As the COVID-19 pandemic continues on a global scale with the United States reporting the highest number of cases, the medical staff at New Orleans-based Ochsner Health System has stepped up its vigilance and taken on a leading role in both research and education while the quest for a preventive vaccine goes on at a near-record pace. Looming large in the findings of their research is the unusually high percentage of African Americans and other minorities who have been detected with the potentially deadly virus.

Among those leading the way in that quest to gain information and promote education is Dr. Yvens Laborde, Ochsner’s Medical Director of Global Education.

A native of Haiti who has been on staff with Ochsner since 1995 and currently practices at the Ochsner Primary Care and Wellness Center, Dr. Laborde is also an assistant professor for internal medicine, teaching medical students and residents at both the University of Queensland Ochsner medical school and residency program. In addition, he oversees global health and community testing for the hospital.

Dr. Laborde earned his medical degree from LSU School of Medicine-Shreveport. He then interned at Tulane Medical Center and completed his residency at Ochsner, becoming board certified in internal medicine.

Dr. Laborde was recently interviewed by Breakthru Media magazine for his perspective on the pandemic and the steps Ochsner is taking to treat its COVID-19 patients and test others while educating the public on how to prevent the disease’s spread. He also discussed the efforts being made by Ochsner to extend their outreach into the minority communities of New Orleans and statewide.
“In terms of impact, we have to describe it as a public health disaster and, in Louisiana and especially in New Orleans, we’ve got quite a bit of experience with managing disasters,” Dr. Laborde began. “And so Ochsner, as the largest provider of health services in the state, is on the front line trying to mitigate and manage this unprecedented public health crisis.”

Dr. Laborde noted that the first case in Louisiana was reported on March 9, 2020 just a few weeks after Mardi Gras when several hundred thousand people were crowded together in the streets and at social functions. From there the virus is believed to have spread rapidly and Dr. Laborde and others began to note a distinct racial and ethnic pattern of COVID-19 prevalence.

“It was disproportionately impacting a certain segment of the population, particularly the African American population, significantly more so than the others,” he said, calling attention to the national media coverage that resulted from a number of members of the Zulu Social Aid & Pleasure Club who became infected and died as a result of it.

“Early in the pandemic we started looking at the data based on race, gender and ethnicity in Louisiana,” Dr. Laborde said. “The early mortality data from the state revealed that while only comprising 32.2% of the state’s population, the African American population accounted for 70.5% of the COVID-19 related deaths. So our Ochsner Center for Outcomes and Health Services Research, led by my colleague Dr. Lhoni Price Haywood, conducted a study looking at a total of 3,686 patients who tested positive for COVID-19 in the Ochsner Health system between March 1 and April 11, 2020.”

The study revealed that 76.9% of the patients who were hospitalized at Ochsner during that time were Black and that 70.6% of those who died were also Black, whereas Blacks only comprise 31% of the total Ochsner Health patient population.

When asked if these numbers suggested that something in the genetic makeup of African Americans was making them more susceptible, Dr. Laborde attributed it to being “multifactorial with social determinants of health. With COVID-19 your zip code is a greater predictor of poor outcomes than your genetic code,” he replied.

“When we looked at the data we realized it was more sociology than just biology,” he continued. “A sizable percentage of the Black population tends to be of lower socioeconomic status, they work as essential personnel and tend to work in spaces where they’re in close proximity to others, which increases their exposure to the virus.”

Dr. Laborde also cited other potentially contributing factors such as the large percentage of the Black population that is uninsured, as compared to their white counterparts. Plus, he added, “They tend to not have easy access to primary care and testing, healthy foods or access to a space where they can have physical activity or the finances to adhere to their medications. They tend to be under higher levels of stress; have higher blood pressure and higher levels of uncontrolled diabetes, obesity and other chronic conditions.

“So all of these factors are not necessarily genetically based,” he continued. “It’s more about how those social determinants of health contribute to the problem of health disparities revealed by COVID-19.”

Compounding the problem is the volume of misinformation and scare tactics being spread on social media and through word of mouth, Dr. Laborde pointed out. “With the proliferation of social media, some of the unsubstantiated claims that are being made pose a significant obstacle for us. I had one patient who told me something from social media that said, ‘It’s a conspiracy to eradicate large portions of the population.’ So, it’s difficult to have public health without public trust.”

In order to counter the negative information being spread throughout
the African American community, Dr. Laborde said that Ochsner, in its outreach efforts, has been working with churches and their pastors to convey reliable information about the COVID-19 virus and the importance of testing and participating in study groups, as well as instilling trust in the vaccine that he confidently predicted will eventually be developed and approved.

“In terms of the Black community, the church is a source of reliable information that the community has a great deal of trust in. And so getting a pastor from one of the churches to participate in the study and to share important and science-based information is a powerful testimony,” Dr. Laborde said.

Among the tools being utilized in Ochsner’s efforts to get the word out to the Black community are live streaming events over Zoom to congregations, as well as informational flyers that are distributed to the congregants and others in the community. Occasionally Dr. Laborde or another key staff member will address a gathering in person. Additionally, the team provides information at community testing sites and appears on local TV and radio broadcasts, as well as on Ochsner’s social media platforms, to keep the public aware and up-to-date on important COVID-19 information.

Dr. Laborde noted that the issue of asymptomatic spread has to be factored into the discussion of COVID-19 prevention and protection. “Someone can actually not manifest any symptoms yet still be potentially highly infectious and infect others,” he explained, adding that this makes COVID-19 different from other respiratory viruses.

“Most people, when they have the flu - when they’re most infectious - they’re actually physically sick,” Dr. Laborde said. “They know they’re unwell, but having COVID-19 and not knowing it is one of the more insidious characteristics of this virus that makes it difficult to control.

“And so people need to be mindful of that and understand that when they develop symptoms, they need to immediately isolate themselves so they don’t become vectors for the virus.” Dr. Laborde emphasized. “That’s why this idea of social distancing is critically important. It’s one of the most effective ways of preventing the spread of the virus.”

Ochsner itself, at its hospitals, clinics and urgent care centers, is taking meticulous safety and sanitary precautions, according to Dr. Laborde. Not only does the protocol include all of its personnel wearing masks and appropriate PPE (personal protective equipment), it also embraces consistently sanitizing frequently touched surfaces. They’ve also set up safe distancing in elevators and in waiting room chairs, plus temperature checks for everyone entering one of their facilities and setting up plastic screens in front of desks where there are interactions between personnel and the public.

During the early phase of the pandemic, testing of individuals was initially limited to those who displayed one or more possible symptoms of infection. However, Dr. Laborde noted that it soon became apparent that testing would need to become more readily available to the general public and especially hot spots in vulnerable communities because of the danger of asymptomatic spread. As a result, a new term entered into the pandemic lexicon: “contact tracing.”

“That was one of the impetuses in terms of us making testing more widely available to people who are without symptoms,” Dr. Laborde said. “By expanding and making the testing available to people who are asymptomatic and by being able to identify them, we can then actually contact trace them to find out with whom they had been in contact within a specific time frame.”

“As a significant leader for the provision of healthcare, locally and in the state, Ochsner Health realized very early on the importance of making testing widely available,” Dr. Laborde said. Partnering with the state, the city and Jefferson Parish, Ochsner set up community testing sites, as well as a mobile unit that travels around the region conducting tests wherever they go. Statewide, Dr. Laborde estimated that nearly 100,000 tests have been given since the program began in May.

Free testing is available at any one of Ochsner’s many community testing sites. For detailed information on Ochsner locations, testing schedules and sites go to www.Ochsner.org.