

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

Dear Chairman Neal,

This letter focuses on two under examined areas of the disproportionate impact of COVID-19 on communities of color: employment and housing. During the 2009 H1N1 pandemic, there were racial and ethnic disparities in hospitalization and death because of disparities in exposure to the virus, in susceptibility to contracting the virus, and in treatment. Racial and ethnic minorities were unable to stay at home, suffered from health conditions that were risk factors for H1N1, and lacked access to health care for treatment. This has continued during the COVID-19 pandemic as a result of [gaps in the law](#).

Employment

Racial and ethnic minorities' disparities in exposure to COVID-19 are due to gaps in employment laws that fail to provide paid sick leave and a living wage to low-wage essential workers, including agricultural and home health care workers. A recent New York Times analysis of census data crossed with the federal government's essential workers guidelines found that "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." Furthermore, the Centers for Disease Control and Prevention (CDC) found that African Americans account for 30% of all licensed practical and vocational nurses, while Latinos account for 53% of all agricultural workers, jobs deemed "essential" during the COVID-19 pandemic. Consequently, many racial and ethnic minorities are unable to shelter at home and socially distance themselves in part because they are employed in "essential jobs" that require them to interact with others, increasing racial and ethnic minorities' exposure to COVID-19.

For example, agricultural workers tend to be immigrants from countries such as Mexico, Central America, and the Caribbean who work in 42 of the 50 states, including California, Illinois, Texas, and Washington. Almost a third of agricultural workers have incomes below the poverty level and do not have paid sick leave. This is because agricultural workers are not fully covered by the Fair Labor Standards Act of 1938 (FLSA). The FLSA limited the work-week to 40 hours and established federal minimum wage and overtime requirements, but exempted from these protections domestic, agricultural, and service workers, who are predominately racial and ethnic minorities. In 1966, the minimum wage requirements were applied to *most* agricultural workers, yet the workers still do not receive overtime and are paid fifty cents less than the minimum wage. Also, instead of the minimum wage, some workers are still paid based on each piece of food they pick. The failure to provide agricultural workers with higher wages and overtime pay has forced



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them to work even when they are sick increases the risk of exposure to viruses for all agricultural workers because they work in close quarters.

Home health care workers, who are considered domestic workers, are also left unprotected. Two-thirds of home health care workers are women of color. Although the Medicaid program primarily funds home health care workers, the wages of these workers are so low that one in five (20%) home care workers are living below the federal poverty line, compared to 7% of all U.S. workers, and more than half rely on some form of public assistance including food stamps and Medicaid. They also do not have paid sick leave. Even though the Department of Labor (DOL) issued regulations in 2015 that for the first time made the FLSA apply to *most* home health care workers, many workers still remain unprotected. The DOL issued guidance in 2018 suggesting that home health care workers employed by home health care companies, also referred to as nurse or caregiver registries, are independent contractors. This is significant because the FLSA does not cover independent contractors. These practices have disadvantaged home health care workers by limiting their wages and access to paid sick leave.

During the COVID-19 pandemic, many low-wage workers have been deemed as “essential” including agricultural workers and home care workers, yet they do not have adequate wages or personal protective gear. The federal government is also currently seeking to lower the wages of immigrant agriculture workers during the COVID-19 pandemic, at the same time it is increasing visa approvals to ensure that US farmers have enough immigrant workers for spring planting. Additionally, unlike health care workers providing care in institutional settings, home care workers have not been provided with masks. In fact, one worker said “she had been making protective masks out of paper towels” and “hand sanitizers out of supplies she bought herself.”

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) has approved \$2.2 trillion to help businesses and individuals affected by the pandemic and economic downturn, giving workers health coverage for COVID-19, increased unemployment benefits, and paid sick leave. But the CARES Act does not cover most agricultural workers and home health care workers. Because roughly 50% of agriculture workers are undocumented immigrants, employment relief or the expanded health care protections provided by the CARES Act does not cover them. Home care workers are also not covered by the CARES Act because home care industry advocates argued that there would be a worker shortage if home health workers were included.

Housing

Racial and ethnic minorities are more susceptible to COVID-19 because of gaps in Title X of the Housing and Community Development Act of 1992 and the CARES Act, which leave racial and ethnic minorities without clean water and vulnerable to toxins that cause respiratory illness, a risk factor for COVID-19 infections.

