NAACP

*Empowerment Programs*

# Testimony

*Of*

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## National Association for the Advancement of Colored People

## (NAACP)

*Before The*

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## "The Disproportionate Impact of COVID-19

## On Communities of Color"

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Thank you, Chairman Neal, Ranking Member Brady, and members of this esteemed panel for calling this important hearing. At almost 100,000 deaths in the United States alone, as of this hearing, and with the unprecedented shut down of our nation and our economy, the current COVID-19 pandemic is extremely serious. There can be no doubt that it has and will deeply affect all Americans, and indeed our global community.

Yet there can also be no doubt that the horrors of this national pandemic are injuring some American communities disproportionately hard. Specifically, the African American community is being disproportionately hurt by this virus in terms of health (who contracts the disease and who dies from it), education (whose educational needs are not being met and which communities are closer to the breaking point in terms of who gets an education and who does not), economics (both on the individual / family level as well as the neighborhood / community level), our criminal justice system and our participation in our democracy (in both the 2020 census and our democratic voting process ) to name but 4 areas of concern.

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My name is Hilary O. Shelton, and I am the Director of the NAACP Washington Bureau and the Senior Vice President for Policy and Advocacy. I have been with the NAACP Washington Bureau for almost 23 years. Founded in 1909, the NAACP is our nation's oldest, largest, and most widely recognized grassroots based civil right organization. We currently have over 2200 membership units in every state in the nation, as well as on American military installations in Asia and Europe. Our mission statement declares that our goal is "…to ensure the political, educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination."

From shore to shore, and in every state in between, the Coronavirus is decimating communities, neighborhoods, families, and people's lives and livelihoods. The disease does not recognize race or the color of one's skin, and we at the NAACP pray for and mourn all the victims of this pandemic. Yet prior to and during the advent of the COVID-19 pandemic African Americans had been treated differently, unfairly and more harshly, by our government and society. The racial wealth gap was but one very telling indicator. In 2016, the median household wealth of the average African American family was roughly only 10 percent that of the average White family. This gap persisted even after controlling for factors including education, marital status, and income. As a result, the NAACP has, for over a century, advocated for policies to bring about equal opportunity, justice, fairness and parity in areas such as criminal justice, economics, education, health care, labor, environmental justice, voting rights, housing and so on. Sadly, we are consistently challenged by biases and by those who feel threatened by any progress we any make.

Many of the disparities which we advocated against for so long (in addition to many of the policies which we argued for as potential solutions) are now being reviewed under a new spotlight. Yet the response to the current national pandemic, if not handled in a careful and thoughtful manner, threatens to magnify, and exasperate, the current inequalities when the opportunity exists to repair them. Which is not to say that our nation will be without bias and challenges, but we can use our response to this pandemic to begin to address, and even ameliorate, some of the racial challenges that plague us.

**Health**

To respond to this pandemic appropriately, it is crucial to understand which populations COVID-19 has affected the most. It wasn't until the end of March that data slowly began revealing, from first a few states throughout our Nation, what NAACP members, units and communities began to realize: African Americans and other groups that are socially and economically disadvantaged are bearing the brunt of this disease.

According to the Racial Data Transparency map by Johns Hopkins University, as of Monday 5-26-2020, 47 states are releasing race-specific data on confirmed cases and 38 states are reporting COVID-19 deaths by race; only four are releasing testing data by race and ethnicity. The data are shedding light on some stark realities. In Wisconsin, for example, African Americans make up a little more than 31% of coronavirus deaths as of May 6 but represent just 6.7% of the population. In Michigan African Americans account for 43% of coronavirus deaths despite comprising only 14% of the population. Similarly, in Louisiana African Americans represent just about a third of the population but 57.4% of death. And right here in our nation's capital, African Americans make up 46.4% of the population but account for nearly four out of five deaths (79%).

Several factors contribute to African Americans' increased vulnerability to the coronavirus — factors that are rooted in deep-seeded structural inequalities within and beyond our health care system. African Americans live with a greater burden of disease than their White counterparts, and many of their chronic conditions place them at increased risk for complications from COVID-19. The inequalities within the US health care system impact

people of color disproportionately and lead to unequal access to services and poorer health outcomes, especially for African Americans. In addition, the emotional and financial toll of the pandemic is likely to increase the need for mental health services in the immediacy and over time.

