

Opening Statement
Chairman Susan Collins
The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities
July 21, 2020

Good morning. Before I begin my opening statement this morning, I want to acknowledge the loss over the weekend of Congressman John Lewis, a civil rights icon who changed history at great personal sacrifice. In 2015, I was honored to be among those who joined him in Selma to commemorate the 50th anniversary of the Bloody Sunday March, which he led. I extend my deepest condolences to his family and his loved ones.

Today's hearing comes at a time when our nation is experiencing the confluence of a health crisis, an economic depression, and a series of killings that laid bare the racial injustice that still taints our country.

Our focus today is on COVID-19's disproportionate health impacts on Black and Latino seniors, as well as seniors from other racial and ethnic minority communities.

According to a *New York Times* analysis, Black and Latino residents are infected with the virus at three times the rate of their white neighbors, and they are nearly twice as likely to die from COVID-19.

The State of Maine has the worst racial disparity in COVID cases in the country. Although Blacks comprise less than two percent of Maine's population, they account for approximately 23 percent of all cases. Like many other states, many of Maine's outbreaks have occurred in nursing homes and congregate care settings.

Nationwide, 43 percent of Black and Latino workers are employed in service or production jobs that, for the most part, cannot be done remotely, while only about one in four white employees hold such jobs. One such field is long-term care, where one in four workers is Black, according to the Kaiser Family Foundation.

At this Committee's May hearing, Dr. Tamara Konetzka recommended routine testing of long-term care residents and employees, a suggestion that was echoed at the Senate HELP Committee hearing last month with former CDC Director Julie Gerberding. Dr. Gerberding described long-term care facilities as "intrinsic hot spots" and suggested we need to "test often and test everyone who comes and goes from those centers."

There is still a great deal that we don't yet know about COVID-19. But we do know that individuals with chronic kidney disease, serious heart conditions, obesity, sickle cell disease, and Type 2 diabetes are at increased risk of severe illness from COVID-19, and that Black Americans experience these conditions at disproportionate rates.

Diabetes provides a clear example. Patients hospitalized for COVID who have diabetes account for more than 20 percent of individuals admitted to intensive care units according to the *Journal of Clinical Endocrinology & Metabolism*.

According to a survey conducted by the Centers for Medicare and Medicaid, although Black Medicare beneficiaries were just as likely as white beneficiaries to perform diabetes self-management activities, they were less likely to have their blood sugar well controlled.

As the founder and co-chair of the Senate Diabetes Caucus, I have worked with my co-chair Senator Jeanne Shaheen on legislation to expand Medicare diabetes self-management training, as well as a pilot program to test the impact of virtual training services. We've also introduced legislation to create a special task force to eliminate Medicare coverage barriers in accessing the latest diabetes treatments. We've also worked hard for an extension of the Special Diabetes Programs that benefit Native Americans and children and adults with Type I diabetes.

Another factor in the disproportionate impact of the virus on Black Americans appears to be a distrust of the health care system. A study from a California health system observed that Black patients were more likely to have been tested at a hospital than in the ambulatory environment and that patients' prior negative experiences with the health care system can lead to distrust and a decision to seek care only in the most extreme circumstances.

Historical injustices with medical experimentation have also left a legacy of mistrust and skepticism among many African Americans that we need to work to resolve.

Part of the solution may be found through community partnerships and greater health care workforce diversity. Blacks make up 13 percent of the U.S. population but only 5 percent of physicians in the United States, according to a recent report from the Association of American Medical Colleges.

We are so fortunate to have a distinguished panel of experts with us today to help us to better understand the challenges and identify meaningful solutions.

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