April 20, 2020

The Honorable Nita Lowey
Chairwoman
US House of Representatives
House Appropriations
H-307
The Capitol
Washington, DC 20515

The Honorable Richard Shelby
Chairman
US Senate
Committee on Appropriations
Room S-128
The Capitol
Washington, DC 20510

Chairwoman Lowey and Chairman Shelby:

The National Minority Quality Forum (NMQF) is a 501(c)(3) not-for-profit, non-partisan, independent research and education organization that was founded in 1998 to address the critical need for evidence-based, data-driven initiatives to eliminate inequities in morbidity and mortality for all populations. NMQF’s focus is on those that are underserved by and underrepresented in clinical research. NMQF works across the healthcare space—with physicians, pharmacists, nurses, researchers, patients, patient advocates, policymakers, and educators—to create data-driven solutions to build sustainable healthy communities and end health disparities. As you consider opportunities and programs for the CARES 2.0 legislation, we offer the following analysis.

The Problem

Although no community is immune to COVID-19, certain populations are more vulnerable than others to serious complications resulting from coronavirus infection. The Centers for Disease Control and Prevention (CDC) identifies people aged 65 years and older (i.e., the Medicare-eligible population) as particularly vulnerable to serious COVID-19 illness.\(^1\) That risk is heightened for a person has any underlying medical condition, including a range of specified chronic diseases.\(^2\) Moreover, as COVID-19 sweeps across the United States, it appears to be infecting and killing African Americans and other minority populations at disproportionately higher rates. On April 8, 2020, the CDC released data that examined approximately 1,500 patients hospitalized due to the coronavirus across 14 different states. Although the CDC only had race data for 580 of the 1,500 patients, the data confirms that African Americans are overrepresented in the number of patients hospitalized due to COVID-19 (33%) relative to their representation in the U.S. population (18%).\(^3\)

The analysis below depicts available data regarding the U.S. regions with a majority of African American citizens. African Americans in these regions have three times the rate of COVID-19 infections and

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2 Id.
almost six times the death rate as regions where Caucasian citizens are the majority.\(^4\) Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases, described the disproportionate effects of the coronavirus on the African American community as an “exacerbation of a health disparity.” The same conditions that are far too prevalent in African American communities also “lead to a bad outcome with the coronavirus,” Dr. Fauci has said.\(^5\) Currently, there is no national strategy or coordination to understand and eliminate the disproportionate burden that the pandemic is having on minority and rural communities.

![African Americans by percentage of population and share of coronavirus deaths](image)

**Solutions**

As Congress continues to address the issues related to COVID-19, it must directly address the alarmingly disproportionate infection and death rates among minority communities. Congress must take deliberate steps to reduce infection and lower mortality rates in high-risk minority communities and implement a national plan that:

- Provides resource allocation to healthcare providers that accurately reflect rates of infection and mortality
- Requires healthcare providers that receive CARES 2.0 to develop a continuum of care plans for patients who seek testing but are without a medical home, in the event of a positive COVID-19 test result
- Ensures the availability of testing supplies for providers serving minority and rural communities
- Communicates to high-risk communities the importance of being tested, and to be a trusted conveyor of accurate, accessible, and actionable culturally-sensitive information about living safely during the pandemic
- Facilitates in-community testing, including mobile testing capabilities to federally qualified health centers and hospitals


\(^5\) Id.
• Prioritizes data transparency and standardizes data collection to support public health and clinical research on vulnerable populations
• Shares best practices to reduce exposure to the virus and lower mortality rates in medically underserved communities
• Ensures diversity in coronavirus clinical trials to include Black, Latino, and Native American representatives
• Supports and expands telehealth for all providers
• Expands support for childcare and transportation—especially for healthcare providers and all essential workers
• Addresses the mental health issues that will arise from the pandemic
• Ensures proper care for the well-being of incarcerated individuals

The lack of medical options for communities of color has been laid bare by this pandemic; the majority of these fatalities have occurred in medically underserved areas. We believe that providing resources to train healthcare workers of color may contribute to closing the gap in access to care. Currently, there are less than five (5) medical schools and hospitals associated with Historically Black Colleges and Universities (HBCU) or Minority Serving Institutions (MSI), despite the unique medical needs to communities of color. These dynamics have likely limited minority students from pursuing degrees in medicine and serving their communities. It has also denied the residents of minority communities reliable, culturally aware healthcare and life-saving options. In order to close these disparity gaps, it is ultimately necessary to both better fund the current aforementioned medical schools and create more medical programs associated with HBCUs and MSIs.

Closing

Our responsibility is to ensure that no community is disproportionately at risk of being infected by the virus or have their lives cut short as a result of essential work, health status, access to care, age, race, or place of residency. As NMQF has always worked across the healthcare space, we understand that working collaboratively is the only way we can successfully lower the spread of the virus and build sustainable healthy communities.

If you require additional information or would like to discuss this issue further, please contact me at gpuckrein@nmqf.org or Brandon Garrett, Chief Operating Officer at 202-223-7560 or bgarrett@nmqf.org.

Yours truly,

Gary A. Puckrein, PhD
President and Chief Executive Officer

Cc: The Honorable Karen Bass, Congressional Black Caucus Chair
The Honorable Dr. Robin Kelly, Congressional Black Caucus Health Braintrust Chair