

Written Statement of
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To the
Committee on Ways and Means
United States House of Representatives
The Disproportionate Impact of COVID-19 on Communities of Color
May 27, 2020

Chairman Neal, Ranking Member Brady, and Members of the Committee:

My name is David Stacy, and I am the Government Affairs Director of the Human Rights Campaign, the nation's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBTQ people and realize a nation that achieves fundamental fairness and equality for all. On behalf of our more than 3 million members and supporters, I am honored to submit this statement for this important hearing addressing the disproportionate impact of the COVID-19 pandemic on communities of color. These impacts include devastating health outcomes, as well as increased risk for financial hardship.

As dangerous levels of infection and deaths continue, this crisis is testing our healthcare system and exposing the persistent disparities that have plagued marginalized communities – including LGBTQ people and communities of color – for decades. The lack of access to quality culturally competent care coupled with systemic discrimination at the hands of healthcare providers has fostered significant health disparities among LGBTQ people and our families – particularly those in communities of color. Discrimination, or the fear of discrimination, continues to prevent many LGBTQ people of color from accessing the care they need. Studies have also shown that communities of color report lower quality of care when they enter the healthcare system.¹ Lack of care access is also reported for LGBTQ people, but it is particularly devastating for LGBTQ people of color. Studies also show that Black, Hispanic, Asian Americans and Pacific Islanders, and Native populations are at a greater risk for underlying health conditions linked to severe COVID-19 complications including diabetes and hypertension.²

¹ Williams DR. Racial/ethnic variations in women's health: The social embeddedness of health. *Am J Public Health*. 2002;92:588–597; Case P, Austin SB, Hunter DJ, et al. Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II. *J Women Health*. 2004;13:1033–1047; Williams DR, Jackson PB. Social sources of racial disparities in health. *Health Affairs*. 2005; 24:325–334.

² CDC 2019. Summary Health Statistics: National Health Interview Survey: 2018. Table A-4a.

In addition to the impact of delayed preventive care, analysis of CDC data by the HRC Foundation shows that LGBTQ people of color are more likely to smoke everyday and have chronic illnesses like asthma. Thirty seven percent (37%)³ of LGBTQ adult smokers are everyday smokers, yet these numbers are highest among Black (42%) and Native American (60%) LGBTQ communities. Furthermore, 21% of LGBTQ people have asthma, and those who are Black (26%), Native American (30%), and Native Hawaiians/Pacific Islanders (30%) have the greatest rates.⁴ These high rates of smoking and respiratory difficulties and disease further undermine the ability of so many in our community to fight the COVID-19 virus.

Low coverage rates threaten both the physical and financial health of our families. In the absence of coverage, many individuals delay accessing critical care because of the inability to pay. Reports also show that a lack of insurance coverage directly results in increased medical related debt, which undermines a family's credit and overall financial security. LGBTQ communities of color also report some of the lowest rates of health insurance coverage of any population. An HRC Foundation analysis of CDC data found that 23% of LGBTQ people of color and 32% of transgender people of color lack health insurance coverage.⁵ One in five LGBTQ adults already have not seen a doctor when needed because they could not afford it.⁶ Nearly a quarter of Black LGBTQ adults (23%) and Latinx LGBTQ adults (24%), and nearly a third of transgender women (29%) reported avoiding the doctor because it was cost prohibitive.⁷

This troubling baseline has made navigating this unprecedented pandemic deadly for communities of color and other marginalized populations. In Michigan, the Black community accounts for 35% of confirmed cases and 40% of deaths despite only representing 14% of the state population.⁸ The disproportionate impacts on people of color are being seen nationwide. According to CDC data from June 3, 2020, the coronavirus continues to have the largest impact on Black and Latinx communities. Nearly 18% of COVID-19 deaths are among Black Americans while 27% are among Latinx Americans, despite these communities only comprising roughly 13% and 18% of the United States population, respectively.⁹

³ HRC Foundation 2020. The Lives and Livelihoods of LGBTQ People are at Risk Amidst COVID-19 Crisis: <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst>

⁴ HRC Foundation 2020. Internal Analysis of Behavioral Risk Factor Surveillance System: 2018. LGBTQ People and Smoking Prevalence by Race.

