Written Statement For the Hearing Entitled, “"Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System” on June 17, 2020 at 11:30 AM
Submitted by: The National Council of Asian Pacific Americans

Dear Chairwoman Anna Eshoo, Ranking Member Michael Burgess, and members of the House Energy and Commerce Committee’s Health Subcommittee,

On behalf of our 37 member organizations, the National Council of Asian Pacific Americans (NCAPA) is pleased to submit this written statement to the Health Subcommittee of the U.S. House Energy and Commerce Committee for the June 17, 2020 hearing titled “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System.”

Established in 1996, NCAPA is a coalition of some of the largest national Asian American Pacific Islander (AAPI) organizations around the country. Based in Washington, D.C., NCAPA serves to represent the interests of the greater AAPI community, including the East Asian, South Asian, Southeast Asian, Native Hawaiian and Pacific Islander communities. We strive for equity and justice by organizing our diverse strengths to influence policy and shape public narratives. We envision a world where Asian Americans, Native Hawaiians, and Pacific Islanders work together to shape our own future as part of the broader racial justice movement and advance our communities and country towards a common purpose of progress, prosperity, and well-being for all.

NCAPA’s members include organizations that work in civil rights, immigration, health, education, and housing and economic justice, and have constituencies across the diverse AAPI community. We thank the Subcommittee for conducting this hearing to understand the effect COVID-19 has on different communities of color, including Asian Americans, Native Hawaiians, and Pacific Islanders and we welcome the opportunity to share the experiences of the communities we serve.

This statement includes narratives from NCAPA member organizations with the hope that members of this Subcommittee will continue to address the impact of COVID-19 on all communities of color, including those of all Asian American, Native Hawaiian, and Pacific Islanders.

National Asian Pacific American Women's Forum (NAPAWF)

The National Asian Pacific American Women's Forum (NAPAWF) was founded in 1996 to realize the vision of 100 AAPI women who recognized the need for an organization that would amplify AAPI women's stories and experiences. NAPAWF continues to build and sustain a national, progressive, multi-issue movement of AAPI women to address civil rights, economic justice, educational access, ending violence against women, health, and immigrant/refugee rights.

On behalf of the National Asian Pacific American Women's Forum (NAPAWF), we thank you for holding a hearing on the disproportionate impact of COVID-19 on communities of color. As the only national, multi-issue organization in the United States building collective power with Asian American and Pacific Islander women and girls to gain full agency over our lives, our families, and our communities, we strongly urge the committee to address the health effects of COVID-19 on Asian American and Pacific Islander (AAPI) communities.

Asian Americans are dealing with social isolation, job loss and financial setbacks, and illness and death alongside the general public. However, AAPI people make up a significant portion of essential workers risking our health and lives during the pandemic.[1] Many AAPIs have underlying health conditions, making us more vulnerable to experiencing the most negative effects of COVID-19.[2] Beyond the health concerns of COVID-19, AAPIs, especially AAPI women, are also experiencing a rise in discrimination and hate crimes, especially against those of East Asian descent.[3] These attacks take a toll on both the physical and mental health of our communities.

There are 1.4 million AAPI health care workers making 8.5 percent of all essential health care workers.[4] Even as AAPI health care workers are keeping us alive, we are still experiencing discrimination and blame for the spread of COVID-19. In a Boston hospital, a Chinese American doctor was followed by a patient who yelled: "Why are you Chinese people killing everyone?"[5] Although there was no physical assault in this particular case, fear of discrimination and hate have lasting effects on our mental health. Other AAPI doctors have also reported patients refusing care, saying they "did not want to be treated by an Asian."[6]

More than 1.2 million AAPI workers in food-related industries are helping to secure the U.S. food supply chain at farms, food processing factories, grocery stores, and restaurants.[7] These workers are not only at risk of discrimination but are also at high risk of contracting the virus. In at least four states, Native Hawaiians and Pacific islanders are seeing higher rates of COVID-19

