

# COVID-19 Check-Up – Assessing Response and Planning Recovery

*June 10, 2021*



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# Moderator

2



**Regine Webster**

Vice President,

*Center for Disaster Philanthropy*



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- Look for the fully captioned webinar recording and summary at [disasterphilanthropy.org](https://disasterphilanthropy.org).
  - ▣ Live captioning is available now via Zoom. Click on Closed Caption/Live Transcript to access it.
- Submit questions using Q & A box at the bottom of your screen.
- Use **#CDP4Recovery** to tweet along during the webinar.

## Land Acknowledgement

“Acknowledgment is a simple, powerful way of showing respect and a step toward correcting the stories and practices that erase Indigenous people’s history and culture and toward inviting and honoring the truth.”

<https://usdac.us/nativeland>



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# COVID-19 By the Numbers

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- **As of this morning, June 10:**
  - ▣ 175,332,051 people around the world have had COVID-19
  - ▣ 3,780,265 people have died
  - ▣ 158,884,746 have recovered
- **Within the U.S. there are:**
  - ▣ 34,266,374 total cases
  - ▣ 613,542 deaths
  - ▣ 28,254,425 recoveries
- The U.S. is 4.3% of the world's population but has **19.5%** of the cases and **16.2%** of the deaths.

# Vaccine Progress

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- ❑ **Global: Dec. 2020 – June 8, 2021**
  - ❑ 2.19 billion vaccine doses
  - ❑ 37.8 million doses daily
  - ❑ 11.96% of global population – 1 dose
- ❑ **United States**
  - ❑ 1.07 million vaccine doses daily
  - ❑ 171.7 million (51.7%) people – 1 dose
  - ❑ 140.4 million (42.3%) people – fully
  - ❑ Adults 18 & over – 53.1% full
- ❑ **Inequities**
  - ❑ 48% of people from North America or Europe and 52% are from high-income countries.
  - ❑ Wealthiest 27 countries – 10.4% of population but 27.3% of the vaccines.
  - ❑ U.S. – 14.3% of the vaccines – 4.3% of the global population.



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# COVID-19 Philanthropy

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- Total amount given for COVID-19 philanthropy:

**\$24.8 billion**



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# CDP's COVID-19 Response Fund

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As of June 10, 2021:

- ❑ **143 grantees**
- ❑ **156 grants**
- ❑ **Domestic and international**

**\$ 27,611,295**



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# Speakers

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**Sally Ray**  
Director of Domestic Disaster  
Recovery Funds,  
*Center for Disaster Philanthropy*



**Arisha Hatch**  
Vice President, Chief of Campaigns,  
*Color of Change*



**Dr. Judy Monroe**  
President and CEO,  
*CDC Foundation*



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# Domestic: Back to Normal?

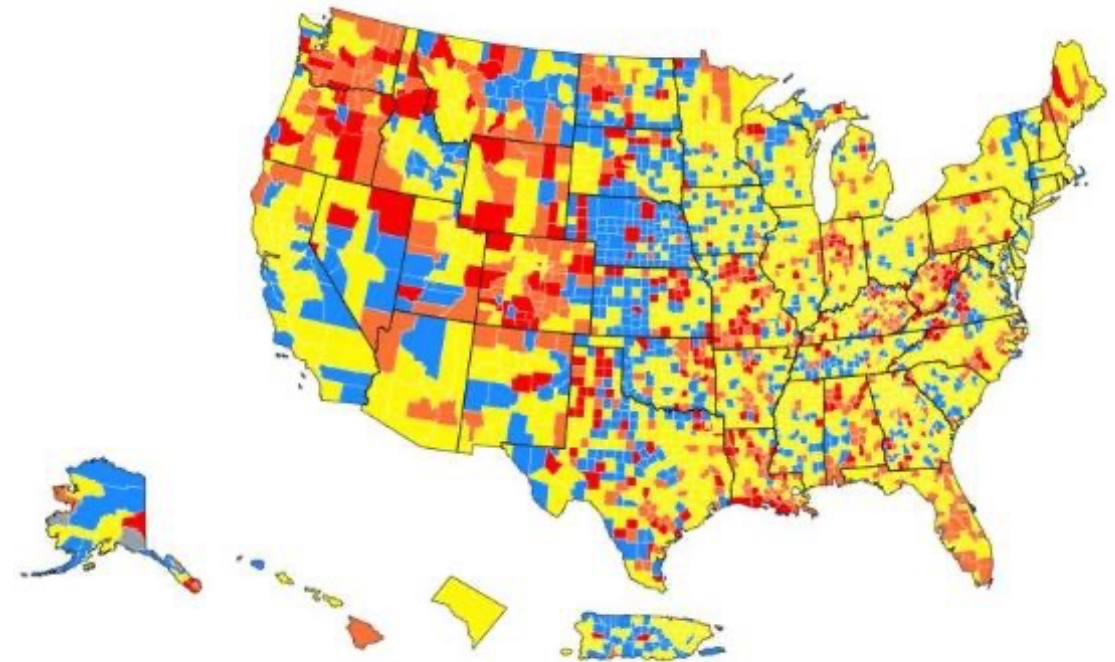
**The Indy 500 has one of the biggest crowds since COVID with 135k. Few are wearing masks.**