Since the passage of the 1964 Civil Rights Act, African Americans have seen progress in their economic and social conditions collectively. However, we still experience illness and mortality at higher rates than Whites and have lower life expectancy than other racial/ethnic groups. Health reform efforts over the last decade improved health care coverage for African Americans, but disparities in health status and outcomes still exist across numerous conditions: we have higher rates of diabetes, hypertension, heart disease, and cancer than White Americans, as well as higher rates of maternal mortality, infant mortality, and death due to complications from chronic disease (The Century Foundation, 2019). African Americans are also more likely to experience traumatic stress from racism, poverty, homelessness, exposure to violence and incarceration, which puts them at increased risk for mental and behavioral health problems (Anxiety and Depression Association of America, American Psychological Association). Yet we are less likely to seek mental health care because of shame and stigma and lack of access to culturally competent mental health services.

Because of residential segregation, neighborhoods that are mostly Black and Brown tend to be medically underserved. Residents in these areas often rely on federally-qualified health centers (FQHCs) for care, emergency rooms, or outpatient care for preventive services, and many of our neighborhoods lack enough primary care and mental health providers to serve area residents adequately (The Century Foundation, 2019).

A critical solution to increasing the availability of health care services for African Americans is to increase the number of well-resourced FQHCs in Black communities. FQHCs are embedded within the communities they serve and understand their patients' challenges; they also offer primary, preventive health care services to all residents, regardless of insurance status and ability to pay (National Association of Community Health Centers, 2016). FQHCs can serve as efficient medical homes offering African Americans high-quality, patient-centered care if they receive the proper resources, including appropriate staffing for primary and mental health care, commensurate Medicaid reimbursement rates, and adequate support for physical and technology infrastructure. FQHCs are especially important to the health care system, since they provide comprehensive health care services to underserved, vulnerable populations and help reduce the need for more costly care, including ER visits and hospitalizations; their presence also helps to stimulate local economies (Commonwealth Fund, 2019).

In addition, too many people in the US still have no health insurance or lack sufficient insurance. The Affordable Care Act (ACA) helped to close the insurance gap by expanding eligibility for Medicaid and offering more affordable, private-sector health plans through the Health Insurance Marketplace. However, the number of people uninsured in the United States has been rising again since 2017, primarily through efforts to reduce coverage for low-income Americans. In addition, the loss of Medicaid coverage for incarcerated persons can lead to particularly disruptive gaps in care for chronic diseases and substance abuse.

Those who don't have insurance or have gaps in their coverage are more likely to be people of color, to be low-income, to have at least one working member in their household, to be unable to afford the high cost of insurance, to forego to needed care, and to face high medical debt when they do seek care. Although as I just said the ACA reduced the number of un-insured Americans among non-elderly adult Americans from 46.5 million in 2010 to 26.7 million in 2016, the number has since increased to 27.9 million in 2018. Insurance gains are being eroded, as the number of Medicaid recipients declined by more than 2 million people (3.1%) and

enrollment in the Marketplace dropped more than 900,000 from December 2016 to December 2018 (Kaiser Family Foundation, 2019).

For African Americans, who have higher un-insurance rates than whites, expanding coverage is critical to address persistent disparities in health outcomes and health care access. The ACA led to a significant reduction in the uninsured rate among non-elderly, African-American adults, from 18.9 percent in 2013 to 11.7 percent in 2016—despite resistance to Medicaid expansion in the South, where higher proportions of African Americans live (Center on Budget and Policy Priorities, 2017). In 2017 and 2018 we began to experience a reversal of this positive trend, as we saw an increase in those uninsured from 10.7 percent to 11.5 percent. Further, African Americans are more likely to fall in a coverage gap than Whites because we are more likely to live in a state that did not expand Medicaid. And despite expansion in coverage over the last decade, African Americans and other people of color remain more likely to be uninsured than Whites (Kaiser Family Foundation, 2020).

In 2018, the median household income in the US was $61,937; for African-American households, was $41,692 — the lowest among all racial and ethnic groups. In addition to the disproportionate impact of COVID-19 on morbidity and mortality among African Americans, the economic fallout from the pandemic is a complication to health and health care that African Americans cannot afford. Medicaid expansion in the health reform era covered Americans up to 133 percent of the federal poverty level (FPL); the 2020 FPL for a household of one is a mere $12,760 and $26,200 for a household of four. A temporary expansion of Medicaid to 500 percent of FPL, or $63,800 for a household of one and $131,000 for a household of four, would allow a broader base of low- to moderate-income individuals and families to have health insurance for prevention, treatment and disease management and would serve as an equitable stopgap on the road to ensuring health care coverage for all in 2021. Given the budget shortfall that states are facing during the pandemic, this expansion should be fully covered by the federal government.

