# THIRU
## MAYOR

# Bending the Curve on Racial Health Disparities During the COVID-19 Crisis

The COVID-19 global health crisis has exposed stark disparities in health care across Baltimore. Thiru believes everyone is entitled to equitable resources and health care, especially in times of incredible need and uncertainty. Here's his five-point plan to adress racial disparities in COVID-19 testing and treatment.

### Increase Testing & Drop Referral Requirement for at-risk Populations

Right now, you must have a doctor's referral to be tested for COVID-19. Access to doctors is not universal. To protect at-risk populations, the doctor referral requirement should be lifted for anyone over the age of 50 living in the hardest hit neighborhoods, like 21215.

### House Essential Workers in Hotel Rooms for Self-Isolation

Essential workers who are unable to isolate themselves at home should be offered free, alternative housing at hotels and motels for a 14-21 day period. Priority should be given to residents living in zip codes deemed to be COVID-19 hotspots.

### Partner with Community Leadership and Prominent Health Care Institutions

Baltimore is home to world-class medical research facilities and hospitals. To ensure that communities that need increased testing receive the resources and treatment they need, City Hall should join our medical institutions in strategic partnerships with non-profit organizations, faith communities, and volunteers already well-established and connected on the ground.

### Halt Non-Essential Demolition and Construction in COVID-19 Hotspots

Following the lead of New York and Boston, Thiru is calling for the suspension of all non-essential construction and demolition projects. Exceptions should be approved through the submission of an Essential Construction request.

### Establish Modern Healthcare Infrastructure in Disconnected Communities

Thiru will partner with philanthropic organizations to provide internet and computer access to public housing units. The pandemic has revealed the importance of telemedicine infrastructure that allows patients to immediately and conveniently communicate with care providers.

### Close the Medicaid and Private Health Insurance Gap

Lack of insurance forces individuals to make impossible decisions between financial security and health care. Thiru plans to restructure our insufficient insurance coverage by providing year long, city-backed medical grants to all uninsured adults that do not qualify for Medicaid coverage due to income limits.

## Beyond Data: Bending the Curve on Racial Health
## Disparities During the COVID-19 Crisis

It is now clear that people of color will be infected and pass away from COVID-19 at higher rates in the United States. Nowhere will that be more acute or obvious than in America's cities. Here in Baltimore, city politicians have been slow to act. Tracking the evidence will confirm for posterity what we already know, that communities of color will be ravaged by this public health crisis just as they are disproportionately impacted by most public health threats. We have to do better. City Hall must take drastic action to protect its citizens now and to address the growing inequity in health care access.

In cities across the U.S., African-Americans and people of color account for a significantly higher percentage of coronavirus deaths than their corresponding population share. Black Chicagoans are dying at six times the rate of their white neighbors, with 68% of deaths being Black individuals who make up only 30% of Chicago's population. African-Americans are only 32% of Louisiana's population; yet they are 70% of known coronavirus deaths. Baltimore's population is 62% Black. We know that Baltimore is at risk of, if not already victim to, the same disproportionate outcomes along racial lines.

Thiru is imploring city leadership to implement the following initiatives to help reduce coronavirus cases and related fatalities, particularly among black and brown communities, now, and to overhaul the longstanding inequities and systemic disinvestment that places them at higher risk. Specifically, Thiru proposes four near-term solutions and three initiatives looking towards the horizon.

**To address immediate health care disparities in the fight against coronavirus, Thiru proposes:**

1.  **Eliminating the Health Care Professional Referral Requirement for Testing**

Currently, individuals need a referral from a health care professional to receive a test for COVID-19. The Maryland Health Department reported that 94% of COVID-19 related deaths, 284 of 302 as of April 14, were individuals 50 and above. To further protect our most at-risk population, the health care professional referral

requirement should be suspended for Baltimore City residents who are over 50. Mass-testing is the only viable, immediate solution to identifying and isolating individuals who are infected to prevent further spread of the virus to vulnerable populations.

2. **Halting Non-Essential Demolition and Construction**

Non-essential demolition and construction work not only increases the potential for workers to contract COVID-19, it can also cause respiratory problems for nearby residents with underlying health conditions. Cities such as [New York](#) and [Boston](#) have already suspended all non-essential demolition and construction sites. Following their lead, Baltimore should suspend all non-essential construction and demolition projects. Exceptions will need to be approved through the submission of an Essential Construction request.

