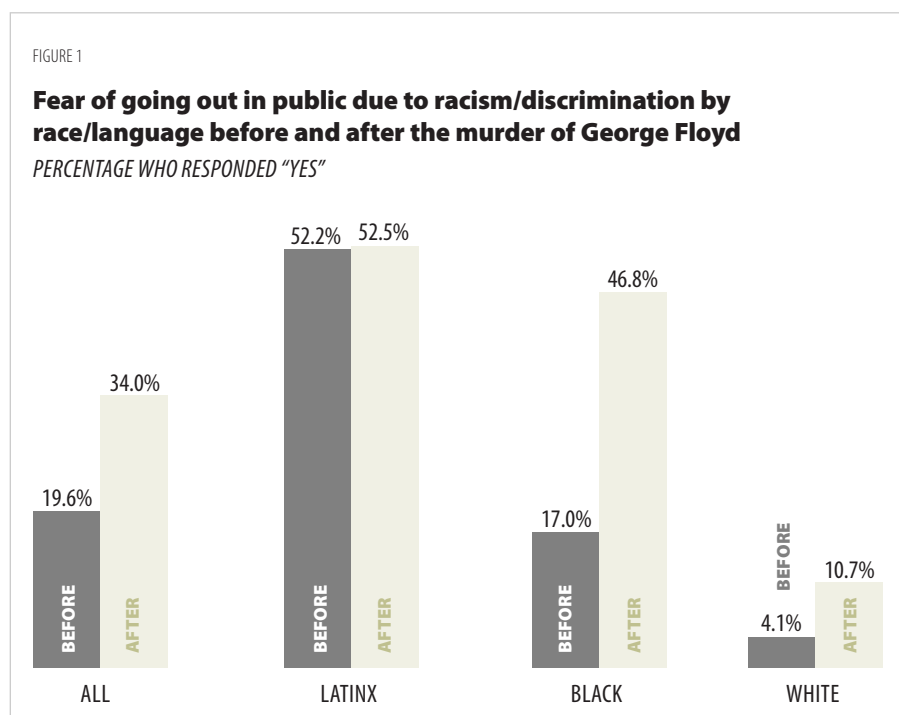
Discussion

Our survey data shows a significant increase in the fear of going out due to racism/discrimination among Black respondents after George Floyd's murder and constant high levels among Latinx respondents at both timepoints.

Limitations of our study include respondent reporting bias, sample bias due to need for stable phone access, and small sample sizes for certain subgroups. We recognize the racial/ethnic groupings do not fully respect the unique diversity of cultural heritages found in our community.

The United States is currently experiencing two pandemics: COVID-19 and racism. Since this survey, multiple local and national events have compounded the trauma focused in communities of color, including the trial of Derek Chauvin, multiple police shootings, and hate crimes, emphasizing the urgent need to address racism and discrimination. Given our results and the well-documented negative impacts of racism on physical and psychological health,¹⁻³ there is an immediate need to help our patients access basic needs when fear of racism and discrimination prevent them from going out in public. Clinicians must address racism, discrimination, and other determinants of health; educate themselves about structural racism and discrimination; and advocate for our patients to improve the systems of healthcare.^{1,2} **MM**

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Leptospirosis: a case of sudden multi-organ failure in a previously healthy male

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A 49-year-old male with no past medical history, presented from outside-hospital (OSH) in septic shock and multi-organ failure. The patient's wife reported that seven days prior to his presentation, he developed a headache, diffuse muscle aches, and a fever of 102° F. The next day, he developed shortness of breath, hemoptysis, diarrhea, nausea, vomiting, conjunctival suffusion, and decreased urine output. The lab values at the OSH were significant for elevated inflammatory markers and elevated creatinine. His social history was significant for hobby farming. He was started on ceftriaxone and azithromycin and an emergent bronchoscopy performed for persistent hemoptysis showed diffuse alveolar damage. His respiratory status worsened, which prompted intubation and the start of Continuous Renal Replacement Therapy (CRRT) for acute kidney injury, and he was airlifted to our tertiary care hospital. When our team saw him, the physical exam was significant for profound jaundice, scleral icterus, and diffuse crackles, with vital signs notable for hypotension, tachycardia, oxygen saturation of 82%, and fever of 102° F. Additionally, the inflammatory markers were elevated: ESR 38, CRP 328.4, and lactate 3.9. The initial laboratory evaluation revealed the following: ALT 200, AST 500, anemia (Hgb 9), thrombocytopenia

(platelets 18K), leukocytosis (WBC-29K), elevated D-dimer, creatinine 5, CK 10K, and INR 1.26. The chest x-ray showed diffuse interstitial opacities and bilateral effusions, and the cardiac ECHO showed LVEF of 35-40%, and diffuse hypokinesia. The antibiotics were broadened to vancomycin, fluconazole, doxycycline, and zosyn, and the patient was started on pressors for distributive shock.

Diagnosis and treatment

A comprehensive infectious workup was negative, including serology for anaplasma, hepatitis B and C, leptospira, aspergillus, babesia, hantavirus, rickettsia, and negative urine antigens for legionella, histoplasma, coccidioides and blastomyces. Further investigation with Karius assay returned positive for *Leptospira* Interrogans. Patient's clinical condition improved 10 days after admission, and he was transferred from the SICU to the medical floor. CRRT was stopped and he was started on hemodialysis. The patient had significant improvement in his kidney and liver function tests and was discharged with continuation on outpatient dialysis until complete renal recovery.

Discussion

Ninety percent of cases of leptospirosis are mild and self-limited or subclinical; 10%

can develop into severe forms, as seen in this patient. The illness generally presents with the abrupt onset of fever, rigors, myalgias, and headache in 75-100% of patients. Conjunctival suffusion is an important but frequently overlooked sign, occurring in about 55% of patients. This case illustrates the importance of physical exam findings in evaluation of a clinical presentation. Conjunctival suffusion is not a common finding in other infectious diseases; its presence in a patient with a nonspecific febrile illness should raise the possibility of leptospirosis. This case highlights the importance of obtaining a thorough patient history and considering a broad differential when working up a complex clinical presentation that includes acute decompensation, multiple organ failure, and suspected infectious etiology. **MM**

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