*Indianapolis Star, May 30, 2021*

**Crowded Beaches, Increase in Travel over Memorial Day Weekend Signal Return to Normalcy**

*News4Jax, June 1, 2021*

Level of Community Transmission  
May 29 – June 4, 2021



● High ● Substantial ● Moderate ● Low ● No Data



**Sally Ray**

Director of Domestic Disaster Recovery Funds  
*Center for Disaster Philanthropy*



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# CDP COVID-19 Response Fund – Domestic Focus

- ❑ Economic impact
- ❑ Equitable vaccine distribution and access
- ❑ Combating misinformation/disinformation about the virus and vaccines
- ❑ Advocating for marginalized populations
- ❑ Mental health support – trauma-informed care
- ❑ Physical health and access to care



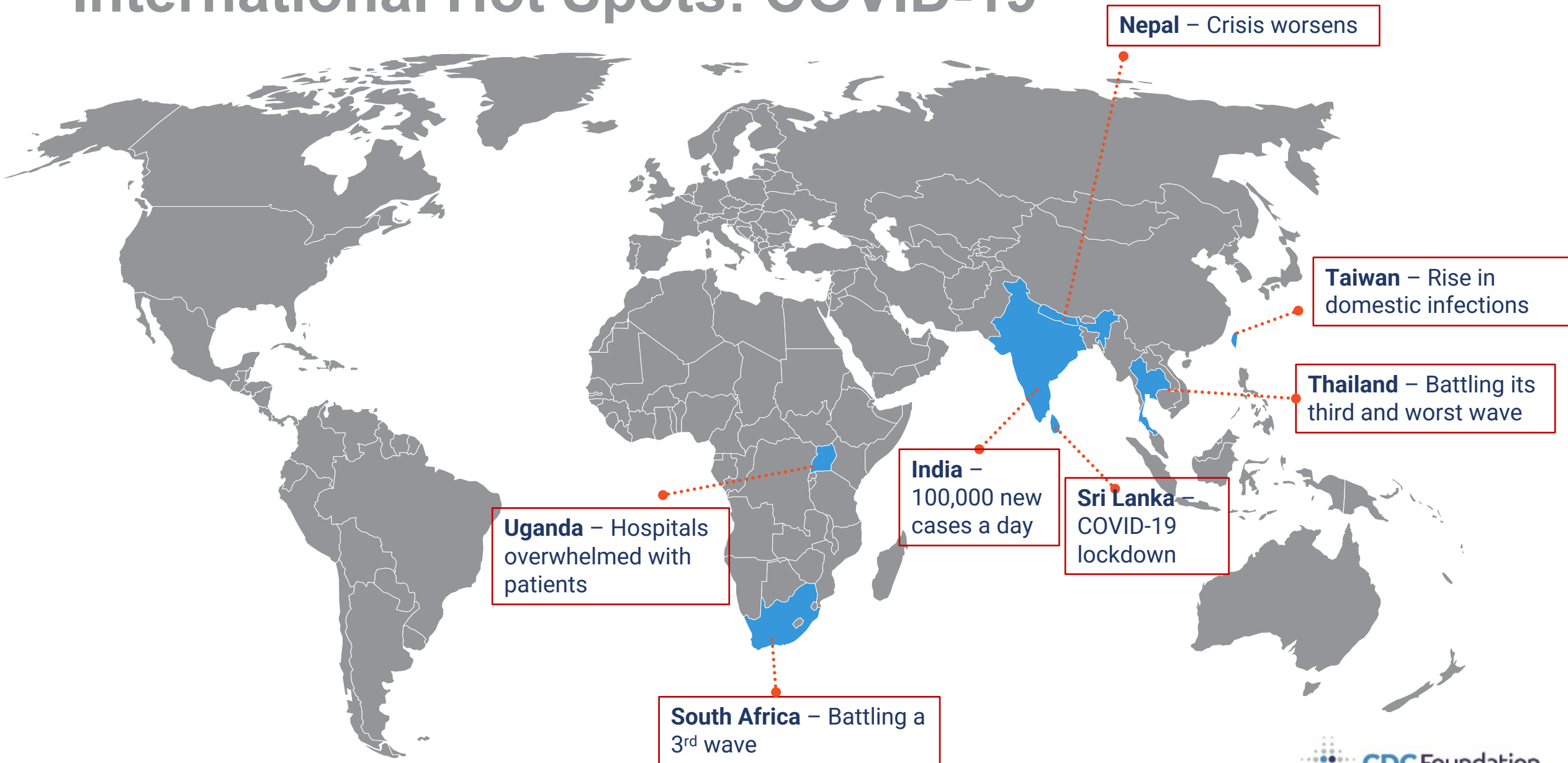
# CDP COVID-19 Response Fund – International Focus