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[1] https://research.newamericaneconomy.org/report/aapi-americans-on-the-frontlines/
[2] https://www.cdc.gov/nchs/fastats/asian-health.htm
[3] http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_4_23_20.pdf
[4] https://research.newamericaneconomy.org/report/aapi-americans-on-the-frontlines/
[5] https://www.washingtonpost.com/business/2020/05/19/asian-american-discrimination/
[6] https://www.washingtonpost.com/business/2020/05/19/asian-american-discrimination/
[7] https://research.newamericaneconomy.org/report/aapi-americans-on-the-frontlines/

cases when compared to other ethnic groups.[8] This is due to the high rates of chronic diseases among Native Hawaiians and Pacific Islanders[9] as well as the fact they are more likely to be working in essential jobs.[10]

In addition to our elevated risks as health professionals and essential workers, our entire community has now also experienced a dramatic rise in anti-Asian hate and violence. The Asian Pacific Policy and Planning Council and Chinese for Affirmative Action has run a portal called STOP AAPI HATE to collect reports of coronavirus discrimination against Asian Americans across the country. Since its launch in March, there have been 1,710 incident reports.[11] In many of these reports, Asian Americans have reported physical beatings because of our race, ethnicity, and national origin. Last month, in one of the most violent examples to date, an Asian woman taking out her trash was attacked with acid and suffered second-degree burns in New York City.[12] AAPI women have reported 2.3 times more instances of harassment than men.[13] NAPAWF members and staff have personally experienced instances of verbal harassment and abuse. We continue to fear being targeted with racist harassment and violence because of our intersecting identities, including our race, ethnicity, national origin, immigration status, and our gender.

We submit this testimony in hopes of shedding light on the impact the COVID-19 pandemic is having on AAPI communities' health and well being and hope the subcommittee takes action to address these disparities.

South Asian Public Health Association (SAPHA)

Established in 1999, SAPHA is dedicated to addressing public health issues impacting South Asians in the United States. SAPHA's mission is to promote the health and well-being of South Asian communities by advancing the field of South Asian public health through interactions among health professionals and shared resources, focusing on research, education, communication, and advocacy.

South Asians are a large and diverse population that are significantly impacted by COVID-19. Nearly 5.4 million South Asians live in the United States,[14] growing roughly 40% from 2010 to 2017, to the second largest Asian subgroup after Chinese Americans.[15] Regions of the country with high concentrations of South Asians, such as New York and New Jersey,[16] also have some

[8] https://www.hawaiipublicradio.org/post/native-hawaiians-pacific-islanders-face-higher-rates-covid-19-1#stream/0
[9] https://www.hawaiipublicradio.org/post/native-hawaiians-pacific-islanders-face-higher-rates-covid-19-1#stream/0
[10] https://www.hawaiipublicradio.org/post/native-hawaiians-pacific-islanders-face-higher-rates-covid-19-1#stream/0
[11] http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_5_13_20.pdf
[12] https://abc7ny.com/bias-crimes-coronavirus-chinatown-covid-19/6151239/
[13] http://www.asianpacificpolicyandplanningcouncil.org/wp-content/uploads/Press_Release_4_23_20.pdf
[14] https://saalt.org/wp-content/uploads/2019/04/SAALT-Demographic-Snapshot-2019.pdf
[15] https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/
[16] https://saalt.org/wp-content/uploads/2019/04/SAALT-Demographic-Snapshot-2019.pdf

of the highest number of COVID-19 cases and fatalities including the epicenter of Queens in New York City.[17]

Many South Asians are serving on the frontlines, such as in healthcare, pharmacies, and grocery stores,[18] putting them at higher exposure to infection without adequate worker protections. According to a report by South Asian Americans Leading Together (SAALT), nearly 10% of US South Asians live in poverty.[19] Many essential workers live in low-income, overcrowded homes and neighborhoods.[20] Emerging evidence from New York City indicates the Bangladeshi community has been disproportionately affected.[21]

