

Testimony for the Record
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Disparate Impact of COVID-19 on Communities of Color
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Thank you for the opportunity to submit testimony for the record, and for convening this hearing on the Disparate Impact of COVID-19 on Communities of Color. This is a matter that concerns me personally, and professionally. As an African American male, I belong to a group of people who have been among the most severely affected by the virus. As a nurse, I am continually distressed, disheartened and disturbed to witness unmet health care needs in our society.

My colleagues in communities across the country have been on the frontlines of the coronavirus pandemic. I salute them during National Nurses Month and in what has become this extraordinary Year of the Nurse. I am especially proud of the many nurses who have given their time and skills to care for people in underserved areas. As the President of the American Nurses Association (ANA), I am pleased to share with you my organization's perspective on troubling COVID-19 disparities.

We have all been absorbing the reports and news coverage surrounding this pandemic. We saw the early data. COVID-19 is especially burdening African American communities. In April, we saw an alarming situation emerging in population centers. For instance, according to some reports, African Americans in Chicago accounted for more than half of all COVID-19 positive test results and 72 percent of recorded virus-related deaths, despite constituting only 32 percent of the city's population. In Milwaukee, African Americans accounted for 73 percent of all COVID-19 deaths, although they make up just 28 percent of residents. Similar data continue to be reported in additional communities across the nation.

In April, ANA, along with the American Hospital Association and American Medical Association, sounded the alarm to the Department of Health and Human Services (HHS). We urged Secretary Azar to mobilize HHS agencies and use his authorities to identify and address disparities in the federal response to COVID-19. We expressed our appreciation for the work of the Centers for Disease Control and Prevention (CDC). CDC is now collecting and reporting data on race and ethnicity of people affected by COVID-19, including data on testing, hospitalizations and mortality. This information is critical in identifying disparities and responding to the urgent needs of patients and communities. This information must be used to immediately fill the gaps that have been plaguing these communities for years. Therefore, ANA believes that that the CDC, in coordination with HHS, must be *required* to collect and distribute data on racial and ethnic health disparities related to the coronavirus pandemic as well as for future public health emergencies.

We also urged HHS to take immediate steps to address the situation head on. We suggested that the Department work with the National Institute on Minority Health and Health Disparities to research and develop approaches to specifically address the COVID-19 needs of minority populations; we called for federally funded and operated testing centers in Health Professional Shortage Areas, and other resources to expand access to testing. We have heard from the Federal Emergency Management Agency that more testing centers are being set up in underserved and often minority areas. *More are still*

needed. Outreach materials that contain information specifically relevant to or targeted to minority communities are also critically important.

I hope this hearing is the first of many to examine the capacity, resources and strategies of the federal response as they relate to the severe – and unacceptable – disparities in COVID-19 impacts. Tragically, failure to do so will set the stage for similar outcomes when any disaster strikes our nation, as will inevitably happen in the future.

When members of Congress ask us what they can do to help, here is what ANA suggests: Congress should ensure that comprehensive racial data on COVID-19 cases, hospitalizations and fatalities is collected by HHS and made public. The Committee can do this by including [the Equitable Data Collection and Disclosure on COVID-19 Act](#) in any upcoming legislative packages addressing the pandemic. Collection and dissemination of comprehensive data will be critical in addressing this and other causes of the disparate impact COVID-19 is having on communities of color.

Please also consider actions that will reach beyond responding to this COVID-19 pandemic. We need all public health and health care stakeholders to firmly commit to eliminating all racial disparities in our nation's health and access to care. One reason we are seeing COVID-19 disparities is because the virus is more lethal in patients who have underlying chronic conditions like hypertension and diabetes. These are diseases that we know are more prevalent among African American people.

African Americans, as a group, are burdened by a number of disparities affecting their health and survival. Alongside the COVID-19 pandemic, we have the crisis of maternal mortality. Alarming, Black women are 3-4 times more likely than white women to die in childbirth or of pregnancy-related causes. According to the CDC, Black people are more likely to report not being able to see a doctor in the past year because of cost, and are also more likely to report fair to poor health status than whites. Mental health disparities are documented and equally troublesome.

ANA believes there are multiple policy levers to eliminate or reduce health disparities. Our Principles for Health System Transformation call for expanded access to care through universal coverage and other steps to improve the quality and affordability of health care. We also believe policymakers must consider and account for an adequate health care workforce of the future. The nursing workforce, in particular, can play a tremendous role in efforts to create a more equitable health care system. Nurses provide the type of care and coordination that can help people manage their chronic conditions, including links to community resources they need to be healthy. Registered nurses and advanced practice registered nurses are often the backbone of health care delivery in rural and underserved areas, providing access to primary care, maternity care, and prevention. These roles should be strengthened through meaningful reforms.

Expanding the minority health care workforce would be one of the most meaningful steps we could take to improve access and health care in African American population groups. We know that positive patient experience and trust in health care providers can be powerful drivers of health outcomes. In my experience, people of color may be more likely to engage and seek care from a provider of color. The National Sample Survey of Registered Nurses recently reported an increase in the minority nursing workforce between 2008 and 2018. This is encouraging, but there is a long way to go. So I would make a specific request for increased funding in minority nursing education, to develop a workforce that is more

reflective of the patient population. That would include a focus on certified nurse midwives, so we can move forward on maternal health.

In conclusion, the ANA stands ready to partner with this Committee to develop, enact, and implement policies that remedy existing disparities, and avoid the types of disproportionate impact we see with COVID-19.