The Disproportionate Impact of COVID-19 on Communities of Color
House Ways and Means Committee
May 27, 2020

Written Testimony of
the Population Health Institute at the University of Wisconsin
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Mr. Chairman, Ranking Member, and Members of the Committee,

The COVID-19 pandemic is heaping untold suffering across communities, especially communities of color. The pandemic underscores the longstanding structures, policies and systems that have produced unfair differences in how long and well people live.

We highlight the following:

- We cannot thrive as a nation when the factors that contribute to good health are available to some and denied to others.
- COVID-19 exploits structural racism, leading to a disproportionate impact on communities of color.
- We must marshal our collective resources to alleviate the disproportionate burden of COVID-19 on communities of color.

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Racism is a social system that unfairly disadvantages, advantages, structures opportunity, and assigns value to individuals and communities based on the social interpretation of how a person looks. Differences in health between white communities and communities of color are due to the life-long experience of long-standing, deep-rooted, and unfair systems, policies, and practices that reinforce barriers to opportunity.

Structural racism 'gets under a person's skin' by impacting opportunities for health, wealth, safety, opportunity, employment, education, and environment. The poor health outcomes chronicled in over 100 peer-reviewed academic studies link racism – *not race* – to worse health outcomes for communities of color.[1] The result is health inequity: White people in the U.S. experience unearned advantage, and therefore better health outcomes on average; communities of color experience unearned disadvantage, and therefore worse health outcomes on average.[2]

[1] Institute of Medicine. (2018, Mar. 2). Unequal Treatment. https://www.hap.edu/read/10260/chapter/2#7.
[2] Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017, April 8). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, Vol. 389, pp. 1453–1463.

Structural barriers and inequitable outcomes have been well-documented within the following modern U.S. social and economic systems[3,4,5]:

- health care
- employment
- credit, lending, earnings, and benefits
- education
- food security
- transportation and city planning
- housing
- policing and criminal justice
- media

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COVID-19 exploits structural racism, leading to a disproportionate impact on communities of color

Structural racism causes health inequities. These health inequities are associated with physical, social, and economic exposure to harm or disadvantage that are exacerbated in *every* social, economic, and environmental crisis. Consider just three examples:

- **Natural disasters:** Black adults are 60% more likely than White adults to have been diagnosed with diabetes.[6] After Hurricane Sandy, people with diabetes were unable to access critical medications, aftercare for procedures, and dialysis, resulting in increased emergency care.[7]
- **Economic crises:** Predatory lending that contributed to the 2008 housing crisis targeted Black people living in segregated neighborhoods in the U.S.[8] As a result, Black people lost half of their wealth due to the housing and financial crisis.[9]
- **Climate change:** Air pollution is a major contributor to climate change. In the U.S., air pollution is disproportionately caused by the consumption of goods and services

[3] Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, Vol. 389, pp. 1453–1463.

[4] Rodriguez, J. M. (2018). Health disparities, politics, and the maintenance of the status quo: A new theory of inequality. *Social Science & Medicine*, *200*, 36–43.

[5] Gkiouleka, A., Huijts, T., Beckfield, J., & Bambra, C. (2018). Understanding the micro and macro politics of health: Inequalities, intersectionality & institutions. *Social Science & Medicine*, *200*, 92–98.

[6] U.S. Department of Health and Human Services Office of Minority Health. (2019, Dec. 12) Diabetes and African Americans. Minority Population Profiles. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18#:~:text=Diabetes%20and%20African%20Americans,compared%20to%20non%2DHispanic%20whites.

[7] Lee, D.C., Gupta, V.K., Carr, B.G., Malik, S., Ferguson, B., Wall, S.P., Smith, S.W., Goldfrank, L.R. (2016). Acute post-disaster medical needs of patients with diabetes: emergency department use in New York City by diabetic adults after Hurricane Sandy. *BMJ Open Diabetes Research & Care*, Vol. 4, pp. 1-10.

[8] Derek S. Hyra, Gregory D. Squires, Robert N. Renner & David S. Kirk (2013) Metropolitan Segregation and the Subprime Lending Crisis, *Housing Policy Debate*, 23:1, 177-198.

[9] National Association of Real Estate Brokers. (2013). The State of Housing in Black America.

> by White communities, but disproportionately inhaled by Black and Latinx communities.[10]

Our Institute colleagues write:

> "The effects of COVID-19 are not evenly distributed across the population... Lack of access to health care, income inequality, and residential segregation, driven by structural racism, all contribute to worsened underlying health issues and lower life expectancy among Black Americans and other communities of color, increasing the risk of complications from COVID-19. This is exacerbated by experiences of chronic stress and discrimination. People of color are prevalent in many frontline occupations more likely to be exposed to COVID-19, such as home health aides, store clerks, day care providers, public transit, warehouse workers, and delivery drivers. This may stem from entrenched barriers to education and job opportunities, despite persistent efforts of people of color to gain access to high quality education and employment that would increase social mobility. The effects of this pandemic reflect and magnify inequities that already exist in Wisconsin and across the U.S."[11]

COVID-19 disproportionately impacts communities of color across the U.S.[12] In Wisconsin, the state where we work, Black people comprise only 7% of the state's population, but make up 20% of all COVID-19 cases a 25% of COVID-19 deaths.[13]

As the pandemic spreads across all states and territories of the U.S., most policies and public discourse has focused on what *individuals* should do to protect themselves from COVID-19. Individuals should wear masks to prevent transmission. Individuals should stay home (or were subject to state-mandated policies that required them to stay home).