Additionally, many South Asians are immigrants who may face additional challenges due to the pandemic. For South Asians on work-sponsored visas, loss of employment during this time affects their residency. Further, concerns related to existing immigration policies, the public charge rule, and inadequate health insurance coverage can deter timely healthcare. Undocumented South Asian immigrants face especially harsh economic and healthcare conditions, even as many are serving on frontlines in healthcare[22] and other essential services.[23] For example, there are approximately 630,000 undocumented Indians (as of 2017) and approximately 2,550 active Indian DACA recipients (as of 2018).[24] They face employment instability, limited access to healthcare, inadequate health insurance, and inability to receive the full range of government relief resources.

Currently, South Asian infection and mortality rates are likely being undercounted. Data on COVID-19 cases, hospitalizations, and deaths are currently incomplete as COVID-19 statistics are undercounted in South Asian communities, often being labelled as “other” or “unknown” race categories.[25] Without this data, COVID-19 management responses cannot be streamlined to the specific needs of these communities.

There is also an urgent need for culturally and linguistically tailored outreach and services to reach the most vulnerable South Asian American communities. Linguistic assistance in raising awareness on COVID-19 symptoms and COVID-19 risk reduction measures is crucially required. The lack of sufficient medical supplies and testing disproportionately affects communities of color, including South Asians. Healthcare facilities in these neighborhoods are struggling to assist with the enormous influx of COVID-19 patients while grappling with shortages of medical supplies, tests, and personal protective equipment (PPE) to safely provide care and ensure staff safety.

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[17] https://www.nytimes.com/2020/04/09/nyregion/coronavirus-queens-corona-jackson-heights-elmhurst.html
[18] https://www.thejuggernaut.com/south-asian-frontliners-new-york
[19] https://saalt.org/wp-content/uploads/2019/04/SAALT-Demographic-Snapshot-2019.pdf
[20] https://jamanetwork.com/channels/health-forum/fullarticle/2764817
[21] https://www.aljazeera.com/indepth/features/nyc-bangladeshi-community-struggles-cope-coronavirus-200429180945222.html
[22] https://www.usatoday.com/story/opinion/policing/2020/04/17/coronavirus-im-front-line-nurse-but-daca-fight-could-mean-deportation/2963866001/
[23] https://theappeal.org/coronavirus-essential-workers-undocumented-immigrants-government-aid/
[24] https://saalt.org/wp-content/uploads/2019/04/SAALT-Demographic-Snapshot-2019.pdf
[25] https://thecity.nyc/2020/04/south-asian-leaders-say-community-covid-toll-undercounted.html

Finally, the lack of a coordinated response to the COVID-19 pandemic disproportionately affects communities of color, including South Asians. The current global pandemic has stretched and threatened public health resources. This lack of coordinated responses has detrimentally impacted South Asian communities including a lack of sufficient federal funding[26] and more challenges receiving support from the CARES Act.[27]

Council for Native Hawaiian Advancement (CNHA)

The Council for Native Hawaiian Advancement (CNHA) is dedicated to capacity building and providing support services to agencies and organizations focused primarily on Native communities in Hawaii and the Pacific. The mission of CNHA is to enhance the well-being of Hawaii through the cultural, economic, political and community development of Native Hawaiians. CNHA partners with many Native Hawiian and Pacific Islander organizations such as Papa Ola Lokahi (POL) on issues such as health. POL's mission is to improve the health status and wellbeing of Native Hawaiians and others by advocating for, initiating and maintaining culturally appropriate strategic actions aimed at improving the physical, mental and spiritual health of Native Hawaiians and their 'ohana (families) and empowering them to determine their own destinies. Both organizations are part of the NHPI Hawaii COVID-19 Response Team, which is one of the regional teams for the National Pacific Islander COVID-19 Response Team (PICRT).[28] Some of the health concerns they have include:

