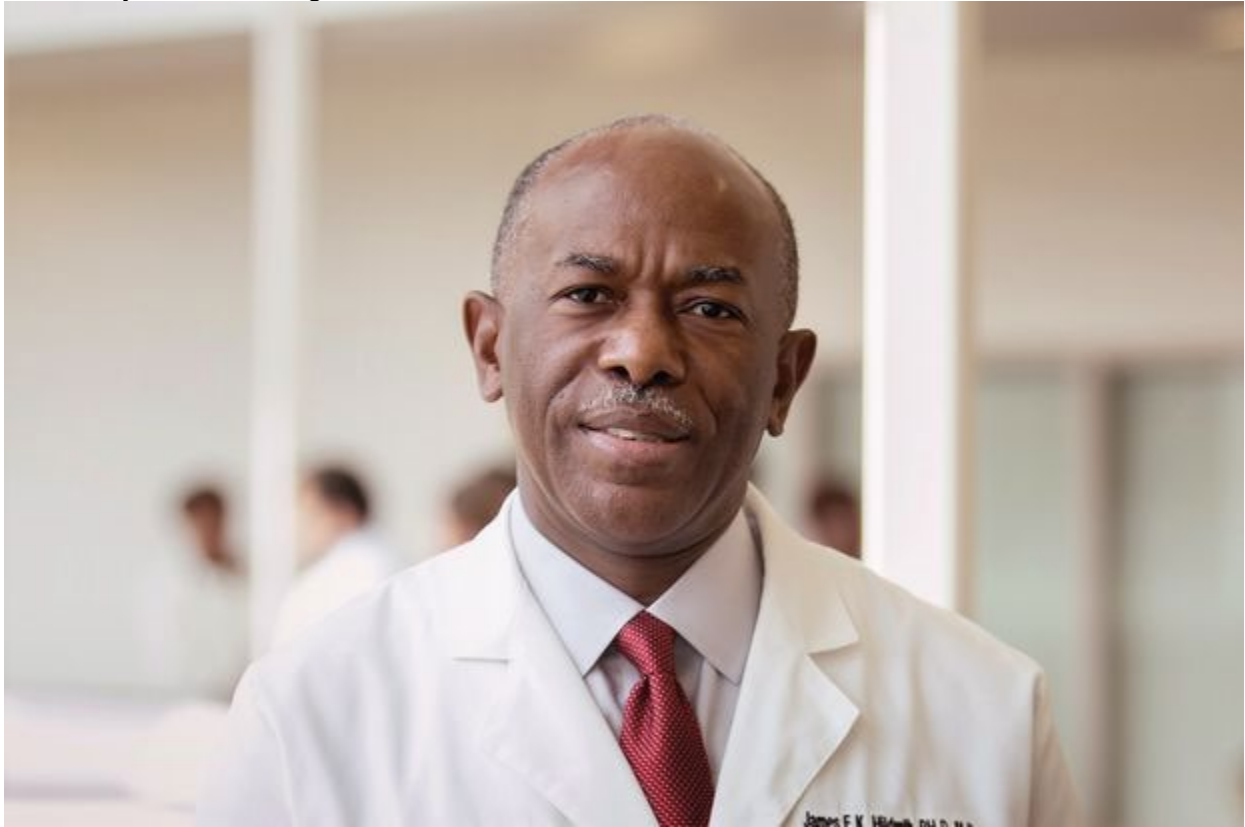


## A Top Immunologist on Why Coronavirus Is Killing More African-Americans

Head of Nashville's Meharry Medical College discusses Covid-19's outsized toll on people of color, why a vaccine might be far off



In light of past epidemics, James Hildreth said, the U.S. 'should have been aggressively proactive in testing around the most vulnerable populations.'

PHOTO: MEHARRY MEDICAL COLLEGE

By *Lauren Weber*

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James Hildreth has been waging battle against viruses for four decades—first as a Rhodes scholar earning his Ph.D. in immunology, then as a researcher and physician working to bring better medical care to the fight against AIDS, particularly for African-Americans.

Today, Dr. Hildreth is bringing his expertise to bear on Covid-19 as president and chief executive of Nashville, Tenn.'s Meharry Medical College, one of the nation's largest historically black medical schools.

As more data reveals the disproportionate rate at which [African-Americans are being infected with and dying](#) from the novel coronavirus, Dr. Hildreth sees opportunities missed and warnings ignored. In Nashville, he is trying to mitigate the virus's toll by operating a testing site at Meharry, explaining the science behind the virus at Mayor John Cooper's briefings and designing experiments to test drug treatments for Covid-19.

