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Hearing on The Disproportionate Impact of COVID-19 on Communities of Color

House Ways and Means Committee

Even in the early stages of what is likely to be a long pandemic, it's clear that vulnerable populations (economically, historically and/or ethnic) are disproportionately suffering the impact of COVID-19. In the United States, the virus has exacerbated long-standing health and economic disparities caused by centuries of discrimination and oppression, leading to Black and Brown people suffering the most, both from the virus itself and from the social and economic devastation it has caused.

The impact of sociopolitical, economic, and systemic racial barriers have been proven to impact the quality of life of these populations — see the many multidisciplinary studies. Meaning, preconditions are not simply genetic deficiencies passed down from generation to generation without being cultivated in environments that contribute to their formation. In the case of communities of African descendant, life had to be cultivated in and around environments that were often oppressive and marginalizing, such as chattel slavery, Jim Crow, and state violence.

Scientific data, including the data being reported in our current state of emergency, is not *immune* from limited perspective. As Troy Duster in his article, *Race and Reification in Science* argues, science can be a product of the fallacy of misplaced concreteness, by which there is a tendency to assume that categories of thought coincide with the obdurate character of the empirical world.ⁱ Therefore, to have a clearer understanding of the deep implications of the current crisis and the disproportionate impact, *race/racism should be considered a precondition*.

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In April, the Centers for Disease Control and Prevention (CDC) released preliminary nationwide data, which revealed 30 percent of COVID-19 patients are African American, even though African Americans make up around 13 percent of the population of the United States.ⁱⁱ A recent data analysis by *Mother Jones* finds that Black people overall have disproportionately contracted and died from the coronavirus.ⁱⁱⁱ The analysis finds that in 20 of the 28 states plus Washington, DC, Black people make up a larger share of coronavirus infections than they do of the general population. African-Americans make up 48 percent of Richmond, Virginia's population.^{iv} Yet, according to a report by VPM News, released April 15, 2020, "all eight people who died from the coronavirus in Richmond were African American."^v This means 100% of COVID-19 deaths are people of African descent in Richmond, Virginia.

The World Health Organization has said people with pre-existing conditions like hypertension, diabetes, asthma, and obesity make the virus far more deadly.^{vi} Not surprisingly, African Americans have a higher rate of diseases like asthma, diabetes hypertension and other underlying conditions that have led to the deaths of people with COVID-19. However, to be clear, these underlying health issues Black people face often have to do with racism and discrimination, which affects their health.

Racism Has Been and Will Always Be a Public Health Issue

Studies have shown that racism contributes to health issues like stress and hypertension. As Harvard professor David Williams, who has spent years studying the health effects of discrimination stated, "Basically what we have found is that discrimination is a type of stressful life experience that has negative effects on health similar to other kinds of stressful experiences."^{vii} If you follow them over time, you see more rapid development of coronary heart disease. The stress and unhealthy conditions that Black people face can lead to weight gain, hypertension, heart problems, and asthma. Due to structural factors like racism, housing discrimination, poverty and unequal and discriminatory treatment in the medical system, Black people are more likely to have a number of the health co-morbidities that place individuals at a higher risk for COVID-19 deaths.

Black people in the North tend to live in dense, historically segregated cities in which disease can spread quickly.^{viii} That makes the virus particularly dangerous for Black people, who because of environmental and economic factors have higher rates of those illnesses.

While Some Can Comply With Stay at Home Orders Without Economic Hardship, Black and Brown Folk and Women Must Risk Their Lives. Furthermore, Many Black and Brown Workers Are in Positions That Are Considered Essential.

To slow the spread of COVID-19 or 'flatten the curve,' millions of Americans were told: don't go to work, don't go to school, and don't leave the house at all, unless you have to.^{ix} The ability, however, to quarantine, work from home, "stress-free," with uninterrupted income is a privilege most Black and Brown people don't have. According to the Economic Policy Institute, fewer than one in five Black workers and roughly one in six Hispanic workers are able to work from home.^x This means that in the midst of the COVID-19 pandemic, millions of these workers (including low-wage workers) are forced to risk their lives to make a living. Black Americans are

more likely to work jobs that are considered essential, they are postal workers, fast-food workers, grocers, transit workers, and health care workers.

Women, particularly Black women, are also among those at the front lines, putting their livelihood at risk. According to the *New York Times* analysis of census data crossed with the federal government's essential worker guidelines, one in three jobs held by women has been designated as essential and nonwhite women are more likely to be doing essential jobs than anyone else.^{xi}

Policy Solutions Must Address Structural Barriers and Include a Human Rights Approach

Policy makers failed to address the very harms that the majority of historically marginalized communities are currently facing during this crisis for decades, not to mention the psychological implications of living in an environment of heightened stressors of uncertainty and death.

The Families First Coronavirus Response Act provided some relief to those coping with the pandemic.^{xii} However, we need more. As the coronavirus pandemic wears on, almost half of all African American, Latino, and low-income Americans are having trouble paying their bills, including medical bills. Polling from the Kaiser Family Foundation suggests that even if Congress' relief efforts are helping, they're not nearly enough.^{xiii} Their numbers demonstrate that almost a third (31%) of the Americans say they've experienced problems paying the rent or mortgage, or for food, utilities, credit card bills or medical costs as a result of the coronavirus. Among African Americans, that number climbs to 48%, and 46% among Latinos.

We need policies that create positive social, economic, and physical environments and promote good health for all — and especially for historically marginalized communities. We must address the underlying structural issues and inequalities that play a central role in disproportionate infection and mortality rates among indigenous, Black, and Brown communities. Marginalized and high-risk communities *must* be able to access testing, health insurance and health care, sick leave, and unemployment benefits. And, essential workers need and deserve hazard pay.

In April 2020, the House passed the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, which would fund another stimulus check for individuals, assistance to the Indian Health Service and state and local governments, hazard pay for essential workers, coronavirus testing, and rent and mortgage assistance.^{xiv} It includes an extension of the \$600 weekly unemployment expansion; more funds for the Supplemental Nutrition Assistance Program (SNAP) and small businesses; emergency relief for the U.S. Postal Service; and election protection measures, including facilitating voting by mail. Senate Majority Leader Mitch McConnell (R-KY) and the Senate GOP caucus panned the \$3 trillion bill, however, declaring it “dead on arrival” in the Senate.^{xv}

Urgent policy action is needed to aid the overwhelming number of people who are impacted by this crisis, including the millions who have lost their jobs, with no clarity of when they will return to work.^{xvi} We are facing an unprecedented global health crisis that exacerbates attendant issues around race. If key policy measures are not taken immediately, the pandemic will continue to disproportionately impact historically marginalized communities, to the detriment of us all.

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