One group was exempt from state-mandated policies across the U.S.: the 'essential workforce,' which is predominately made of up people of color.[14] Many essential jobs pay low-wages and do not provide healthcare coverage, leaving essential workers under- or uninsured during the pandemic. If essential workers quit their jobs, they are generally

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[10] Tessum, C.W., et. Al. (2019, Mar. 11). Inequity in consumption of goods and services adds to racial-ethnic disparities in air pollution exposure. *Proceedings of the National Academy of Sciences.* DOI: 10.1073/pnas.1818859116

[11] Joyner, H. and Little, O. (2020, Jun. 8). Data don't speak for themselves: Putting COVID-19 disparities in context. University of Wisconsin Population Health Institute blog. https://uwphi.pophealth.wisc.edu/2020/06/08/data-dont-speak-for-themselves-putting-covid-19-disparities-in-context/

[12] Webb, H.M., Nápoles, A.M., Pérez-Stable, E.J. (2020, May 11). COVID-19 and Racial/Ethnic Disparities. *Journal of the American Medical Association*. doi:10.1001/jama.2020.8598

[13] Wisconsin Department of Health Services. (2020, Jun. 8). COVID-19: Wisconsin Summary Data. https://www.dhs.wisconsin.gov/covid-19/data.htm

[14] Center for Economic and Policy Research. (2020). A Basic Demographic Profile of Workers in Frontline Industries. https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/

ineligible for unemployment insurance that was provided to others early in the pandemic[15] to combat some of the effects of the largest economic recession in most people's living memory.

Structural racism is deeply embedded in the U.S. policies that disproportionately impact communities of color during the COVID-19 pandemic. Due to the effects of structural racism, Black and Brown people are stuck on the front line as part of a low-paid, poorly supported essential workforce during the pandemic, and are simultaneously more likely to experience health complications due to COVID-19. We have the opportunity and responsibility to enact transformative social and economic changes in response.

We must marshal our collective resources to alleviate the disproportionate burden of COVID-19 on communities of color.

COVID-19 has shone a spotlight on the structural racism that leads to disproportionate health and economic burdens borne by communities of color. Thus far, the federal government has refused to enact comprehensive pandemic supports for workers, families, and businesses of color.

We call on the federal government to take action to alleviate the disproportionate impacts of COVID-19 in communities of color. We call on you – the elected leaders of the United States – the Ways & Means Committee, the U.S. House of Representatives, and the U.S. federal government – to enact policies such as:

- Universal basic income, paid sick[16] and family leave,[17] and unemployment support and insurance.[18]
- Provision of resources to states to enact occupational safety and health programs in all workplaces.[19]

[15] U.S. Department of Labor. Unemployment Insurance Relief During COVID-19 Outbreak. https://www.dol.gov/coronavirus/unemployment-insurance

[16] Population Health Institute. What Works For Health. Living Wage Laws. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-sick-leave-laws

[17] Population Health Institute. What Works For Health. Paid Family Leave. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-family-leave

[18] Population Health Institute. What Works For Health. Unemployment Insurance. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/unemployment-insurance-ui

[19] U.S. Department of Labor. Occupational Safety and Health Administration. Recommended Practices for Safety and Health Programs. https://www.osha.gov/shpguidelines/

- Expansion of public insurance programs to include all uninsured people and provision of medical supplies at no charge for people with chronic health conditions who are at disproportionate risk of complications from COVID-19.
- Child care support[20,21] for essential workers so children are well-cared for as their parent or guardian cares for others.
- Eviction/foreclosure moratoriums and rent, mortgage, and utility forgiveness programs that do not require individuals to take on debt through loans and payment deferrals.
- Provision of safe, secure, and low-occupancy housing[22,23] for people experiencing homelessness so that they can shelter in place.
- Free and fair participation in elections and a voice in democratic institutions.
- Expansion of nutritional supports through EBT and WIC[24] to the millions of people relying on food banks.
- Dismantling the enormous prison industrial complex (including jails, prisons, and immigration detention facilities), which disproportionately criminalizes people of color, to prevent people who are incarcerated from contracting deadly illness.

We cannot understand racial inequities in health and economic opportunities in isolation. The U.S. has an opportunity and responsibility to create the conditions for an inclusive and equitable recovery for all. We must not look away. We have extra responsibility to communities of color in the U.S. who have been systematically disadvantaged by structural racism for centuries.

Thank you for the opportunity to provide this written testimony on the impact of COVID-19 on communities of color. We expect you to enact swift, transformative action in response to this hearing.

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[20] Population Health Institute. What Works For Health. On-Site Child Care. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/on-site-child-care

[21] Population Health Institute. What Works For Health. Child Care Subsidies. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/child-care-subsidies

[22] Population Health Institute. What Works For Health. Rapid Re-Housing Programs. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rapid-re-housing-programs

[23] Population Health Institute. What Works For Health. Housing First. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/housing-first

[24] Population Health Institute. What Works For Health. Fruit and Vegetable Incentive Programs. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/fruit-vegetable-incentive-programs