

## HOUSE WAYS & MEANS COMMITTEE: THE DISPROPORTIONATE IMPACT OF COVID-19 ON COMMUNITIES OF COLOR

### EXECUTIVE SUMMARY

On May 27, 2020, the House Ways and Means Committee **convened its first ever [virtual hearing](#) to discuss the disproportionate impact of COVID-19 on communities of color.** Overall, members vocalized support for the need to address the underlying reasons behind why minority communities have experienced higher rates of infection and mortality linked to COVID-19. Specifically, members discussed the need for more granular data on infection rates among minority populations in order to identify which communities need the most support.

Members also discussed this issue against the backdrop of the more systemic problem that minority populations face regarding more limited access to health care services, the tendency to live in congregate housing, and working jobs that do not allow them to work remotely. As such, members characterized solutions in terms of what they can impact in the short-term (i.e., access to better testing data) and in the long-term (i.e., how to make the health care system more equitable). However, and especially in regards to the latter category, specific proposals were not fleshed out.

### OPENING STATEMENTS

**Chairman Richard Neal (D-MA)** spoke (Chairman's hearing advisory [here](#)) on the importance of the issue and stated that it shines a "light on a centuries old legacy of inequality." He first pointed to higher incidence of disease among African Americans compared to the rest of the population, lower rates of coverage among Hispanic Americans, and higher prevalence of pregnancy-related deaths among minority populations. Chairman Neal then spoke specifically about COVID-19, noting that less than 22 percent of U.S. counties are disproportionately African American, but that these counties account for 52 percent of COVID-19 diagnoses. In pursuit of solution, he spoke to the need for using demographic data to funnel resources to these communities, and the need for greater access to testing.

After pleading Democrats re-open the House of Representatives, **Ranking Member Kevin Brady (R-TX)** then spoke about the issue at hand. He stated the "ongoing disparity is unacceptable" and that "our health care system does not need the unique characteristics of all Americans." He then transitioned into a discussion about the need to re-open local economies, stating that "these communities are hurt most when states close down local economies." As for additional solutions, rep. Brady spoke to the importance of banning surprise billing, investing in community-based health care facilities, supporting local businesses, and improving access to health care.

## WITNESS TESTIMONY

**Imbram X. Kendi, PhD, Founding Director, the Antiracist Research & Policy Center at American University** [began](#) his testimony speaking to the disproportionate impact of COVID-19 on minority populations. Specifically, he noted that African Americans are dying “at nearly two times the national population,” that “the Asian American case rate has doubled,” that Native Americans face higher rates of infection, and that “Latino Americans are disproportionately testing positive.” He stated that lack of access to health insurance, the inability to work from home, and living in more polluted neighborhoods are driving these outcomes. The reason behind these conditions, he stated, is “racist policy” and that Congress instead must “push policy that lads to equity and justice for all.”

**Raynald Samoa, MD, Endocrinologist** [spoke](#) specifically to the Pacific Islanders (PI) experience, citing several accounts that PIs are more likely to lack access to medical coverage, financial resources, and live in multigenerational housing and crowded neighborhoods. He called for more contact tracing, but stated that this will only be successful minority populations trust those who are conducting the contact tracing. He also called on Congress to appropriate additional funding for evidence-based initiatives to fight COVID-19 in PI communities, and to facilitate more streamlined access to Medicaid coverage for PIs.

**Thomas Dean Sequist, MD, MPH, Chief Patient Experience and Equity Officer at Mass General Brigham** [discussed](#) the experiences of the Navajo Nation and Chelsea, Massachusetts, which both have faced disproportionately negative effects associated with COVID-19. He stated that it is “embedded structural racism” that has caused many of these inequities resulting from COVID-19, citing issues such as the inability to stay home from work and living in crowded housing forced by poverty. He recommended that Congress 1) fund programs that support work at the intersection of health care delivery and community health; 2) increase funding to the Indian Health System and fund infrastructure in communities (e.g., running water and broadband); and, 3) support programs that increase diversity in the supply of health care providers.

