June 10, 2020

Dear Ways & Means Committee Members,

Thank you for holding a hearing on the very important issues of the disproportionate effects of COVID-19 on communities of color. The disparities between white communities and communities of color are, indeed, stark (Azar et al., 2020, Baptiste et al., 2020); while some action has been taken (including omnibus funding allocations, CMS approval of funding for telehealth, and one state expanding Medicaid to undocumented immigrants), a great deal more action is needed in order to address glaring systemic issues. My insights on this issue can be sorted into two categories: acute issues that need immediate solutions, and long-term needs that will need to be addressed over a longer period of time. Though the long-term needs existed before this pandemic, they still require that immediate action be taken so that ongoing issues do not persist longer than they already have, and future public health emergencies can be mitigated.

I first address the longer-term, ongoing issues because they provide context for the immediate needs that have become apparent. Structural racism in the United States is interwoven into its every system; the systemic issue most germane to this discussion is access to quality healthcare. Access to quality healthcare is directly affected by access to employment that provides health insurance, which is largely determined by proximity to a social network in gainful employment and access to quality education. Access to quality education is affected by school funding, largely determined by property taxes directly related to property values which tend to be higher in high-income communities and lower in low-income communities. The amount of income concentrated in a geographic community is most directly related to its residents' employment, and the circle begins again. The cycle is far more complex than I can represent in this testimony, but Baptiste et al. (2020) go more in-depth with ties to further evidence.

Additionally, many chronic conditions have long been tied to hazardous environmental exposures, increased chronic stress, and low access to preventive care and health education. These social determinants of health disproportionately affect many people of color, and the result is that many people of color are at increased risk for chronic conditions which then put them at greater risk for complications from infectious diseases like SARS-CoV-2. Policy solutions have long been targeted at systems in isolation (expanding Medicaid/QHPs, increasing school funding, etc.) without attention paid to the broader role of systemic racism across all systems. In the longer term, these are the types of solutions that need to be sought in order to address the social determinants of

health that put people of color at increased risk for disease and poor outcomes from disease:

- Policing and corrections reform, including shifting funding from these systems to community welfare systems like public healthcare, education, and transportation
- Workplace protections such as paid sick leave (Bodas & Peleg, 2020) and a living wage for all workers (Leigh & Du, 2018)
- Expanding Medicaid to all inhabitants of the US regardless of immigration status, which has already been done in Illinois (Heather, 2020). Ultimately, eliminating healthcare tied to employment would be one of the most effective ways to eliminate financial barriers to healthcare.
- Increase diversity of the healthcare workforce by increasing scholarship and research funding opportunities, and forgiving student loans that have already been incurred.
- Invest in housing solutions for individuals experiencing housing instability.
- Expanding childcare availability to ensure that individuals are able to work while their children are being taken care of in a safe and educational environment (Adams & Henley, 2020).
- Reform immigration policies to allow all immigrants who desire to obtain legal immigration status to do so.

The connection should be clear, then, that many communities of color were sitting targets not only for contracting SARS-CoV-2 but also for complications from this virus, up to and including death. When states and local jurisdictions began making the decisions to shut down non-essential services, the majority of people who had to continue working and being exposed to others in their workplace and their community were low-wage workers without workplace protections - a group largely made up by people of color. Identifying the disparities and formulating solutions in a timely manner was made more challenging - nearly impossible, actually - because of the poor state of public health infrastructure nationwide. State and local health departments were simply not equipped with the data, personnel, or tools needed to take on the challenge.

In Howard County, Maryland, the county's Health Officer reported that "[COVID-19] cases among Black and Hispanic individuals account for 35.4% of total cases although only accounting for an estimated 27.1% of the total population of the County. Additionally, 49.2% of the total deaths due to COVID-19 in Howard County have been among Black and Asian residents although only accounting for an estimated 39.1% of the total population. Among Howard County residents lost to COVID-19, 96% of these patients had at least one underlying condition or risk factor. Diabetes (40%), kidney disease (31%), heart disease (27%), and hypertension (58%) were the most common underlying conditions" (HoCoHealth, 2020).

The following is suggested to address the urgent needs of communities of color related to the coronavirus pandemic:

- Expanded testing access regardless of insurance or immigration status, and without a clinician's order.
- Increased grant-making to community-based organizations for community outreach and education. Funding trickled down from federal funds to local health departments is insufficient and not making it to community partners in a timely manner.
- Increased internet access (e.g.: mobile hotspots for an immediate solution) to accommodate telehealth (Crawford & Serhal, 2020). This addresses both immediate and long-term needs of rural communities - particularly indigenous communities - that currently lack or have very limited internet access (Díaz de León-Martínez, de la Sierra-de la Vega, Palacios-Ramírez, Rodriguez-Aguilar, & Flores-Ramírez, 2020). This also supports remote learning opportunities for students whose schools are closed during the pandemic.
- Ensure that contact tracing is not only performed for the purposes of identifying contacts, testing as needed, and informing individuals that they should self-isolate if needed, but also for the purposes of resource screening and ensuring that contacts have the resources needed to self-isolate for 14 days if needed - or even 24 days if they live with someone who has tested positive and are unable to maintain adequate social distance from this person.
- Ensure racial, ethnic, gender, and age representation in SARS-CoV-2 treatment and immunization trials.
- Require data disaggregation of SARS-CoV-2 cases, hospitalizations, and deaths by race, ethnicity, age, sex, and zip code. Racial/ethnic disaggregation should include the categories of Latinx (separate from "white"), and Asian American, Native American, and Pacific Islander disaggregated from "Other".
    - Any data indicative of immigration status should be protected from use by ICE or CBP.
- Ensure local health departments prioritize administration of housing contracts so that housing is available for people experiencing homelessness who require housing for self-isolation and/or recuperation.

