June 23, 2020

The Honorable Frank Pallone
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 2051

Re: Full Committee Hearing: "Oversight of the Trump Administration's Response to the COVID-19 Pandemic"

Dear Chairman Pallone and Ranking Member Walden:

Thank you for the opportunity to provide written testimony for the House Committee on Energy and Commerce's hearing entitled "Oversight of the Trump Administration's Response to the COVID-19 Pandemic." On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO), and our member community-based health centers and health care organizations, I appreciate the Committee's work to shed light on the challenges experienced by communities of color as a result of the global COVID-19 pandemic. We are pleased to share with you our members' experiencing service low-income and medically underserved Asian Americans, Native Hawaiians, and Pacific Islanders.

AAPCHO is a national nonprofit association of 33 community-based health care organizations, 28 of which are Federally Qualified Health Centers, that advocates for the diverse health needs of medically underserved Asian Americans, Native Hawaiians, and Pacific Islander communities and the community health providers that serve their needs. AAPCHO's members are critical health access providers to nearly three quarter of a million vulnerable and low-income patients, providing culturally and linguistically appropriate care that has been vital to supporting AA and NHPI communities through the COVID-19 crisis. Our members have experienced first-hand the impacts of the COVID-19 crisis, including providing care to AA, NHPI, and other communities of color that have experienced disproportionately high rates of infection, deaths, and increased xenophobia and racism.

Congress must act now to support AA and NHPI communities during the COVID-19 crisis and provide support to front line health care workers like community health centers. Specifically, we call on Congress to:

- Halt implementation of the Department of Homeland Security and State Department public charge regulations. Immigrants are delaying testing and needed care out of fear of an impact on immigration status. Fear and confusion are contributing to a

huge chilling effect, even when immigrants are eligible for benefits. To stop the spread of the virus and to ensure the safety and well-bing of all communities, Congress must halt this rule.

- Ensure that access to health care is available regardless of a person's immigration status, income or categorical eligibility. Testing and treatment of COVID 19 symptoms and related health conditions, and vaccines (when available) should be covered through Medicaid.

- Ensure adequate funding for health centers and other community-based, safety net health care providers, including those who serve immigrant, rural and low-income communities.

- Ensure that health services, and information about COVID-19 and about how to access benefit programs is available in multiple languages and through trusted community providers and that providers have the resources they need to access interpretation services.

Congress must also add additional supports—including economic supports and food and nutrition services—for immigrant families.

The House-passed HEROES Act makes meaningful strides to addressing the health care needs of immigrants. We appreciate this meaningful first step towards achieving an equitable, immigrant-inclusive COVID-19 response. Congress should immediately pass legislation that contains all of these health care and economic supports.

Health disparities pre-existed COVID-19

AA and NHPI communities have long faced disparities in their health and health outcomes, which have been exacerbated by COVID-19. Preceding the pandemic, Asian Americans, Native Hawaiians and Pacific Islanders experienced high rates of chronic disease, some of which have been shown to increase risks of serious illness or death if they contact COVID-19. For example, Asian Americans are 50 percent more likely to have diabetes; cancer is the leading cause of death among Asian Americans, and more than half of all Hepatitis B cases in the U.S. are within the Asian American community. Additionally, when compared to non-Hispanic whites, Pacific Islanders are 2.5 times more likely to have diabetes, and they are 80 percent more likely to be obese, and 30 percent more likely to have asthma.

In addition, AA and NHPI communities, including many who are served at AAPCHO member community health centers, face a wide variety of social determinants of health. Approximately 32 percent of AAPIs in the U.S. are foreign born and more than 6 million AA and more than 100,000 PIs are limited English proficient. AANHPI-serving health centers provide care to disproportionately more limited English proficient (LEP) patients than the average health facility, recognizing that effective care requires reducing language barriers. Among AAPCHO members, nearly half—47 percent—of patients served are LEP and nearly

90 percent are low income, falling below 200 percent of the poverty line. Further, the National Association of Community Health Centers (NACHC) reports that nearly 1 in 3 patients served by health centers was LEP and 95% of health center patients surveyed reported that their clinicians spoke their language. AANHPI-serving health centers employ multilingual staff and may serve as high as 99% LEP patients with some health centers providing services in over 15 languages.

COVID-19 Disproportionately impacts AA and NHPI communities

AA and NHPI communities have been dramatically and negatively impacted by COVID-19. Our communities have been hard hit with high rates of infection and mortality. A recent analysis by National Council of Asian Pacific American Physicians and Asian American Research Center on Health found that Asian Americans have a higher case fatality rate that is disproportionately higher—up to five times greater—than the general population, indicating that Asian Americans are not getting access to diagnostic tests, are more likely to die from COVID-19 when they get infected, or both. Similarly, the National Pacific Islander COVID-19 Response Team found that Pacific Islanders the highest confirmed rates of COVID-19 in California, King County in Washington State, Clark County in Nevada, and the second highest case rates in Utah, Oregon, Arkansas, and Colorado. In some instances, Pacific Islanders are up to 12 times more likely to be infected by COVID-19.

