

June 10, 2020

Subject: The Disproportionate Impact of Covid-19 on Communities of Color

Dear Chairman Neal,

This letter focuses on two underexamined areas of the disproportionate impact of Covid-19 on communities of color: stigma and reproductive justice.

### **Stigma**

One understudied area of disproportionate impact of Covid-19 on communities of color is the stigmatization of Asian-Americans. Starting as early as January 2020, when most Americans were not feeling the daily effect of this pandemic as they are now, many Asian Americans were already starting to face discrimination, from microaggressions people avoiding them in grocery store aisles to violent hate crimes—due to the mistaken belief that Asian Americans are somehow more infectious because the first known COVID-19 cases were in China. There are already more than [1,843 reports](#) of anti-Asian hate incidents since mid-March to now—and this is likely an undercount. In past pandemics, we have seen this occur as well. Often when there is an outbreak, reports of racism and xenophobia often follow. We have seen the federal government respond more vigorously to these types of xenophobia, with the Justice Department's Office of Civil Rights and the Centers for Disease Control better track and warn about these events—which is very unlike what we have seen this during this pandemic. Unlike in SARS when President George W Bush warned against anti-Asian incidents in light of SARS, acting on advice of the DOJ, we have actually seen the administration fuel these racist fires. Although making some lip service to not discriminating against Asian-Americans, the President and others in his administration have gone out of their way to call the Covid-19 pandemic the Chinese Virus or a foreign virus in tweets and press conferences. Asian-Americans are reportedly calling into mental health lines at higher rates than pre-pandemic, which is not surprising in light of the stress of this pandemic—but also in this backdrop of increased othering—being stigmatized puts communities are greater risk of anxiety and depression—and that's in addition to all of the other health risks and collateral consequences of Covid-19. The federal government should be tracking this and playing a greater role in investigating these reports of violence and stigma. This is nothing new. In past epidemics, like SARS, the CDC deployed a community outreach team at the same time as the first cases of SARS were confirmed, and this team documented and monitored acts of discrimination and worked to support communities affected and educate individuals against these unjustified fears. We need something like that both to prevent more acts like these and also to help those in the Asian American community who may be fearful of such attacks, especially as there is an opening up of regular business. Asian-owned businesses are likely to be affected by the misinformation about this pandemic. 16 years ago, the CDC published a report after the SARS Outbreak in the US entitled [Fear and Stigma: The Epidemic within the SARS Outbreak](#). The report warned that we should deal with the fear a future epidemic will likely cause by focusing on effective behavioral and health education strategies and providing timely attention to the special needs of affected populations. These are both needed now to reduce fear and stigma more than ever.

## **Collateral Health Consequences**

The last several months, we are seeing that African Americans, Native Americans, and Latinx populations are bearing the brunt of this pandemic. These minorities are being disproportionately affected with COVID-19, not due to any biological difference between races—which do not exist-- but rather as a result of social factors, primarily historical and current practices of discrimination. The infectious nature of COVID-19 has emphasized the interconnectedness of everyone in our community, regardless of race, class, or immigration status. Yet, the ability to shelter at home and socially distance, seek medical care including testing and treatment, and recover from COVID-19 pandemic vary considerably due to structural discrimination.

It is important to think through the collateral health consequences of this pandemic, even in non-COVID patients. It is well known that poverty is associated with child welfare involvement, and African American children are overrepresented in the foster care system. Thus, there is a real concern that as people cannot work, lose jobs, get sick, or die due to COVID-19, their children may be taken away from them. Khiara Bridges and Dorothy Roberts have done a lot of [work](#) on this area generally, and we should be thinking of their when we think through this pandemic. Additionally, due to shortages in PPE and the concern over infecting health care workers, some hospitals have limited how many visitors a birthing person can have during delivery. Black Americans already [face 3.3 times the maternal mortality rate](#) of White Americans, regardless of income. Birthing doulas have been one effective way to mitigate this harm, but due to visiting limitations, a birthing person may need to choose between their partner, their doula, or having any visitors. These are all issues that have a disproportionate impact on African Americans. Also, states with the most restrictions to access abortions are also those with the highest rates of maternal and infant mortality. We can think of abortion access as a rough proxy for other measures in that state such as access to health care, including prenatal and postnatal care--and other social determinants of health. States which have more restrictions on abortion also tend to have poorer funded educational systems, higher poverty rates, and laxer environmental regulation.

From a public health point of view, it is important to think about disparities in abortion access as structural social inequalities. The lack of access to abortion care does not affect all people the same way. Almost half of pregnancies in this country are unintended, and that rate goes up to seventy-five percent of pregnancies among people under twenty years old. Low-income people have the highest rates of abortion and that is in part because a person living in poverty is more than five times as likely as someone not living in poverty to have an unintended pregnancy. It is important to remember that people of color are disproportionately poor in the US—approximately 22.5 percent of African Americans and 18.8 percent of Latinx individuals are living below the poverty level, compared with only 9.5 percent of whites and 10.8 percent of Asian Americans. Two of the most common reasons to seek abortion care are economic insecurity and an inability to financially care for a child—both things which are likely to be much worse due to the economic effects of COVID-19.

These abortion delays caused by states, that restricted abortion care during the pandemic due to labeling abortion as non-essential care, pose the most difficulty for poor people, because abortion gets more expensive later in pregnancy. There are stories coming out of Texas of women driving nine hours from Texas to New Mexico to get abortion care. Not everyone can do this. Low income women may not have access to a car or transportation, may not be able to take time off, may not be able to arrange child care. During this pandemic, the lowest wage workers who are deemed essential workers are often people of color. "[One in three jobs](#) held by women has been designated as essential during this pandemic, and nonwhite women are more likely to be doing essential jobs than anyone else." Since 60% of those who seek abortions in this country already have children, and in this time of much child care being closed, finding child care and these logistical issues are also a problem. These can also cause delay in seeking an abortion. People who have been denied abortion are much more likely not to have enough money to pay for basic family necessities like food, housing and transportation. Studies show that people who cannot terminate unwanted pregnancies are more likely to stay in contact with violent partners, which puts them and their children at greater risk than if they had received the abortion. So abortion delays or bans do not affect all people the same way. Just as we are seeing Covid-19 disproportionately harming people of color, people of color, especially Black women, also face the most harm from abortion coverage bans or delays due to Covid-19.

Thank you for considering these comments.