Testing for COVID-19 will continue to be a critical ongoing strategy for identifying and treating infections, reducing community spread, and reopening the country safely. Expanded testing must be data-driven, readily available where people live and work, and covered by the federal government as a preventive measure. Community health centers can be an integral part of providing testing and ambulatory health care services, and community health workers should be ramped up to advance local outreach and education around testing and treatment for COVID-19.

Although they are undoubtedly taxed, health care systems should be seeing more than ever the importance of supporting their providers — doctors, nurses, technicians, and other staff — to offset stress and burnout. Beyond providing the necessary personal protective equipment, providers working in times of crisis likely need counseling and support groups, as well as real consideration of their suggestions for systems improvement.

In addition, health care administrators and other leaders in medicine and public health must step up their efforts to bolster and diversify the health care workforce through effective fellowships, training programs, and pipeline programs that serve providers from underrepresented groups and ultimately lead to a healthier nation as a whole. The federal government can assist in meeting this need through plans such as student loan forgiveness for racial and ethnic minorities who go into the medical field and promise to work in a diverse or underserved area for a certain number of years; scholarships aimed at racial and ethnic minorities who will return to the community to perform their services and tax incentives for minority serving institutions such as Historically Black Colleges and universities (HBCUs) to construct new schools of medicine or enhance, modernize, support existing schools.

The national response to the pandemic has shined a light on several other inequities as well that can and should be addressed. I will touch on just a few of them here, but there are too many to cover here. The fact that they are mentioned here should not be taken as evidence of their importance to us; they simply stand out more.

**Education**

Until recently, we have been focused on school closings. Now we are beginning to look at school openings. Our New York State Conference NAACP and our Florida State Conference NAACP are examples of NAACP units that are actively looking at the issue of school openings. But a new NAACP Poll, just released Friday, May 22, 2020, of a national sample of African Americans found that 80% of those polled preferred to hold off on ending the shutdown to assure their safety ahead of boosting the economy. And while the CDC has a toolkit for judging whether K-12 public schools should re-open, CDC leaves it to local and state officials. I have yet to see an adequate proposal for people involved in school reopenings, including, students, parents, non-staff visitors and staff.

The re-openings presents many black parents with a dilemma: send their children to school and risk them and/or the parents/siblings getting infected with COVID-19 or keep them at home and risk the State prosecuting their children in juvenile courts, fining the parents, or having Child Protective Services open investigations on parents for not having their kids in school. A significant amount of research has documented the overrepresentation of certain racial and ethnic populations—including African Americans and Native Americans—in the child welfare system when compared with their representation in the general population. If every school district had effective, equally accessible, public, non-charter, on-line or distance learning programs that these parents could enroll their students in, that would be a way to avoid the dilemma.

In 2015 49.3% of African American households had a Desktop or Laptop and handheld; and had a broadband subscription. The percentages for White households was 64.6%; Asian 80.1%; and Latino 55.0%. Other data shows that the percentage of students with no internet access or only dial-up access at home is 27% for American Indian/Alaska Native, 19% Blacks, 17% Latino, 12% Pacific Islander, 7% Two or more races, 7% White, and 3% Asian.

Congress has invested substantially in addressing the digital divide that exists in so many homes and schools. The HEROES Act provides $1.5 billion to close the homework gap by providing funding for Wi-Fi hotspots and connected devices for students and library patrons and $4 billion for home connectivity needs. It is unclear, as between students and libraries how this is to be allocated by Governors. One suggestion is that libraries can be important partners with school districts in sponsoring Summer Learning Programs, particularly critical for low income students to address summer learning loss, and COVID-19 loss, in reading and math. This partnership could be extended to After School Learning tied to teacher lesson plans. Summer Learning is the least States and districts could do. But the symptom is linked to broader, pre-pandemic challenges with literacy education in the States and school systems. It is also connected to the continuing need for universal, high-quality pre-K.

There is complementary support for addressing the digital divide in homes. This is particularly relevant to the *home* part of the digital divide that so many black students and other students of color face. The NAACP supports E-Rate support for Wi-Fi hotspots, other equipment, and connected devices. This includes a substantial investment (at least $5 billion) to be administered through the FCC's E-rate program for schools and libraries to provide Internet service in a technologically neutral way to students and teachers, prioritizing those without Internet access at home. This funding should be used for Internet service and providing connected devices, like laptops and tablets, Wi-Fi hotspots, modems, and routers, to students and teachers to help keep them in the

digital classroom during the COVID-19 pandemic. We also need to mandate a prohibition on broadband and telephone providers from terminating service due to a customer's inability to pay their bill because of financial hardship caused by the COVID-19 pandemic.