- **Decision-making representation.** Efficiency and impact can be gained by ensuring that NHPI representatives with community rapport are actively sought and included in high-level advisory positions, decision-making committees, etc. It is key that minorities are not only represented or consulted with at all levels of decision-making, but also that their recommendations are integrated into COVID-19 response and recovery.
- **Data improvements.** As of May 2020, primary data collected in the US appears to indicate that Native Hawaiian and Pacific Islander (NHPI) communities have a disproportionate disease burden of COVID-19.[29] However, the data that indicate this are largely incomplete, in part due to infrastructure issues that precede the pandemic. Data collection and standardization deficits regarding NHPI health data have been exacerbated by the pandemic, indicating the pressing need for improvements in health data systems across the nation regarding NHPI populations. This includes the ongoing lack of disaggregated data collection despite the 1997 OMB guidance on the definition and classification of Native Hawaiians and Pacific Islanders,[30] as well as the data methodologies and analyses for individuals that select "Two or more races."

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[26] https://www.usatoday.com/story/opinion/policing/2020/04/17/coronavirus-im-front-line-nurse-but-daca-fight-could-mean-deportation/2963866001/
[27] https://www.cnn.com/2020/05/01/economy/unemployment-benefits-new-york-asian-americans/index.html
[28] https://pi-copce.org/covid19response/
[29] https://covidtracking.com/race
[30] https://obamawhitehouse.archives.gov/omb/fedreg_1997standards

- **Health disparities.** Increased risk and prevalence of chronic diseases in NHPI groups may indicate that NHPIs who contract COVID-19 face additional health risks or disease burden. Health disparities in NHPI communities, both in data and in anecdote, can be reduced through work that adheres to and includes cultural norms/practices as well as clinical best practices. NHPI health disparities exacerbated by COVID-19 also reach beyond clinical concerns and into the social determinants of health. These issues will require flexible and inclusive strategies that:
    - identify and account for the nuanced needs of NHPI communities;
    - build upon existing community resiliency and strengths as well as high-impact existing structures for health services and programs (such as Community Health Centers, Native Hawaiian Health Care Systems, and Rural Health Clinics); and
    - empower established community partners to implement meaningful, high-quality response and recovery plans.
- **Access to healthcare.** Pacific Islander migrants under the Compact of Free Association (COFA) face significant health barriers. The only state that has ever offered Medicaid eligibility to COFA migrants is Hawaii. That eligibility ended in 2009 and has not been reinstated. COFA migrants are technically able to purchase ACA marketplace insurance but are unlikely to be able to afford marketplace premiums. In some states, health coverage for some subset of COFA migrants has been subsidized or offered through programs like CHIP, but other means of providing coverage (such as 1175 Medicaid waivers) have either not been explored or have failed to gain traction. Federal policy efforts to relieve these barriers for COFA citizens may incentivize state action.[31]

Empowering Pacific Islander Communities (EPIC)

Empowering Pacific Islander Communities (EPIC) is a national organization based in Los Angeles, CA and was established in 2009 by a group of young Native Hawaiian and Pacific Islander (NHPI) leaders who recognized the urgency to address the growing needs of NHPI families. Since its inception, EPIC has rooted its work in advocating on behalf of NHPI families; building partnerships within and outside the NHPI community; creating tools and resources to support organizational and community capacity; and developing leaders and advocates. EPIC focuses on issues that impact NHPIs on the continental U.S. In addition to being an NCAPA member, EPIC is also part of the National Pacific Islander COVID-19 Response Team (PICRT).

