

# Congress digs deep on fixing health inequities exposed by COVID-19

JUL 1, 2020

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The COVID-19 pandemic has exposed deep and long-standing health inequities in the U.S., and Congress is listening to the nation's doctors as its members seek solutions to address the entrenched problem.

"The good news is we are talking about it, the public is more aware, and we are having this conversation today," said AMA Immediate Past President Patrice A. Harris, MD, MA, during "Health and Wealth Inequality in America: How COVID-19 Makes Clear the Need for Change," a virtual hearing held by the House Budget Committee.

The AMA is very concerned that the pandemic and its economic fallout will further exacerbate the health, economic and social inequities experienced by "minoritized and marginalized communities," Dr. Harris told the panel, and she gave the grim details of the pandemic's disproportionate impact on African American, Latinx and Native American populations.

"The AMA is greatly committed to achieving greater health equity by raising awareness of its importance to patients and communities, and by working to identify and eliminate inequities," Dr. Harris said. "We must use this opportunity to move our country forward on health equity through change at the individual level, in our policies and procedures, and our culture."

Learn how African American communities are being hit hard by COVID-19.

## Why structural inequities exist

Working at an essential job was one of three key factors identified by Dr. Harris that put Black people at higher risk for COVID-19.

The others were preexisting health conditions and “structural inequities that are a consequence of long-time racist policies, practices, and procedures that determine access to comprehensive health care and social determinants of health (SDOH) that are influenced by bias and racial discrimination.”

“It will take all of us working in partnership—and the AMA is committed to doing so—to build and continue on a path forward to address not only the specific health disparities that the COVID-19 pandemic has revealed, but also the underlying structural and institutional racism and SDOH and to advance health equity,” Dr. Harris said.

## Hearings held on COVID-19 and disparities

Along with the Budget Committee, similar hearings on the disparate health and economic effects of COVID-19 were held by the House Ways and Means and Education and Labor committees, and the Coronavirus Crisis and Worker and Family Support subcommittees.

The AMA submitted a statement for the record to the Ways and Means Committee in connection with its recent hearing, “The Disproportionate Impact of COVID-19 on Communities of Color.”

“The COVID-19 pandemic has revealed starkly the disproportionate impact of the virus on communities of color,” the AMA’s statement says. “The causes of the disproportionate impact are rooted in this country’s historical and structural racism and the social, economic, and health inequities that have resulted, and continue to result in, adverse health outcomes.”

Learn how policies must address COVID-19 impact on minoritized communities.

## Race-related health outcomes

“Inequities Exposed: How COVID-19 Widened Racial Inequities in Education, Health, and the Workforce,” was the title of the Education and Labor hearing, where one of the speakers was Camara Jones, MD, PhD, MPH, an Evelyn Green Davis Fellow at Harvard University’s Radcliffe Institute for Advanced Study.

Race-associated differences in health outcomes exist, said Dr. Jones, who recently participated in “The Root Cause

” segment of the AMA’s “Prioritizing Equity” video series.

These differences have been documented across organ systems, creating disparities in heart and kidney disease, stroke, cancer, diabetes and asthma, she said. And they exist across age groups creating disparities in infant mortality, maternal mortality and life expectancy at birth.

“Black people are more likely to get infected with COVID-19 because they are more exposed and less protected,” Dr. Jones said. And, once infected, Blacks are more likely to die because they are more burdened by chronic diseases and have less access to health care.

## **Essential—but unprotected—workers**

Dr. Jones explained that the increased exposure and lack of protection against COVID-19 that essential workers face is the result in living in communities that have been “disinvested and actively neglected.” Even if a hearing’s focus wasn’t health care-related, the impact of this neglect was brought to light.

Worker and Family Support Subcommittee Chair Rep. Danny Davis, D-Ill., discussed this in his opening remarks of his panel’s hearing, “The Child Care Crisis and the Coronavirus Pandemic.”

“Quality, affordable child care is a cornerstone of parents’ ability to work and move up the economic ladder—I know essential workers who couldn’t work because they had no one to watch their kids,” Davis said. “We need to make sure that parents can afford quality childcare and that the people who provide it earn a living wage.”

Similarly, built-in racial disparities for essential workers who find themselves more exposed and less protected were described by Howard University Economics Professor William E. Spriggs, PhD, during the Corona Virus Subcommittee hearing, “The Unemployment Pandemic: Addressing America’s Jobs Crisis.”

“Workers who continue to work because their jobs are deemed too vital despite the risks to them of contracting the disease” cannot telework, Spriggs said. He added that, often, these workers must do their jobs in close proximity to others, encounter the public, or give aid to the ill, the incarcerated or assist those in long-term care and “bear the cost of risking illness.”

Learn why it’s time to tackle hard questions on root causes of health inequities.



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