Racial and ethnic minorities are more susceptible to contracting viruses because of residential racial segregation. Racially segregated neighborhoods that are predominately African American



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usually have less economic investment and fewer resources, such as places to exercise or play, which is associated with higher rates of cardiovascular disease risk for African American women. These neighborhoods also have more pollution, noise, and overcrowded housing stock associated with asthma, obesity, and cardiovascular disease, which increase the susceptibility of contracting COVID-19.

Title X of the of the Housing and Community Development Act, authorizing the federal government to provide grants to reduce lead paint hazards in non-federal housing, is the only federal housing law addressing housing-related health hazards. Yet, decades of research has shown that racially segregated African American neighborhoods have “poorer housing stock and code violations for asbestos, mold and cockroaches,” which has been linked to increased rates of respiratory illness, such as asthma. These severe health-related housing problems and violations, increases racial and ethnic minorities exposure to hazards that increase susceptibility to COVID-19.

Examples of severe health-related housing violations include: “plumbing that does not have hot and cold water; a flushing toilet, and a bathtub or shower; kitchen facilities that do not have a sink with a faucet; a stove or range oven and a refrigerator; and more than 1.5 persons per room (i.e. 4 people living in an apartment with only two total rooms).” African-American and Latinx households are almost twice as likely to “lack complete plumbing than white households, and Native American households are 19 times more likely to lack complete plumbing.” Without plumbing, racial and ethnic minorities cannot wash their hands or bodies to prevent the spread of COVID-19.

Solutions

Currently, some states are trying to provide some short-term solutions for low-wage workers by providing extra compensation. Although admirable, these are not the universal solutions. It may be time to consider that all workers deemed as essential should receive a guaranteed basic minimum income and paid sick leave until the end of the pandemic, i.e. the last confirmed death from COVID-19. Providing essential workers with a guaranteed basic minimum income and paid sick leave would allow sick workers to stay at home decreasing disparities in exposure to COVID-19 for racial and ethnic minorities who often cannot afford to stay home when they are sick. Additionally, low-wage workers, who are primarily racial and ethnic minorities, should receive savings accounts to help equalize their pay compared to white workers that have benefitted from employment law protections. These benefits should also include survivorship benefits for essential workers without life insurance to ensure that upon their death, their families can still survive.

The ideas of a guaranteed basic minimum income and paid sick leave are not new. In 1976, Alaska implemented a guaranteed basic income called the Alaska Permanent Fund and has been sending dividends to every Alaskan resident since 1982. Thus, for almost 20 years Alaska has provided guaranteed support for residents, helping to address poverty, with no change in full-time employment. In 2010, 2011, and 2012, researchers studying racial and ethnic disparities in hospitalization and death rates from H1N1 noted that the best way to decrease disparities in



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exposure to H1N1 was to provide low-wage workers with paid sick leave. Specifically, they noted that the United States needs comprehensive “paid sick-leave legislation that enables low-income and private-sector workers to adhere to social-distancing recommendations even when they lack paid sick leave.” These short-term policies can be added to the next round of COVID-19 relief legislation. In terms of long-term solutions, the FLSA should apply to all domestic, agricultural, and service workers, even if they are deemed as independent contractors. Moreover, these workers should have paid sick leave and a guaranteed basic income that ensures that workers are above the poverty level.

To address problems with housing, the federal government needs to enact legislation to address health-related housing violations. In 2020, there is no reason why all those residing in the United States should not have access to clean running water; plumbing with hot and cold water; a flushing toilet, and a bathtub or shower; and kitchen facilities that includes a sink with a faucet, a stove or range oven, and a refrigerator. In the short-term, the state and local governments need to proactively use existing law to address health related housing violations, such as access to water. In the long-term, state and federal governments need to enact laws and provide grants to ensure that all housing has access to clean running water; plumbing with hot and cold water; a flushing toilet, and a bathtub or shower; and kitchen facilities that includes a sink with a faucet, a stove or range oven, and a refrigerator. In addition, the next round of COVID-19 relief legislation should include language that mandates access to clean water (bottled or tap) for residents in the areas most affected by COVID-19, which will decrease disparities in susceptibility to the virus by stopping the spread.

Thank you for your consideration.