Finally, we come to the issue of student loans. Currently, more than 44 million Americans have student loans. College debt has increased 170 percent since 2006 and now exceeds $1.6 trillion, which is second only to mortgage debt and surpasses even credit card debt. Many Americans cannot help restore our economy by buying a home, a car, starting (or re-starting) a business or even enjoying a meal out when they are faced with continuing, crippling, student loans. The Federal Reserve estimated that the average monthly student loan payment increased from $227 in 2005 to $393 in 2016.

It should come as no surprise the burden of student loan debt has a substantial impact in perpetuating, and even worsening, the "racial wealth gap." Families of color are more likely to need to borrow for higher education, will have less income with which to pay it, and have less of a cushion to withstand future financial shocks, thus contributing to a higher likelihood of delinquency and default on student loan debt. In 2016, 42% of African American families had student debt compared to 34% of white families. Moreover, African American students hold $7,400 more in debt than white students at graduation.

No one should have to choose between paying their student loan payment, putting food on the table, or keeping themselves and their families safe and healthy. We need across the board student debt cancellation now to provide urgently needed relief for the more than 45 million student loan borrowers and ensure our recovery efforts leave no community behind.

**Election Reform**

Full voter participation is essential to ensuring elected leaders and policy decisions meet the needs of the community. The United States already struggles with voter participation. Significant percentages of eligible voters are not registered, many registered voters do not consistently show up at the polls, and large numbers of would-be voters—particularly people of color, low-income people, the young, and the elderly—are deterred by state laws and procedures designed to suppress the vote.

In the wake of the coronavirus pandemic, state and local election administrators are faced with the added burden of balancing the health and safety of voters and their families with having a fair and inclusive election process. This is a challenge a robust democracy must meet through the following measures:

- The Federal Government must provide funds to states to improve election administration and upgrade voting systems that comply with the CDC standard regarding COVID-19;
- The Federal Government must create minimum standards for states to follow in several key areas of election administration to ensure full and safe voter participation; and,
- The Federal Government, through the Election Assistance Commission, must serve as a clearinghouse for election administration information that complies with the health standards to ensure safe and full voter participation.

African Americans are disproportionately disadvantaged by vote by mail: Across all U.S. Census Bureau racial and ethnic classifications, African Americans are least likely to utilize vote by mail. During the 2018 midterm elections, only 11 percent of African American voters cast ballots by mail, compared to 21 percent of White voters. In order to vote by mail, an individual must first receive a ballot at their address, which may prove

challenging for people who frequently move or lack permanent addresses. African Americans have the highest move-rates in the United States; overall, the move-rate for Black Americans is about 3 percentage points higher than their White counterparts. Additionally, African Americans account for nearly 40 percent of the U.S. homeless population who "lack[] a fixed, regular, and adequate nighttime residence," according to the U.S. Department of Housing and Urban Development. For voters who frequently move or lack permanent addresses, in-person voting options often offer the only means by which they can cast a ballot.

Eliminating in-person options, including early and Sunday voting, likely will have negative effects on voter turnout among African Americans given their historic reliance on such policies dating back to the civil rights era. One-fifth of African American voters relied on in-person early voting during the 2018 midterm election, while 66 percent voted in-person on Election Day.

As a result of African Americans' unique voting styles, the NAACP makes the following recommendations in light of the COVID-19 crisis: that the Federal government institute minimum standards that must be met by all states including no-excuse, no-fault mail-in ballots for everyone who requests them; a minimum number of precincts in every county like redistricting, so as to avoid overcrowding at some voting locations; all poll workers are supplied with and required to wear PPE; no touch screens; scannable paper ballots; that every polling place is ADA compliant; that there be improved election administration to include either meeting or going beyond current health standards to protect poll workers and voters alike; that there be expanded federal election support, both in terms of Federal funding (grants to achieve all election improvements,) and that the Election Assistance Commission receive adequate funding to support and guide states receiving Federal funds.

Prisons and the COVID-19 pandemic

Prisons and jails are incubators for the virus: social distancing is next to impossible in prisons and jails, in fact, movement in and out of facilities is constant. The NAACP has a crucial concern about the situation in prisons and jails as the population of those facilities is disparately people of color and for a variety of reasons people of color, specifically African Americans, find themselves, at one point or another, incarcerated. The NAACP feels strongly that criminal justice officials and elected legislators have the power to prevent the spread and increase in coronavirus deaths.