3. **Housing Essential Workers in Hotel Rooms for Self-Isolation**

Based on employment data by demographic, African-American employment is concentrated in essential services. Four industries account for [63% of all jobs for African-Americans](#) in Baltimore: retail trade; transportation and warehousing; health care and social assistance; and administrative and waste management services. We do not know the exact racial breakdown for essential employees. However, based on the sectors that have been deemed necessary, including health care services, waste management services, transportation, grocery stores, warehousing, and select retail stores, it is likely that African-American and Hispanic Baltimoreans are subject to increased exposure to COVID-19. We must protect these individuals, who are providing essential services, from unnecessarily contracting this virus.

Essential employees need the ability to self-isolate to protect their families and reduce the likelihood they contract or spread COVID-19. Self-isolation requires individuals to have a single-occupancy room in their home or place of residence. Following [New York City's lead](#), residents considered essential workers who are unable to isolate themselves at home should be offered free, alternative housing at hotels and motels for a 14-21 day period. Alternative accommodation should be allocated by priority based on the following: the number of individuals at-risk of exposure in their household; if the individual lives in a zip code deemed to be a COVID-19 hotspot; and, whether or not the individual is a member of a vulnerable or at-risk population.

4. **Increasing Testing Capacity Using Strategic Partnerships**

Baltimore is home to world-class hospitals and health research facilities. We must work with these institutions to expand testing capacity and establish equitable distribution of resources. University of Maryland School of Medicine, in partnership with University of Baltimore, is launching a [state-funded, large-scale testing plan to test 20,000 people per day](#). This will currently take months to ramp up.

To ensure communities receive resources and treatment, our medical institutions and City Hall must strategically partner with non-profit organizations, faith centers, and volunteers already well-established and connected on the ground. Particularly for low income individuals without access to private transit, some may only receive treatment at the most severe stages of their infection.

Developed partnerships will also facilitate distribution of accurate information and COVID-19 tests through pop-up centers, adequately staffed for screenings, in transit deserts and hotspots. If we are unable to safely transport potential vectors to testing locations, we must directly bring the resources to hotspot locations.

**Health care disparities will not vanish when the current pandemic abates. To restructure how Baltimore treats health needs, Thiru proposes:**

1. **Providing Access to Telemedicine Infrastructure**

Thiru has pledged to guarantee free, universal access to high-speed wifi across the city. We know families need access now, and the digital divide leaves disinvested neighborhoods at a further disadvantage -- this was true prior to this crisis, emboldened during COVID-19, and, if we do not act now, will remain a reality for years to come. City Hall will partner with philanthropic organizations to provide internet and computer access to all public housing units. The current pandemic has revealed the importance of telemedicine infrastructure that allows patients to conveniently communicate with care providers. Telemedicine eradicates transit barriers to visiting a professional and enables real-time assessment of health issues, in turn enabling quick action to treat serious concerns. Investing in digital infrastructure will also create overarching benefits to public health by allowing children to remain engaged with their education, granting access to information and news updates, and eliminating barriers to job and assistance program applications.

2. **Launching Health Intervention Program in Collaboration with Faith Communities**

Addressing entrenched health care disparities requires collaboration between the public sector and community stakeholders. The Mecklenberg Health Department demonstrated this expertly with their [Village HeartBEAT program](), which facilitates fun, healthy competition amongst faith based congregations to improve health metrics. In addition to competition on health indicators such as weight, exercise, tobacco use, and dietary choices, the program trains community awareness ambassadors and connects members to health services. Establishing a network in Baltimore that both encourages daily changes to improve health and identifies need for additional information and services would benefit people who have historically faced insurmountable barriers to health care.

**3. Expanding Medicaid Coverage for the Uninsured**

Testing and treatment for COVID-19 may [cost up to $73,000](cost up to $73,000) out-of-pocket for individuals without health insurance. According to a 2018 American Community Service (ACS), approximately 44,000 Baltimore City residents under the age of 65 do not have medical insurance coverage. A global pandemic only exacerbates the existing health care inequities in our communities and victimizes those with pre-existing conditions, which occur at higher rates in minority populations. City leadership should embrace this opportunity to restructure our insufficient insurance coverage in Baltimore City by providing year long, city-backed medical grants to all uninsured adults that do not qualify for Medicaid coverage due to income limits. The Affordable Care Act provides subsidized health insurance for individuals from 100-400% of the Federal Poverty Line. These grants would provide the balance of the health insurance cost under the Affordable Care Act for those who are not covered by Medicaid. These grants can be renewed for the duration of the crisis, and/or until the recipient obtains employee-sponsored coverage or can independently afford insurance coverage.