Many of these suggestions are directly aligned with the demands made by the Campaign Against Racism - an initiative of the Social Medicine Consortium - whose goal is "to dismantle structural racism and its effects on health around the world." A full list of these demands can be found in Appendix A. I am also fully aligned with the demands, guidance, and implementation guidance referenced in NAACP's publication

“Ten Equity Implications of the Coronavirus COVID-19 Outbreak in the United States” (2020).

I understand that many of the measures called for here seem like a drastic departure from the systems that exist; that is a fair assessment. Failure to take immediate and radical action will mean that the inevitable second wave of COVID-19 will look the same as or worse than our first wave, even though we know better and can do better. Failure to take action in the long-term will mean the continued decline in health outcomes for Americans of color, increased healthcare expenditures to compensate for increased care for more folks without insurance, and the reverberations of related socioeconomic consequences. We need to take a hard look at the way we do business here in the US if we truly want change to take place and improve the health and well-being of Americans of color not only during this time of crisis, but extending long into our future. Thank you for your consideration.

References:

Adams, G., & Henley, J.R. (2020). Child Care Subsidies: Supporting Work And Child Development For Healthy Families. *Health Affairs Policy Brief.* DOI: 10.1377/hpb20200327.116465

Azar, K. M. J., Shen, Z., Romanelli, R. J., Lockhart, S. H., Smits, K., Robinson, S., Brown, S., & Pressman, A. R. (2020). Disparities In Outcomes Among COVID-19 Patients In A Large Health Care System In California. *Health Affairs, 39*(7). https://doi.org/10.1377/hlthaff.2020.0059

Baptiste DL, Commodore-Mensah Y, Alexander KA, et al. COVID-19: Shedding light on racial and health inequities in the United States [published online ahead of print, 2020 May 29]. *Journal of Clinical Nursing*. 10.1111/jocn.15351. doi:10.1111/jocn.15351

Díaz de León-Martínez, L., de la Sierra-de la Vega, L., Palacios-Ramírez, A., Rodriguez-Aguilar, M., & Flores-Ramírez, R. (2020). Critical review of social, environmental and health risk factors in the Mexican indigenous population and their capacity to respond to the COVID-19. *The Science of the total environment*, *733*(139357). Advance online publication. https://doi.org/10.1016/j.scitotenv.2020.139357

Bodas, M., & Peleg, K. (2020). Self-Isolation Compliance In The COVID-19 Era Influenced By Compensation: Findings From A Recent Survey In Israel. *Health Affairs, 39*(6). https://doi.org/10.1377/hlthaff.2020.00382

Crawford, A., & Serhal, E. (2020). Digital Health Equity and COVID-19: The Innovation Curve Cannot Reinforce the Social Gradient of Health. *Journal of medical Internet research*, *22*(6), e19361. https://doi.org/10.2196/19361

Heather, K. (2020, May 27). Illinois to become 1st state to provide Medicaid regardless of immigration status. Retrieved from https://www.sj-r.com/news/20200527/illinois-to-become-1st-state-to-provide-medicaid-regardless-of-immigration-status

InequityKills. (2020, June 3). With 9 Chapters across the the U.S. CAR has long been in dialogue, around demands, which we know if heard and acted upon will lead to our collective liberation from Racial Capitalism. We join @Mvmnt4BlkLives call and hope you are listening @WaysMeansCmte #Covid_19 [TWEET]. Retrieved from https://twitter.com/InequityKills/status/1268252646324002816?s=20

HoCoHealth. (2020, June 3). From Health Officer Dr. Maura Rossman (THREAD): "The COVID-19 pandemic, coupled with the traumatic events of the past weeks have highlighted the need for increased compassion, respect and on-going honest and open communication… [TWEET]. Retrieved from https://twitter.com/HoCoHealth/status/1268257674703011841?s=20

Leigh, J. P., & Du, J. (2018, October 4). Effects Of Minimum Wages On Population Health. *Health Affairs Policy Brief.* DOI: 10.1377/hpb20180622.107025

National Association for the Advancement of Colored People. (2020). Ten Equity Implications of the Coronavirus COVID-19 Outbreak in the United States. Retrieved from https://naacp.org/wp-content/uploads/2020/03/Ten-Equity-Considerations-of-the-Coronavirus-COVID-19-Outbreak-in-the-United-States_Version-2.pdf

Appendix A: Demands of the Campaign Against Racism related to disproportionate effect of COVID-19 on communities of color (Inequity Kills, 2020)

1. Universal Basic Income
2. Police Abolition
3. Divest from Police and Invest in Black Communities
4. Abolish ICE and Invest in Black Communities
5. Free and equitable access to healthcare for all
6. Dismantle the oppressive medical industrial complex
7. Dismantle the carceral state
8. Listen to Black Trans Women
9. Response plans led by community based organisations with an intersectional feminist LGBTQIA, disability justice perspective
10. Listen to Black women
11. Prioritise voice of Black Communities and Black Families over the voice of the capitalist system
12. Replace white supremacy and patriarchy with a new care model
13. Disentangle care practices from the racist beliefs in modern medicine
14. Replace white supremacy and patriarchy with a new care model
15. Investment into the community for sustainable housing including for those who are right now unhoused
16. Paid Sick Leave