⁵ HRC Foundation 2020. Internal Analysis of Behavioral Risk Factor Surveillance System: 2018. LGBTQ People and Health Insurance Coverage by Race.

⁶ *Id.*

⁷ *Id.*

⁸ Akilah Johnson & Talia Buford 2020. Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate. *ProPublica*: <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>

⁹ CDC 2020. Weekly Updates by Select Demographic and Geographic Characteristics: Table 2a: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

Despite these stark, life threatening disparities, the federal government including the CDC has failed to adequately collect and assess data on communities of color despite a mandate from Congress. The Paycheck Protection and Health Care Enhancement Act, which was passed by on a strong bipartisan vote and became law on April 24, mandated that the CDC provide Congress with a report on COVID-19 data based on race, ethnicity, and socioeconomic data within 21 days.¹⁰ The CDC failed to provide an adequate report to Congress, and instead provided a brief document with links to outdated data that was not responsive to the crisis.¹¹ Further, the report provided did not disaggregate data for Asian Americans and Pacific Islanders, and in one instance actually listed this population as “other.”¹² CDC Director Redfield has since apologized for this failure.

The failure of federal officials to consistently collect and report data makes it impossible to assess the health and economic toll of COVID-19, or other health conditions, on the LGBTQ community and LGBTQ people of color.¹³ This federal inaction is frustratingly consistent. In a report published only 8 months ago, HRC addressed how the lack of state and federal collection of full and accurate data on sexual orientation and gender identity harms LGBTQ Americans, who remain largely invisible to the government entities entrusted with ensuring their health, safety and well-being. Concrete federal action and a commitment to improving data collection is imperative. It is essential in order to target the federal response to communities that need it the most.

Communities of color are also more at risk for financial hardship as a result of the pandemic. Black people and LGBTQ people are employed in industries highly impacted by the pandemic and are therefore at a greater health and economic risk. For example, 20% of food service workers, janitors, cashiers and stockers are Black, and 15% of LGBTQ adults work in food service or restaurants.¹⁴ HRC Foundation in partnership with PSB Research conducted a series of polls of 7,000 people from April 16 to May 26. The survey found that 58% of transgender respondents of color and 35% of LGBTQ respondents of color had their work hours reduced due to COVID-19.¹⁵ This was compared to 23% of the general sample population and 27% of white LGBTQ respondents.¹⁶ Furthermore, 26% of transgender respondents of color and 22% of

¹⁰ Pub.L. 116–139.

¹¹ U.S. House of Representatives Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Hearing on COVID-19 Response, June 4, 2020.

¹² *Id.*

¹³ NBC 2020. Lawmakers Urge Trump Administration to Collect Data on LGBTQ COVID-19 Patients: <https://www.nbcnews.com/feature/nbc-out/lawmakers-urge-trump-administration-collect-data-lgbtq-covid-19-patients-n1211641>

¹⁴ HRC Foundation 2020. The Impact of COVID-19 on LGBTQ Communities of Color: <https://www.hrc.org/resources/the-impact-of-covid-19-on-lgbtq-communities-of-color>

¹⁵ HRC Foundation 2020. Unpublished Research Brief (Expected June 16, 2020).

¹⁶ *Id.*

LGBTQ respondents of color said they became unemployed due to COVID-19.¹⁷ This was compared to 12% of the general sample population and 13% of white LGBTQ respondents. Similar to the ongoing health problems reported to accompany a COVID-19 diagnosis and hospitalization, the impact of this economic hardship will undoubtedly undermine the financial security of families for years following a national recovery.

The COVID-19 pandemic and our nation's response has laid bare the impact of generations of discrimination and our leaders' callous disinterest in understanding and responding to the human toll of this crisis. We urge Congress to continue to hold this administration accountable regarding data collection, and equal access to care and financial supports.

Thank you for the opportunity to provide this statement.

¹⁷ *Id.*