**Alicia Fernandez, MD, Professor of Medicine at UCSF** [briefed](#) members on the Latino community’s experience with COVID-19, citing many of the same issues referenced above (e.g., inability to work from home, congregate living, etc.). She recommended 1) requiring more comprehensive data on testing, hospitalization, and deaths based on race, ethnicity, and preferred language; 2) protecting industries by mandating self-distancing and using PPE at work; 3) extending the sick leave provisions in the CARES Act to small businesses, health care workers, and large corporations; and, 4) effective contact tracing, which she said depends on having trust in authorities.

**James Hildreth, PhD, MD, President and CEO, Meharry Medical College** [stated](#) that the “poorest Americans are once again dying disproportionately from disease.” He offered a plan that involved forming a consortium between the four historically black medical colleges in the U.S. to support contact tracing, testing, and other initiatives in response to the pandemic. “If given the mandate and resources to test in [minority] neighborhoods,” he stated, “Americans will be safer.”

**Douglas Holtz-Eakin, PhD, the American Action Forum** [emphasized](#) the need to improve confidence in people returning to the economy, stating that “[getting] the economy closer to what it was before the

pandemic” is of paramount importance. Testing, therapeutics, and vaccines, he stated, are essential to economic growth.

## **MEMBER DISCUSSION**

### *Language, Diversity, and Cultural Competency*

Much of the discussion focused on the need for more culturally competent care, with a specific focus on encouraging a more culturally and linguistically diverse health care workforce. In discussion with Chairman Neal, for example, Dr. Fernandez recommended that the Centers for Disease Control and Prevention (CDC) release COVID-19 information in target languages to make it more accessible to minority communities. In discussion with **Representatives Adrian Smith (R-NE)** and **Mike Thompson (D-CA)**, Dr. Fernandez also spoke specifically to ensuring telehealth platforms are built with limited English proficiency and health literacy in mind to ensure these modalities are accessible to all communities.

In discussion with **Brian Higgins (D-NY)**, Dr. Hildreth noted that the National Institutes of Health (NIH) is “trying hard to ensure there is diversity in the researchers and the research” being done on COVID-19, but added that “there is bias in everything.” He stated again that the historically black medical school consortium’s involvement in efforts such as these are important.

To diversify the workforce, Dr. Hildreth recommended Congress lower financial barriers to minority communities for attending medical school.

### *Testing and Contact Tracing*

Several members discussed the need for more testing and contact tracing. Specifically, **Representative Bill Pascrell (D-NJ)** cited his bill, the Researching and Ending Disparities by Understanding and Creating Equity Act of 2020 ([details](#)), and stated it would improve data collection on vulnerable populations by giving states and localities the resources they need to better study these issues.

**Representative Danny Davis (D-IL)** asked whether who conducts the contract tracing matters. Dr. Hildreth responded that “there is an element of trust involved in contact tracing, since [participants] have to divulge some important information” to those conducting the work. He emphasized the need for cultural competence in these matters and stated that the historically black medical school consortium would be effective in carrying this out.

**Representative Judy Chu (D-CA)** asked whether disaggregating COVID-19 data by race could help in the U.S. response to the virus, and whether the CDC should be required to disaggregate this data akin to how California and Washington state are. Dr. Samoa said yes.

### *Access to Treatment*

**Representative Lloyd Doggett (D-TX)** asked about the potential impacts of needing to ration remdesivir. Dr. Sequist replied stating that “any time we resort to needing to ration services, we run the risk of

exacerbating disparities.” He recommended that the government be transparent in how it is allocating the drug to each state and that there is broad access to hospital-based care available to all. He also stated that, if there is a drug shortage, that any clinical triage criteria must be developed with an “equity lens” that insures against inherent bias against communities of color. Last, he stated that cost-sharing for vaccines should be limited as soon as they become available.

### Nutrition

In discussion with **Representative George Holding (R-NC)**, Mr. Eakin noted that continued waiver of food labeling requirements that identify food products as going to restaurants or wholesale facilities will allow them to instead be routed to nonprofits that can distribute food to those in need.