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Chairman James E. Clyburn
Select Subcommittee on the Coronavirus Crisis
Briefing on “An Unequal Burden: Addressing Racial
Health Disparities in the Coronavirus Pandemic”
June 4, 2020

I thank our distinguished panelists and esteemed Members for joining us at today’s briefing. Right now, all around America, citizens are coming together to protest racial injustices.

These protests began in response to the public lynching of George Floyd by Minneapolis police officers and the recent killings of several other African Americans at the hands of those who took an oath to protect them. My prayers go out to the Floyd family and the other families of a long list of victims and their loved ones. I stand in solidarity with all those who are peacefully protesting and patriotically challenging the status quo.

But these protests are about more than the treatment of African Americans at the hands of the police. They are also about the systemic racial inequities that have festered in our society for years and are now magnified by the coronavirus crisis.

This racial inequity is particularly stark in healthcare, and has been laid bare by the coronavirus pandemic. African Americans, Latinos, Native Americans, and other people of color are testing positive, being hospitalized, and dying from COVID-19 at alarming rates. Nationally, African Americans are dying at a rate that is double what would be expected given their share of the population. Latinos have been infected at a disproportionate rate in nearly every state that reports these data. And Native Americans who represent just 4% of the population in Arizona are 21% of coronavirus deaths in that state.

At last week’s Select Subcommittee briefing, we heard from mayors like Keisha Lance Bottoms of Atlanta, who warned that the racial inequities exacerbated by this crisis, “deserve an urgent and larger national conversation.”

The high rates of coronavirus infections and deaths among minorities are a consequence of underlying disparities. People of color are more likely to work in essential jobs, where they are at greater risk of contracting the virus.

Minorities are also more likely to suffer from the lack of diagnosis and treatment of chronic health conditions such as diabetes, heart, and lung disease, which increase the risk of death from coronavirus. Black and brown communities also tend to have inadequate healthcare facilities and more crowded housing conditions.

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The federal government needs to address these disparities now. We need to ensure communities of color have equitable access to coronavirus testing, including mobile testing—as well as high-quality healthcare to address chronic health conditions.

We need to make sure essential workers have the protective equipment they need—and decent pay and paid leave so they are not forced to work when they are sick.

We need to make sure the nation's immigrant communities can get life-saving treatment without being targeted by immigration officials. And we need to ensure minority communities have the federal investment they need to thrive—both during this pandemic and after.

To successfully address these racial disparities, we also need good data. In April, Congress passed a law requiring the Trump Administration to provide racial data on coronavirus infections, hospitalizations and deaths. Unfortunately, the first report did not provide the comprehensive data we need. The goal of today's briefing is to examine racial health disparities in the coronavirus pandemic and explore how we can ensure an equitable response.

Today's witnesses are uniquely qualified to do this. We will hear from public health experts, physicians who have treated coronavirus patients in minority communities, and community activists who have seen firsthand how this virus has deepened existing inequalities.

I am hopeful that this Committee will approach these issues thoughtfully and respectfully, and search for bipartisan solutions.

I now recognize Ranking Member Scalise for his opening remarks.