AA and NHPI patients have additional barriers navigating COVID-19. For LEP individuals, accurate and scientific information remains largely unavailable in languages outside of English, and hospitals have struggled to provide translation services to COVID-19 patients who have come into emergency rooms for care. Asian American, Native Hawaiian, and Pacific Islander workers—an estimated 2,000,000 of whom serve in essential businesses—are faced with going to work in potentially unsafe conditions and without necessary equipment in order to bring home a paycheck. Families find themselves suddenly without childcare or have been laid off without continuation of health insurance from their employer

Pacific Islanders also face high rates of uninsurance. Since 2016, NHPIs have been the only population to have seen a consistent rise in uninsurance. Additionally, Pacific Islanders who live in the U.S. under the terms of the Compacts of Free Association between the U.S., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau have been completely excluded from accessing health care through Medicaid. Lacking insurance and access to affordable care, these communities often delay seeking needed care, even in the face of the pandemic.

These underlying challenges put our communities at greater risk of exposure to infection. The pre-existing health disparities have exacerbated this risk —and have resulted in disproportionate rates of morbidity and mortality in AANHPI communities. The stories from AAPCHO members front line show the challenges facing individuals and their families—and the health care providers that serve them. A member community health center recently shared a story about a patient with respiratory symptoms who walked to the health center carrying her two small children because she couldn't leave them at home,

unable to self-isolate, and unsure where else to go. Or another with HIV who is afraid to leave his home because his weakened immune system makes him more susceptible to the disease. Our member health centers continue to be there for them during this time of crisis, just as they always have.

Impact of xenophobia and racism against AAPI communities

Asian Americans are also victims of racism and xenophobia due to misunderstanding and misinformation about COVID-19 and the origins of the disease. AAPI patients and providers report experiencing overt racism and xenophobia on top of experiencing the fear of the pandemic and high rates of infection. Patients report fear of seeking help and other resources; fear of being in the community; and emotional trauma as a result of harassment of Asian American communities during the COVID-19 pandemic. The fear that has spread among Asian American communities has made it more difficult for patients to seek care and for health providers to give care.

The stress of these adverse experiences and the scars of the institutional racism have impacts today, and over the lifetime. Exposure to individual or community violence contribute to longstanding behavioral health issues as well as have impacts on an individual's overall physical health and wellbeing. In the short term, the impacts are just as dire: patients may forgo needed care for chronic conditions or for testing and treatment for COVID out of fear.

Health Centers' Role in COVID-19

Community health centers have long played a critical role in providing care and support to low income communities of color, especially during the COVID-19 pandemic. In a public health crisis, the health care system works together to ensure that everyone has access to the testing, diagnosis and treatment they need to be safe and healthy. Hospitals and community-based providers each have a role to play in addressing prevention, early identification and acute care delivery. Health centers fill critical gaps in testing, diagnosis and treatment for COVID-19. By supporting patients who do not need hospital-level care for COVID-19, health centers reduce the overcrowding of hospitals. They also reduce unnecessary hospitalizations by controlling chronic health conditions and reduce emergency department visits by keeping our doors open longer and on weekends.

Health centers serve approximately 28 million patients across the United States. Health center patients are disproportionately low-income and 63% are racial or ethnic minorities, including 1.2 million Asian American, Native Hawaiian, and Pacific Islander patients. Health centers are critical access providers for vulnerable and underserved populations, particularly for low-income communities of color and patients with limited English proficiency. Health centers communicate accurate, scientific information in a linguistically and culturally appropriate way, and they address underlying social determinants of health, such as food insecurity, to reduce the impacts on physical and behavioral health during this crisis. This helps slow the spread of the virus and keeps more individuals safe and healthy. And as a trusted member of the community, health centers are able to support individuals

who are experiencing prejudice and racism in their communities, making them less scared to engage with health care providers. And health centers provide critical enabling services, including in-language services and culturally appropriate care, necessary to improving health outcomes for their patients.

Health centers have been able to continue serving their communities due in large part to the additional support from Congress in previous legislation. But the federal help is not sufficient to what continues to be needed to serve our patients in the coming months. Health centers across the nation need additional federal assistance to provide the linguistically and culturally competent care to support our communities during the pandemic, and to address the underlying health disparities faced by the AA and NHPI communities. As Congress addresses the disproportionate impact of COVID-19 on communities of color, it is imperative that it also supports the institutions and health care providers that serve diverse community needs.

I appreciate the opportunity to opportunity to provide written comments to the committee as you continue the important work of responding to the COVID-19 crisis. I thank you for your leadership in addressing the disproportionate impact of the disease on communities of color, especially on Asian Americans, Native Hawaiians, and Pacific Islanders. I look forward to supporting your efforts to secure a healthier nation.

Sincerely,

Adam P. Carbullido
Director of Policy and Advocacy
Association of Asian Pacific Community Health Organizations (AAPCHO)