- Review current data and trends
  - ▣ Where are hot spots?
  - ▣ Where are vaccines?
  - ▣ Who has what where?
- Have conversations with fellow funders
  - ▣ What are they funding?
  - ▣ Where are gaps?
- Have conversations with existing and potential grantees
  - ▣ What are they experiencing?
  - ▣ Where is the greatest need?
  - ▣ How can we fill gaps?
- Consider ***geography, population*** and ***issues***



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# International Hot Spots: COVID-19





## **Arisha Hatch**

Vice President, Chief of Campaigns

*Color of Change*



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# KEEP CRENSHAW MARKET OPEN

COVID-19 has **exacerbated systemic inequalities and injustices**



ARISHA HATCH | [COLOROFCHANGE.ORG](https://colorofchange.org) | CENTER FOR DISASTER PHILANTHROPY



# HEALTH, SECURITY, & WELLBEING

**Justice is recognizing** the systemic issues amplified by the pandemic and relieving the communities that were impacted by them.



ARISHA HATCH | [COLOROFCHANGE.ORG](https://colorofchange.org) | CENTER FOR DISASTER PHILANTHROPY







# BLACK PATIENT'S GUIDE TO COVID-19

## VOLUME 2

BY DR. RUTH ABUMALA, IN PARTNERSHIP WITH COLOR OF CHANGE



In the past 13 months, the COVID-19 pandemic has ravaged the world, tearing families apart and challenging normalcy at its core. At the time of this update, the United States Centers for Disease Control (CDC) reports that there have been over 27 million COVID-19 cases and 500,000 deaths in the United States. Unfortunately, Black people have been disproportionately affected. Black patients are 11 times more likely to be infected, 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 than our white counterparts. It is widely theorized that long-standing systemic health disparities and social inequities are largely to blame. More specifically, racial discrimination, inadequate access to healthcare, jobs with high exposure risks, income/wealth gaps and housing play a major role in this health

inequity. It is imperative that governors and local health departments collect vaccine dissemination data by race and allocate medical and public health resources to communities most affected by the virus with least access to the vaccine and medical treatment.

This guide aims to review the current state of the pandemic and how it affects the Black population, discuss effective prevention methods, provide tips on how to navigate treatment, share updates on vaccine distribution, and address frequently asked questions. Although written by a physician, this guide is not intended to take the place of your healthcare provider. It is designed to provide additional information to help you digest the ever-increasing information about the virus and vaccination.

