June 29, 2020

The Honorable Nancy Pelosi
Speaker of the House
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader Schumer, and Leader McCarthy:

We appreciate all your work to provide relief to the millions of Americans who are affected by the current COVID-19 pandemic. The undersigned organizations write today to ask that, as this work continues, your efforts to increase COVID-19 testing nationwide address the needs of our most vulnerable communities being hit hardest by the COVID-19 pandemic.

Sobering statistics from across the country show that COVID-19 is disproportionately impacting minority groups. African Americans account for one third of virus cases nationwide, despite making up just 13% of the U.S. population. Additionally, according to data from the Centers for Disease Control and Prevention, American Indians and Alaska Natives are being hospitalized for COVID at 5 times the rate of Whites. Despite comprising roughly 40% of the population in the District of Columbia, black residents account for a staggering 75% of COVID-19 deaths. Black Chicagoans are dying of COVID-19 six times as often as the city’s white residents. In New York, Hispanics die of COVID-19 more often than any other racial or ethnic group. In South Carolina, Georgia, and Alabama, African Americans account for more than half of COVID-19 fatalities, despite representing less than a third of each state’s respective population. In New Mexico, where Pueblo, Apache, and Navajo Indigenous Americans comprise just 9% of the population, they represent 57% of cases and see infection rates 14 times that of the rest of the state. In at least 10 states Asian Americans have a case fatality rate that is disproportionately higher than the general population, and the same is true for Native Hawaiians and Pacific Islanders in 8 states.

The ongoing crisis has shined a light on existing health disparities that have left communities of color at increased risk of health complications and mortality during the COVID-19 pandemic. Minority groups already experience higher rates of chronic health conditions like diabetes, heart disease, chronic kidney disease, and lung disease that COVID-19 hospitalization and mortality data show make the virus more deadly.

Additionally, racial and ethnic minorities are overrepresented in low-income communities – more than three in four Americans living in poverty are people of color – and are less likely to have access to health insurance, transportation to a doctor’s appointment, or savings to finance an emergency room visit. Minority workers are also more likely to hold low-wage jobs on the front lines of this crisis where they are more likely to be exposed to the virus, to face shortages of personal protective equipment, and to be unable to take time off should they get sick. Further, minority communities are also overrepresented in
industries hit hardest by the economic downturn, making them more likely to not only lose their jobs during the pandemic, but lose their employer-sponsored health insurance too. In other words, those who are the most likely to need help during this crisis are also the least likely to have access to it.

To bridge these unjust gaps in health equity and access, we must start by bringing testing and contact tracing that is culturally and linguistically appropriate into areas and communities facing the highest risk of COVID-19 spread, complications, and mortality. It is not enough to simply make more tests available for these groups. Leaders must do more to bring the testing to these individuals, in their communities, where they work and live. We urge leaders in Congress to make resources available to meet those who are most in need where they are, including allocating funding and creating incentives for:

- Community health centers, hospitals, and nonprofit organizations in minority, low-income, and underserved communities to bring testing to those who wouldn’t otherwise have access;
- These organizations to use local infrastructure, community health workers and others in their workforce, and distribution channels to increase testing in these communities; and
- Mobile testing units

It is urgently important that leaders in Congress understand that getting necessary testing and contact tracing to our most vulnerable communities requires a more targeted approach. As we work to find a path toward safely reopening the country, it is imperative that we address the needs of Americans whose health, socio-economic status, race, and zip code have put them at a disproportionately high risk of dire consequences related to COVID-19.

Sincerely,

AARP
African American Health Alliance
AIDS United
Allergy & Asthma Network
ALS Association
American Academy of PAs
American Association of Colleges of Nursing
American Association of Immunologists
American Association of Nurse Practitioners
American Association on Health and Disability
American Cancer Society Cancer Action Network
American Diabetes Association
American Foundation for Suicide Prevention (AFSP)
American Institute for Medical and Biological Engineering
American Muslim Health Professionals
American Nurses Association
American Psychological Association
American Public Health Association
Asian & Pacific Islander American Health Forum (APIAHF)
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Clinicians for the Underserved
Association of Farmworker Opportunity Programs
Asthma and Allergy Foundation of America
Beyond Type 1
Black Lives Matter Global Network
Boys & Girls Clubs of America
Bread for the World
California Chronic Care Coalition
Catholic Charities USA
Center for Law and Social Policy (CLASP)
Center for Public Representation
Center for Science in the Public Interest
Children with Diabetes
Children’s Aid
Chronic Care Policy Alliance
Coalition of Wisconsin Aging and Health Groups
Coalition on Human Needs
Colorado Chronic Care Collaborative
Congregation of Our Lady of Charity of the Good Shepherd, US Provinces
Disability Rights Education & Defense Fund (DREDF)
Easterseals
Eating Disorders Coalition for Research, Policy, and Action
Empowering Pacific Islander Communities
Endocrine Society
Epilepsy Foundation
Every Texan
Families USA
First Focus Campaign for Children
Georgia Advancing Communities Together, Inc.
Goodwill Industries International, Inc.
Habitat for Humanity International
Heartland Alliance
Hispanic Federation
Illinois Public Health Institute
International Community Health Services
Islamic Relief USA
Japanese American Citizens League
JDRF
The Jewish Federations of North America
Justice for Migrant Women
Justice in Aging
Lakeshore Foundation
Latino Healthcare Forum
Lutheran Services in America
March of Dimes
Missouri Budget Project
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance on Mental Illness
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
National Association for the Advancement of Colored People


National Association of Chronic Disease Directors
National Association of Community Health Workers
National Association of Hispanic Nurses
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Association of Social Workers
National Black Nurses Association
National Coalition Against Domestic Violence
National Consumer Law Center (on behalf of its low-income clients)
National Council of Asian Pacific Americans (NCAPA)
National Council of Jewish Women
National Diaper Bank Network
National Employment Law Project
National Federation of Filipino American Associations (NaFFAA)
National Health Council
National Hispanic Medical Association
National Indian Health Board
National Kidney Foundation
National Nurse-Led Care Consortium
National Organization for Rare Disorders
National Partnership for Women & Families
National Patient Advocate Foundation
National Transitions of Care Coalition
National Urban League
Network of Jewish Human Service Agencies
New Jersey Society for Public Health Education
NMAC
North Carolina Alliance for Health
North Carolina Child
OCA-Asian Pacific American Advocates
Pacific Islander Community Association of WA
Pacific Islander COVID-19 Response Team
Papa Ola Lōkahi
Pediatric Endocrine Society
Penn Center for Community Health Workers
Poligon Education Fund
Protect Our Care Illinois
Public Advocacy for Kids (PAK)
RetireSafe
Rural Health Association of Tennessee
Sikh Coalition
Society for Maternal-Fetal Medicine
Tennessee Justice Center
The AIDS Institute
The Arc of the United States
The Forum for Youth Investment
The Leadership Conference on Civil and Human Rights
U.S. Soccer Foundation
UNIDOS
United Way Worldwide
Voices for Progress
W. Montague Cobb/NMA Health Institute
Washington State Department of Health
Whitman-Walker Health and Whitman-Walker Institute
WomenHeart: The National Coalition for Women with Heart Disease
YMCA of the USA