

African American Health Alliance (AAHA)

U.S. House Ways and Means Committee The Disproportionate Impact of COVID-19 on Communities of Color

Testimony of Fredette West, Director

African American Health Alliance

Chairman Neal and Members of the House Ways and Means Committee the African American Health Alliance appreciates the Committee convening this extremely important and timely hearing on the Disproportionate Impact of COVID-19 on Communities of Color. Coronavirus continues to take its disproportionate devastating high rate of death and disease on African Americans. While many die in hospitals, or on the way, many others die at home. We strongly urge that the nation's and states efforts include a targeted comprehensive African American community focused coronavirus response to address the excessive burden. Please help.

Many African Americans are working on the coronavirus frontlines in: healthcare and related occupations, non-medical hospital workers; grocery stores, sanitation, nursing homes, home health, pharmacies, postal service, transportation, meat packing, the list goes on and on. Service jobs that are not work from home jobs. Many work in jobs that are: low paying, no paid sick leave, long hours, lack social distancing, and no COVID-19 testing or contact tracing. In addition, many work 2 or more jobs including gigs to help make ends meet; work sick and worn out. They are subject to predatory lending; live in crowded, unhealthy, unsafe conditions; live in food deserts, low income and public housing; lack access to opportunity technologies needed for work and education advancement; endure racism and bias; and the disadvantages of African American small businesses escalate. Again, these lists go on and on. Collectively and individually, these conditions contribute to chronic illnesses and exacerbate coronavirus. Making conditions worse, coronavirus testing is still dangerously low; frontline workers continue to plead for PPE. The full powers of the Defense Procurement Act and Army Corp of Engineers must be released.

While Coronavirus has been declared a National Emergency, the void is clear racial and ethnic health disparities elimination and racism elimination have not. Surely, the deadly extent of Coronavirus in the Black community and the impact of the virus across communities of color demands that individually racial and ethnic health disparities elimination and racism elimination must be declared national emergencies. To that end, the African American Health Alliance submits the following recommendations to the Committee to help the nation better address these epidemics. The compounding intersecting adverse outcomes come as no surprise. The Committee will recall the findings of the Institute of Medicine Report "Unequal Treatment." The African American Health Alliance strongly believes that if the recommendations of that report had been implemented the burden of coronavirus and other health disparities would not be so dire. Nevertheless, we are once again at the urgency of now and must deal with this deadly novel coronavirus head-on.

It is against this collective backdrop that the African American Health Alliance urges implementation of the following recommendations along with accelerated COVID-19 treatments and vaccines development.

Declare Racial and Ethnic Health Disparities Elimination A National Emergency and also Declare Racism a National Public Health Emergency

The dire consequences of racial and ethnic health disparities is excess deaths, disease and disabilities from treatable and preventable diseases and illnesses. The declaration would go a long ways toward achieving improved health for all across the leading causes of death throughout the life span, and in turn an improved quality of life. With regard to the Declaration of Racism a National Public Health Emergency include racism elimination and prevention provisions in all policies, practices, programs, campaigns, initiatives, decision-making and implementation at all levels. This action systematically takes into account adverse consequences of racism in all social determinants impacting the quality of life for all including but not limited to health, education, employment, advancement, income, business, housing and more. For all, the declaration limits and helps to prevent the harmful effects of racism across the lifespan. The elimination and prevention of racism is vital to helping to ensure that all persons achieve their fullest potential, freedom and justice. Conduct racism impact assessments, elimination efforts including engaging state and local and community workgroups for the purpose of informing decisions that promote elimination thereof as well as those that prevent elimination.

Coronavirus Testing: Provide Testing, Contact Tracing, Isolate, Treat, Social Distance, Repeat:

Remove barriers and provide accessible, robust rapid accurate and timely testing with accurate rapid results: priority testing must be targeted especially for those African Americans with chronic pre-existing health conditions that place them at increased risk for coronavirus deaths and disease. Lack of testing remains a major missed opportunity to help control the spread and reduce coronavirus cases and deaths, and for making informed decisions about re-opening. This requires testing of not just those with symptoms but also those without. Provide both COVID-19 mobile testing labs along with mobile health units. This companion effort provides for continuity of care for preexisting chronic health conditions. Together, they are absolutely essential especially in high-risk communities, preexisting health condition, hot spot breakout areas, crowded public housing and frontline jobs/workplaces. Additionally, re-energize the DHHS health in public housing program. DPA: Robust test production, testing, contact tracing and isolation are essential to help control this deadly pandemic and treat and manage preexisting health conditions.

Coronavirus test to also include the serology test. Negatives must continue precautions including social distancing and isolation. Effective contact tracing requires that tracers also include African Americans and others from communities of color. Coronavirus testing coupled with contact tracing, monitoring, identification, isolation, diagnosis and immediate coronavirus care, treatment and management coupled with ongoing testing and treatment for pre-existing health conditions is a must solution.