The 1968 death of Dr. Hildreth's father from cancer has motivated much of his life's work and current mission. Even as an 11-year-old boy, he says he knew his father, a paper-mill worker in

Camden, Ark., had been denied appropriate medical care because of his race. His mother helped him channel his rage and sadness into his goal of becoming a doctor, he says.

The 63-year-old Dr. Hildreth recently spoke to The Wall Street Journal. Here are edited excerpts.

WSJ: What are some of the lessons from your HIV research that apply to Covid-19?

Dr. Hildreth: One of the biggest challenges then was a misperception that AIDS only impacted gay white men. At the time, politicians weren't too interested in solving problems related to homosexuality. One lesson for Covid-19 was that we had to quickly dispel any myths about the coronavirus so people would make the appropriate decisions. For a while, young people thought they were impervious, and that caused them to [act irresponsibly](#). One thing I'm trying to do is make sure the science is out there for people to understand.



One lesson for Covid-19 from the AIDS crisis, Dr. Hildreth said, is the need 'to quickly dispel any myths about the coronavirus so people would make the appropriate decisions.'

PHOTO: MEHARRY MEDICAL COLLEGE

WSJ: How optimistic are you about a coronavirus vaccine?

Dr. Hildreth: You'd think after 39 years of being aware of HIV and studying it, we'd have a vaccine for that. But we don't. That's why I'm very cautious in telling people we will have [a vaccine for Covid-19](#). It may not happen as quickly as people think. All the other major vaccines we have—for measles, Ebola—have taken a minimum of seven years, and some as long as 40 years.

WSJ: How might a bigger focus on the risk factors of the disease have changed the efforts to mitigate Covid-19?

Dr. Hildreth: China, after two months, noted that if you had diabetes, heart disease, hypertension or you smoked, or were elderly with underlying conditions, your likelihood of getting severe disease and dying was much higher. In the U.S., it's well-established that if you're from a minority group or you're poor, you're more likely to have those conditions and therefore more likely to have poorer outcomes.

Knowing that, we should have been aggressively [proactive in testing](#) around the most vulnerable populations. Think about [nursing homes](#). People are being ravaged. With an appropriate national strategy, we could have made sure resources were in place to protect those most vulnerable.

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WSJ: It's become clear African-Americans have [much higher infection and death rates](#). What are some of the factors at play?

Dr. Hildreth: Brown and black folks tend to live in intergenerational households. So young people get infected, they seem to be OK, but grandparents in that household won't be as lucky. You also have the fact that minorities tend to work in jobs where they interact closely with others, checking them out at a store, driving a bus, working in a factory. The kinds of jobs they do and the living settings make it [more likely the virus will spread quickly through those communities](#).

Layer on asthma, hypertension, cardiovascular disease and other conditions, and it's a correlation of factors that will make for devastation. That would also be true for some white communities where there's poverty and people living in similar settings.

WSJ: Why do the demographics matter?

Dr. Hildreth: The Centers for Disease Control and Prevention has been tracking racial and ethnic data for HIV for at least two decades, in part to be sure resources could be directed to where they are needed. For example, the Bible Belt is now the hot spot for HIV, and so the CDC has disproportionately allocated resources to those places. We need to do the same thing with Covid-19.

Now that we know there's a disproportionate burden of disease and dying among brown and black folks and the elderly, wouldn't it make sense to make sure we're focusing on those populations to preserve as many lives as possible? The only way to do that is with data.

WSJ: What should be the priorities in stopping this pandemic?

Dr. Hildreth: People can have the infection and not be aware of their status, which means we're fighting an invisible enemy. How do you make it visible? You [test, test, test, test](#). That's why so many people were clamoring and so disappointed we didn't have a test available on a widespread basis until weeks after the first cases became known here. [That was a huge setback](#).

WSJ: What role do health centers like yours play?

Dr. Hildreth: There are still quite a number of African-Americans who are skeptical and not trusting of any kind of test or messages being promulgated by certain institutions. That makes it really important for organizations like Meharry to be on the front lines delivering messages and providing care and services.

WSJ: You're still an active researcher, now focused on Covid-19. What are you doing?

Dr. Hildreth: I'm working with my collaborators in Brazil. We have an idea for a drug we think might work against Covid-19. I devote about two hours a day, right before I go to bed, to reading primary literature, helping to design the experiments and making sure we can cut through compliance issues so we can move forward.

I'm excited that all over the world scientists are collaborating in a way that's seldom seen. Within a year, we may not have a vaccine, but we probably will have identified a drug candidate that might at least stem the tide.