## PREVENTION & BEST PRACTICES

Regardless of state mandates or your vaccination status, the CDC recommends that everyone continue to practice the basic principles of COVID-19 prevention:

- Wear a mask over mouth and nose in public, even when social distancing
- Social distance by staying 6 feet away from other individuals
- Avoid large public gatherings
- Wash hands frequently and thoroughly
- Clean hard surfaces several times per day

The known symptoms of COVID-19 include: fever, chills, muscle aches, difficulty breathing, loss of taste and/or smell, nausea/vomiting and change in bowel movements, particularly diarrhea. If you are experiencing symptoms:

- Call your healthcare provider
- Be very specific about your symptoms
- Disclose known contacts who are affected
- Remind your provider about underlying health conditions and what you do for a living — especially if you are public-facing, an essential worker, or have not been able to "shelter in place."
- If you are experiencing severe symptoms such as persistent fever and sustained shortness of breath, please present to the nearest emergency department.

## NAVIGATING CARE

If you are sent to an emergency room or urgent care, be sure to include the following inquiries about your care:

- Specifically ask to be tested for COVID-19 and indicate any underlying health conditions.
- If you are given an alternative diagnosis, ask if you should self-quarantine, as well as the specific amount of time you should remain in self-quarantine.
- Ask your provider if you should replace personal hygiene items like toothbrushes or pillow cases.
- Ask your ER provider if a chest X-ray is indicated.
- Set a follow-up appointment with your provider, which can be done via telemedicine. As a general rule, everyone seen in the hospital should follow up with a provider in 7-14 days.
- Do not leave the emergency room without having all of your questions answered and having a good sense of the severity of your symptoms.

If you feel that your symptoms are not being taken seriously:

- Be persistent. Calmly reiterate your symptoms and any underlying health condition.
- Share your fear and mental anguish about contracting the virus.
- Ask for denial of a test to be noted in your chart.
- If the provider does not have access to tests, ask for the closest testing location.

## THE COVID-19 VACCINE

The COVID-19 vaccine was granted emergency use in a manner that was expedient by the FDA. Prior to distribution, vaccines are thoroughly evaluated and tested.

There are four main reasons why COVID-19 vaccines were fast tracked: (1) The scientific community is familiar with other variants of coronaviruses, such as SARS (Said flu) and MERS. (2) Since messenger RNA (mRNA) vaccines have been developed for more than a decade, the infrastructure for the COVID-19 vaccines was in place. (3) The pandemic made a large population of subjects available for the vaccine trials. (4) Given the deadly nature of the pandemic, government mandates enabled the FDA to prioritize COVID vaccines. Emergency use authorization does not affect a vaccine's effectiveness or safety. COVID-19 vaccines were developed and tested using widely accepted scientific and medical principles.

The United States Food and Drug Administration (FDA) approved emergency use of three vaccinations against COVID-19. The Pfizer vaccine is recommended for people 16 years old or older and 2 doses are given 21 days (or 3 weeks) apart. The Moderna vaccine is recommended for people 18 years old or older and 2 doses given are 28 days (or 4 weeks) apart, and, lastly, the Johnson & Johnson vaccine is recommended for people 18 years old or older and is given in a single dose. To date, greater than 50 million individuals have been successfully vaccinated.

## VACCINE DISTRIBUTION:

The CDC drafted a rollout plan intended to decrease death and the burden of serious disease, particularly on individuals with health disparities, and preserve societal function.

## MUTATIONS OR VARIANTS:

Scientists discovered that the COVID-19 virus has developed mutations resulting in at least three new variants of the virus. Given that these strains seem to have developed after the release of the Pfizer and Moderna vaccines, there is uncertainty as to whether the vaccine will confer immunity against these variants, although there is some speculation it will offer at least partial protection.

The J&J vaccine was developed at a time when these variants were circulating and is believed to offer good efficacy against the variants. You can find updated information on COVID-19 mutations on the CDC Website.