The racial disparities in our Nations prisons and jails are still quite extreme. Suffice it to say that African Americans and Latinix make up over 56% of the incarcerated population on any given day, despite the fact that we comprise only 30% of the U.S. population. Furthermore, 1 on every 10 black men in his 30's finds himself in prison or in jail on any given day. As we further focus on our Nations jail and prison system, it is also important to recognize that most people incarcerated in our country are there for non-violent charges and convictions.

So the COVID-19 policies of the Federal and State prisons and jails is important to the NAACP.

According to the American Civil Liberties Union (ACLU) the Trump administration optimistically projects that "substantially under" 100,000 people will die from COVID-19 in the United States. Horrific as that statistic is, a new model suggests it could be a huge underestimate. The government models fail to consider the impact of the virus on the incarcerated population, who will be infected and die at higher rates. And any prison or jail outbreak is bound to spill over into the broader community — causing more people to die in the general public, too.

The ACLU partnered with epidemiologists, mathematicians and statisticians to create a first-of-its-kind epidemiological model that shows that as many as 200,000 people could die from COVID-19 — double the government estimate — if we continue to ignore incarcerated people in our public health response. But we

have the power to change this grim outcome. We can save as many as 23,000 people in jail and 76,000 in the broader community if we stop arrests for all but the most serious offenses and double the rate of release for those already detained.

One answer is to reduce the number of people who are arrested and incarcerated and utilize other forms of punishment like tracking devices. While this is not the long-term policing, prison, and sentencing reform our country sorely needs it would address our immediate concerns. People should not be put into prison or jail for minor, non-violent infractions or because they cannot afford bail.

Another answer would be to reduce the number of people currently incarcerated. Non-violent offenders, or people who are due to be paroled in the next year, as well as prisoners over a certain age (65 years) and people who do not pose a threat to society or any other individual should immediately be considered for release.

From the standpoint of this committee, tax breaks could be given to states or localities for reducing their overall prison population. At the same time, a GAO study could be requested on suggested tactics for keeping the American prison population down, even after the pandemic has passed.

Another step which needs to be taken is for those still incarcerated to have inexpensive access to the outside world. Prison phone and video-conferencing rates are notoriously high. This committee, working with the Energy and Commerce Committee in the House and the Commerce, Science, and Transportation Committee in the other body should work together to develop a plan through which both inter-state and intra-state prison phone and video-conferencing rates are lowered significantly. This will enable prisoners to check on their families and loved ones outside of the prison or jail, and it will also allow us more access to familiarize ourselves with the conditions faced by the people who are incarcerated.

Finally, this committee should do all it can to require the Federal government, state, and localities to eliminate or at least temporarily suspend the medical co-pays required of prisoners. In most states, incarcerated people are expected to pay $2-$5 co-pays for physician visits, medications, and testing. Because incarcerated people typically earn 14 to 63 cents per hour, these charges are the equivalent of charging a non-incarcerated worker between $200 and $400 for medical treatment. The result is to discourage medical treatment and to put public health at risk. In 2019, some states began to recognize the harm and eliminated these co-pays. As of mid-April, all but three states – Nevada, Hawaii and Delaware – have either eliminated or suspended the medical co-pay for prisoners.

Summary

In summation, the current pandemic has taught us a number of invaluable lessons. None is more important, however, than the value of every human life. African Americans and other communities of color are getting sick and dying at disproportionate rates and for a variety of reasons and this is having, in turn, consequences that we never even thought possible. This pandemic is also, however, shining a light on a few of the inequalities that the NAACP has been advocating be fixed for generations.

First and foremost we need solid, reliable, consistent, disaggregated data. We have a mantra at the NAACP Washington Bureau, “in order to effectively address a problem, we must first measure it.” We need the federal government to step up and demand that all states and localities use the same data collection guidelines to truly know how dire – or not – a problem really is. Scientifically solid data can then lead us to the appropriate response.

There are, literally, hundreds of racially charged problems which have been exasperated by this pandemic and which are being highlighted by our current situation. From health care disparities to unemployment to the digital divide to the impact on prison populations and the need for voting reform, the disparate impact of COVID-19 on the African American community is overwhelming and depressing. Yet they are not insurmountable, and if they are tackled in a thoughtful, decisive manner which is backed up by science, by data, and by solid policy, they can be defeated.

Let me be clear, however, our response to this pandemic will reflect on us as a nation and us as a people for decades to come, and may have serious repercussions if not handled with forethought and care. I stand ready to work with you and any other Member of Congress who is ready to tackle the tough issues with an intelligence, humanity and empathy that has been sorely missing from too many political debates as of late. My contact information is at the bottom of each page and my email address is hoshelton@naacpnet.org. I look forward to hearing from you, and to working with you.