State and local health departments must be supported also to help do the contact tracing and follow up that is necessary to be effective. Directly fund each state and territory to do contact tracing and robust testing. The CDC's respiratory surveillance system is not adequate to the task. States must demonstrate a system where data is collected from all populations indicating the ability to provide rapid diagnostic services to all residents and ongoing serologic monitoring the state's population including unserved and underserved areas (MUAs). Responsible opening, care, treatment and control are dependent upon test-trace-treat-isolate. Surely, children must be tested as well as those that teach and provide them care. Do not open schools without testing. Without it, the approach is reckless. National robust testing requires releasing the full powers of the Defense Procurement Act; that act exists to help save lives; do it now.

Pre-existing Health Conditions: Provide Healthcare Access for Care and Treatment: Expand and ensure access to care and treatment: include Medicaid expansion; allow Medicare enrollment at age 45, allow "special open ACA enrollment season now" and permit young adults to remain on their parents'

health care plan to age 30. In addition, expand existing community health centers and continue to increase the number of new centers especially in unserved and underserved communities. There must also be mobile community health satellite centers with full or near full array of services. Coronavirus and chronic health conditions together require immediate, short and long-term care, treatment and follow-up. Continuity of care is vital. Expansions in access to care and treatment with wrap around services is necessary to respond to both the coronavirus medical, mental health conditions and to chronic pre-existing health conditions that the virus further complicates. Overall, make sure everyone has some form of health care coverage with facilitated access to it.

Concern abounds about rationing: care, treatment, medications and testing, including that for chronic pre-existing health conditions. Unserved and underserved communities need reliable connectivity technologies to effectively accommodate and benefit from telemedicine, tele-health, tele-mental health, tele-dental, and tele-nutrition to name a few. Stable reliable internet/broad band services are essential for health, home schooling, higher education, training in the trades and more. These deficiencies adversely limit health, education and employment opportunities. In addition to care, treatment, and dire testing shortages, medication shortages are also on the rise. Addressing the overall twin conditions: coronavirus and ongoing health needs of people in public housing, nursing homes, prisons, assisted living, the homeless and similarly situated environments is paramount.

Extent of the Coronavirus: Provide Data Collection, Analyses, Monitoring and Reporting

Racial and ethnic health disparities are well known to federal, national, state, local leaders, officials and community gate-keepers and agencies. Data must be collected and documented at point of medical system and testing entry. Agencies must collect, analyze, monitor and publically report coronavirus racial and ethnic demographic data. Months into the coronavirus pandemic and national emergency race and ethnic data are insufficient to appropriately inform the medical, the nation's and community's response to the deadly and highly contagious coronavirus.

The Department of Health and Human Services and its agencies must collect, compile, analyze, release, and report race and ethnic demographic data including but not limited to that on cases, deaths, location, zip code, outbreaks, hospitalizations, and testing. Data is extremely limited and seriously life-threatening-insufficient. National, state and local coronavirus reporting must be accurate, timely, complete and transparent. Additionally, data is an essential factor helping to identify where services and resources must be targeted and concentrated. Testing, care and treatment data help inform efforts to improve outcomes.

Provide Hazardous Pay, Worker Protections and Whistle Blower Protections: Provide hazardous pay to coronavirus frontline workers, double existing pay/salary. Months into this deadly contagious coronavirus the shortages of staff, personal protective equipment and gear continue to place workers and their family at increasing risk for disease and death. The frontline workforce includes nurses and doctors, non-medical hospital staff; home health and nursing home workers; grocery store, postal, transportation, medical technicians, meat packing plant workers; the list goes on and on. Direct OSHA to update, issue and monitor coronavirus worker protection guidelines. Provide whistle blower protections.

Coronavirus frontline and essential workers across all fields must be paid hazard pay, double current pay. Every day, they put their life on the line to serve the public ...facing the deadly coronavirus head-on without hazardous pay. Months into this deadly pandemic, despite dire working conditions, still the full powers of the DPA have not been released and that deficiency has now spilled over into the extreme deadly shortage

of coronavirus tests. Essential materials, equipment, test and test material remain in short supply including medical equipment, cleaning supplies, gowns, gloves, masks and medications.

Establish Coronavirus Community Access Points: Because of the highly contagious nature of COVID-19, the fact that it may spread before the individual becomes symptomatic, the severity of its illness, and the fact that many individuals will be at risk of becoming infected for years to come, the health system must adopt modifications immediately to respond to medical, mental health, social determinant requirements and complications stemming from coronavirus in immediate, short- and long-term. Without national testing and within it African American priority testing, the coronavirus is more deadly for all. Community Access Points must be developed to provide unserved and underserved communities with sites which will be: highly accessible loci for services and for the provision of information regarding COVID-19; sites providing immediate testing and informing of virus status; care entry points for those testing positive; and loci for isolating, counseling and contact tracing staff in the community. [Test-trace-treat-isolate-repeat.]