## FREQUENTLY ASKED QUESTIONS

Since our first guide, there are new questions about COVID-19. Let us address the most frequently discussed concerns here:

"It's about to be summertime. Can I attend large gatherings like block parties or birthday parties?" The CDC recommends that everyone continue to avoid large gatherings.

"Do I still need to wear a mask, social distance, and take other preventative measures if I've been vaccinated?" Yes. Regardless of state mandates or whether you've been vaccinated, the CDC recommends that everyone continue to practice the basic principles of COVID-19 prevention, including wearing a mask, social distancing, washing your hands thoroughly and often, and other preventative measures listed above.

"Is the COVID-19 vaccine the Tuskegee experiment all over again?" In 1932, the "Tuskegee Study of Untreated Syphilis in the Negro Male," initiated by the Public Health Service and Tuskegee Institute, began to study the effects of syphilis in Black men over time. The study initially involved 600 Black men; 399 men with syphilis and 201 who did not have the disease. The study was conducted without patients' informed consent, and the men believed they were receiving treatment. In fact, doctors withheld syphilis-proven to cure the disease and proper "health care." It's believed that the study was conducted to "control" the Black population. The study was eventually exposed, and the Tuskegee Institute was forced to pay reparations to the participants. The study is a stark reminder of the harm that can be done when medical research is conducted on Black people without their informed consent.

is currently managed by the U.S. government, particularly state governments. The available data suggests that Black people are not being prioritized for the vaccine although we are 11 times more likely to be infected, 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 than our white counterparts.

"Can you tell me more about the Johnson & Johnson COVID-19 vaccine?" This J&J vaccination is a single-dose vaccine approved for individuals aged 18 years and older. The J&J vaccine has features include: (a) Possible protection against various virus variants, as it was studied in various countries at a time when the mutations were present; (b) one dose may ensure more fully vaccinated individuals; (c) it can be stored at routine refrigeration temperatures unlike the other two vaccines that required freezing temperatures, enabling easier storage, handling and transport; (d) the J&J vaccine has been shown to be safe and effective in protecting the recipient against both moderate and severe COVID-19 disease.

"Should I take the vaccine if I am pregnant or trying to become pregnant?" The American Society for Reproductive Medicine (ASRM), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM) "do not recommend withholding the [COVID-19] vaccine from patients who are planning to conceive, currently pregnant, breastfeeding, or undergoing fertility treatment." In fact, all three reputable societies encourage eligible patients to receive the vaccine.

"Can I become sick or paralyzed after taking the vaccine?" Side effects of the vaccine include pain at the injection site, soreness, tiredness, headache, fever, and chills. Side effects last a couple of days to a week and are more common only after the second dose. Having hemiparesis on one side known as Bell's palsy is most commonly seen after the second dose. The cause-effect correlation between the COVID-19 vaccine and Bell's palsy has not been established.

How the vaccine works: The vaccine is injected into your arm. It is incorporated into my DNA and change who will the mRNA from the vaccine be incorporated into your cells. In your body, messenger RNA does that tell your body how to make different proteins. Specifically, the COVID-19 vaccines have to trigger our cells to make a spliced protein called CoV-2. Once this spliced protein is displayed on our immune system it will recognize that as threat and will create more immune cells to fight it. Thus, if exposed to coronavirus, our body will fight it.

Vaccination and Death by Ethnicity: The Vaccine that saves COVID-19: The rollout recommendations and vaccine information.



# Lessons Learned

- Root causes
  - ▣ Housing
  - ▣ Healthcare infrastructure
  - ▣ Marginalized populations (e.g., communities of color, seniors, low-income)
  - ▣ Children/childcare/education
  - ▣ Social service safety net
  - ▣ Food insecurity
- Fund the full arc of a disaster



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**It's a marathon not a sprint.  
Every dollar counts.**



# Q and A

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- Submit questions using the Q & A box at the bottom of your screen.
- Use **#CDP4Recovery** to tweet insights.



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# Key Takeaways

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- ❑ Philanthropists need to embed an equitable disaster recovery framework into their grantmaking including a focus on funding Black, Indigenous and People of Color communities.
- ❑ Build local networks, local leadership and local power.
- ❑ Fund the whole arc of a disasters – look to the future.
- ❑ Recovery includes rebuilding families and communities.
- ❑ There is an opportunity for all sectors to seize the moment!