Today there are more than 1.2 million Native Hawaiian and Pacific Islanders from over 20 distinct cultural groups living in the United States, some among the fastest-growing groups nationwide. The NHPI label encompasses at least 20 distinct communities, including larger communities such as Native Hawaiians, Samoans, Chamorros, Fijians, Tongans, and smaller communities such as Marshallese, Chuukese, and Tahitians, just to name a few. The NHPI population grew 40% between 2000 and 2010, a rate that approached that of Asian Americans and Latinos. Micronesian groups such as Chuukese, Kosraean, Marshallese, Carolinian, and Pohnpeian are some of the fastest-growing NHPI ethnic groups. NHPIs live in every state in the

[31] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3123150/

country, with a majority residing in Hawaiʻi and California. Arkansas, Nevada, and Alaska had the fastest-growing populations over the decade. The majority of NHPI are multiracial (56%). As the population grows and becomes more diverse, it is critical that NHPI data be collected and available to the public by racial group and by distinct ethnic group.[32]

Here are some of the findings the National Pacific Islander COVID-19 Task Force has compiled from county and state data since April 2020, which was highlighted during Dr. Raynald Samoa's testimony during the hearing:[33]

- Native Hawaiian and Pacific Islanders have the highest rate of confirmed COVID-19 cases in California, King County in Washington state, Clark County in Nevada and the second highest in Utah, Oregon, Arkansas and Colorado. In Los Angeles County, the death rate for Pacific Islanders (PIs) is 12 times higher than it is for whites, 9 times higher than for Asians, 7 times higher than for Latinos, and 5 times higher than for African Americans.
- As of June 11, 2020, cases in California have increased by 8.3%, 20.1% in Utah, 22.4% in Washington, 61.1% in Arkansas, 4.3% in Colorado, and 28.8% in Oregon. Illinois has 328 cases, 16 in Alaska, and 13 in Idaho. NHPI cases in all these states rank the highest out of all racial and ethnic groups.[34]
- PIs have extremely high rates of chronic disease such as diabetes, certain cancers, and heart disease, which increases their risk of death if they contract COVID-19. Compared to non-Hispanic whites, PIs are 80% more likely to be obese, 30% more likely to have asthma, and 2.5 times more likely to have a diabetes diagnosis. Delaying the diagnosis and treatment of COVID-19 for many PIs is the fact that 20% do not have medical coverage when compared to 11.4% of non-Hispanic whites, which affects their timely access to needed health care services.
- Further complicating timely access to care, PIs report also experiencing discrimination in healthcare settings and a mistrust in seeking health care services. Immigration status, language barriers, and cost are barriers to care for NHPIs. Nearly 253,000 NHPI speak a language other than English at home, and Marshallese, Fijian, Palauan, Tongan, and Samoan Americans have higher-than-average rates of limited English proficiency.
- PIs are more likely than other racial and ethnic groups to have fewer financial resources and to live in large multi-generational households and densely populated neighborhoods. As many as 24% of PIs work in essential jobs, such as in the military, security, service-related industry, and healthcare, placing them at higher risk of infection.

Laotian American National Alliance (LANA)

Founded in 1999, the Laotian American National Alliance (LANA)'s mission is to mobilize Laotian Americans by promoting social and economic advancement through civic participation and public policy advocacy.

[32] https://www.empoweredpi.org/uploads/1/1/4/1/114188135/a_community_of_contrasts_nhpi_us_2014-1.pdf
[33] https://gop-waysandmeans.house.gov/wp-content/uploads/2020/05/Samoa_Testimony.pdf
[34] Covid-19 NHPI Data Updates via National Pacific Islander COVID-19 Response Team

As a result of COVID-19, Laotian Americans are dying in meat companies that have been deemed essential to meet America's needs. The work of Laotian Americans is deemed essential, but their lives are not. With a combined poverty and low-income rate of 41% and a per capita income of $17,951[35], many members of the Laotian American community are working on the front lines, risking their lives for the rest of us—not only without reward, but without basic dignities like paid sick leave and access to health insurance. A few noteworthy examples include:

- After working for Tysons for 37 years, Viengxay Khuninh, a Lao refugee in Dakota City, Nebraska, who died from COVID-19 after an outbreak in the Tysons beef processing plant where he worked for 37 years.[36]
- Tin Aye was the eighth JBS worker to die amid the coronavirus outbreak at a meat processing plant in Greeley, Colorado after the company encouraged workers to come to work sick.[37]
- The lives of hundreds of Laotian Americans working at a JBS pork processing plant in Worthington, Minnesota were threatened due to a coronavirus outbreak inside the plant.[38]

Asian Pacific American Labor Alliance (APALA)

Founded in 1992, the Asian Pacific American Labor Alliance (APALA), AFL-CIO, is the first and only national organization of Asian American and Pacific Islander (AAPI) workers, most of whom are union members, and allies advancing worker, immigrant and civil rights. Since its founding, APALA has played a unique role in addressing the workplace issues of the 660,000 AAPI union members and in serving as the bridge between the broader labor movement and the AAPI community. Backed with strong support of the AFL-CIO, APALA has more than 20 chapters and pre-chapters and a national office in Washington, D.C.

AAPI workers are overrepresented in low-wage industries deeply impacted by this pandemic -- healthcare support and food preparation-- requiring both protections to safeguard worker health and relief for unemployed and furloughed workers.

Over 2 million AAPIs work in frontline industries and are at increased risk of contracting COVID-19 and experiencing illness or death as a result of transmission from coworkers, interactions with the public, and unsafe workplaces. More than 1 in 4 private sector workers do not earn a single paid sick day and among those who do, most don't earn enough paid sick time to quarantine for the recommended 14 days or to recover from COVID-19. All workers who are on the job during this pandemic, from frontline health care workers and emergency responders, to

[35] https://www.searac.org/wp-content/uploads/2020/02/SEARAC_NationalSnapshot_PrinterFriendly.pdf
[36] https://journalstar.com/lifestyles/health-med-fit/health/immigrant-who-worked-at-tysons-dakota-city-plant-for-37-years-succumbs-to-covid-19/article_9ddf709d-d64e-5d12-b5a9-b5389811c4ab.html
[37] https://www.denverpost.com/2020/05/18/jbs-greeley-coronavirus-covid-death/
[38] https://www.wsj.com/articles/coronavirus-threatens-a-minnesota-farm-towns-economic-engine-11590139801

those working in supermarkets, delivery, pharmacies, factories, transportation, sanitation, and all other workplaces, must be protected from disease transmission with commonsense protective measures such as enabling sick workers to stay home, offering more time for handwashing, or providing masks and gloves. This, in turn, will protect the public because worker health and public health are one and the same.

Nationally, AAPIs have typically had among the lowest rates of unemployment in the U.S. but new data suggest that Asian Americans are being disproportionately impacted by unemployment related to COVID-19. According to the U.S. Bureau of Labor Statistics, the AAPI unemployment rate spiked from 2.1% in April 2019 to 14.3% in April 2020. While not all states report race or ethnic data with unemployment, the state with the second largest population of AAPIs in the nation does. In New York, for the week ending April 11, AAPIs represented nearly 13% of New York's unemployment claims despite being just 9% of the state's population. The state of New York saw a 10,210% year-over-year increase of unemployment filings among AAPIs (51,653 compared to 501 in 2019) -- the highest of any racial group -- in that same period. Extending unemployment benefits and policies that ensure workers can remain on payrolls and maintain any employer-provided healthcare is essential to ensuring our communities can fully recover from this global health pandemic.

NCAPA thanks this subcommittee for highlighting the importance of the disparate impacts that COVID-19 has had on communities of color and for holding this hearing. We urge members of this subcommittee to bear in mind that the AANHPI community is not a monolith, but has a diverse set of experiences and needs. Additionally, we hope you will continue to use the power of this subcommittee to address the specific needs of communities of color, including AANHPIs, during this global pandemic.

Sincerely,

Gregg Orton
National Director
National Council of Asian Pacific Americans (NCAPA)