Access points must have separate waiting areas for patients and address (treat, manage and control) pre-existing chronic health conditions. These facilities must have: up to date laboratory test and equipment; access to the most up to date COVID-19 information provided by DHHS; ability to diagnose and quickly report COVID-19 status; a waiting room separate from non-COVID-19 patients; and ability to transport positive patients to an in-patient facility which serves symptomatic COVID-19 patients. Staffing team minimum requirements: a physician or nurse practitioner; nurse, technicians, counselor with social work training; and contact tracing staff. The unit/entity/facility should be located on the site of an established community health facility and operated by that facility collaborating with local or state health departments.

Establish Prison Coronavirus Systems: The Federal Bureau of Prisons must develop a coronavirus plan for each of its regions. Each plan must specify mechanisms for: identifying positive staff and inmates; separation of positive staff and inmates from the general population; isolation, contact tracing, and also ongoing identification of staff and inmates missed in the initial screening; and screening of all incoming staff and new inmates and separation of positives. Collaborating with state health departments for contact tracing purposes: each region must designate a COVID-19 coordinator, preferably a physician. A COVID-19 counselor must be designated within the staff of each prison's clinical facility. This counselor must have direct communication with the regional coordinator. Regions must also designate a clinical facility for patients who must be hospitalized and specific systems for transportation to the facility and management of the hospitalized inmates.

State Grants: Make grants to each state to develop systems to manage COVID-19 within its prisons. Each plan must specify mechanisms for: identifying positive staff and inmates; separation of positive staff and inmates from the general population; contact tracing; and ongoing identification of staff and inmates missed in the initial screening; and screening of all incoming staff and new inmates and separation of positives. Collaborating with the state health department for contact tracing purposes: States must designate a COVID-19 coordinator, preferably a physician, for its prison system. A COVID-19 counselor must be designated within the staff of each prison's clinical facility. This counselor must have direct communication with the state's coordinator. States must also designate a clinical facility for patients who must be hospitalized and specify specific systems for transportation to the facility and management of the hospitalized inmates. Oversight of these state systems must be shared by the Federal Bureau of Prisons and the Department of Health and Human Services. [Test-trace-treat-isolate-repeat.]

Provide for Small Businesses: Continuing to struggle, African American businesses are among the hardest hit. Low cash and weaker banking connections threaten their existence as they compete for PPP against much larger businesses. The combination compounding crises income, pay checks, unemployment insurance, job instability, and others seriously threaten small businesses and their staff. The disadvantage conditions collide and escalate in the coronavirus national emergency requiring automatic triggers and path ways to help save families and businesses during this national emergency that is no fault of their own. They did not choose the deadly coronavirus health and financial crises.

Engage/Command / Control /Preparedness / Emergency Response / Resilience Expert: We strongly urge you to work with retired General Russell Honore to develop a comprehensive Coronavirus Resilience National Strategy with emphasis on public health, the supply chain, economic security, vulnerable populations, cyber security, broad band and more including a build-back-better approach. General Honore has tremendous expertise that is needed to help improve the coronavirus response.

Establish a National Teaching-Learning-Tutoring Corp [Monitor/Fine-tune as necessary]: Students and parents must not be penalized for the education and stress crises created by the pandemics. Provide academic assistance needed to bring students up to grade level and beyond. This joint goal must include materials, computers, technologies, skilled supplemental personnel and other resources needed. Additionally, establish a family support hotline professionally staffed to address family stress, mental and behavioral health control and management support. Compile, train and provide techniques needed to help control and manage stress. Also, identify and provide the privacy tools needed to help keep online schooling and socializing safe. Clearly, the sudden thrust into full scale home schooling, online learning/educating has placed students at increased academic disadvantage. To successfully close the void, they must be provided the necessary resources.

Voting no matter what form or forms it takes must be protected, voter-friendly, and facilitated. Voter registration and rolls must also be respectively facilitated and protected. Every vote counts and must be counted. Also, as a nation, we can and must improve the response to all aspects of the coronavirus national emergency as it intersects with every aspect of life including racism and voting. The response deficiencies like those in police brutality are life threatening especially for Blacks. Clearly, everyone must be a part of the solution to the nation's emergencies.

In closing, Mr. Chairman and Members of the Committee our collective purpose must hold us accountable to the reality that we are all in this together and we must do our part. Please make the declarations called for herein a reality. As Dr. King's quote continue to remind us: ***"We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."*** — Martin Luther King Jr., *Why We Can't Wait* The African American Health Alliance thanks you for this opportunity to provide testimony. If you have questions, on behalf of AAHA, I can be reached at healthalliance@comcast.net We deeply appreciate your ongoing leadership and support.

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