# CDP Resources

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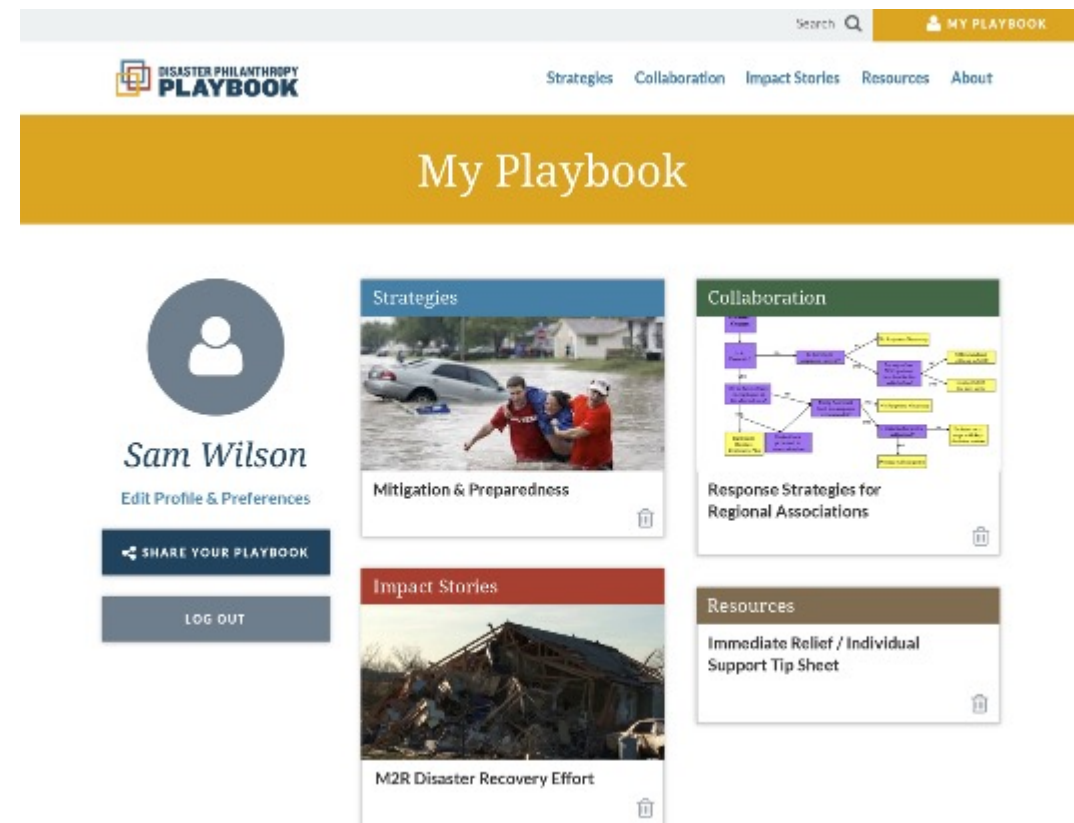
- ❑ CDP has a [California Wildfires Recovery Fund](#), [Colorado Wildfires Recovery Fund](#), [Atlantic Hurricane Season Recovery Fund](#), [Global Disaster Recovery Fund](#), [Disaster Recovery Fund](#) and [COVID-19 Response Fund](#).
- ❑ Detailed [Issue Insights](#).
- ❑ Regularly updated [Disaster Profiles](#).
- ❑ For more information, visit [www.disasterphilanthropy.org](http://www.disasterphilanthropy.org).





# DISASTER PHILANTHROPY PLAYBOOK

- ❑ The Disaster Playbook has a number of toolkits and resources to guide the philanthropic community in responding to future disasters.
- ❑ Learn more at [www.disasterplaybook.org](http://www.disasterplaybook.org)



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# Our Next Webinar

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- Join us **July 8 at 2 p.m. ET** for our next webinar:  
**Disaster Philanthropy and Native Americans: Practical Tips for Funding On and Off Reservations**



*Photo credit: Wambli Ska Society*



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# Questions?

For additional information, contact:

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