



Testimony Regarding H.B. 6555 An Act Concerning Legislative Oversight and Approval of COVID-19 Relief Funds

Karen Siegel, MPH
Appropriations Committee
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Dear Senator Osten, Representative Walker, Senator Hartley, Representative Dathan, Representative Nolan, and esteemed members of the Appropriations Committee,

My name is Karen Siegel and I am submitting this testimony on behalf of Health Equity Solutions, where I serve as Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony regarding legislative oversight of the allocation of COVID-19 relief funding. **We urge the Connecticut General Assembly and the Executive Branch to ensure that this funding be allotted in ways that address the inequities and injustices deepened by the pandemic.**

Health inequities are rooted in structural inequality that has privileged some individuals and communities and disenfranchised others. Due to structural racism and its resultant outcomes, Black, Indigenous, Latinx, and other people of color in Connecticut are more likely to live in densely populated neighborhoods, work wage-based jobs, have less wealth, and suffer from chronic health conditions such as asthma and diabetes.^{1, 2, 3} These longstanding injustices have resulted in a disproportionate toll of the social and economic hardships of the pandemic, including COVID-19 death and disease, falling on people of color.

Furthermore, it is crucial that we examine disparities in the distribution of resources related to health and basic needs during the pandemic and the subsequent recovery period. For example, race and ethnicity data should be examined for enrollment in Medicaid, qualified health plans, SNAP, and unemployment, participation in loan programs for small businesses and nonprofits, vaccination, and other public services. Distribution of future relief funding should consider increased needs within these programs and for health care providers in schools, clinics, and centers serving higher proportions of low-income people and people of color. Further, community-based organizations in low-income

¹ DataHaven. *Towards Health Equity in Connecticut*. Retrieved from <https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf>

² Centers for Disease Control and Prevention, *African American Health Creating equal opportunities for health*. Retrieved from <https://www.cdc.gov/vitalsigns/aahealth/index.html#:~:text=The%20death%20rate%20for%20African%20Americans%20decreased%2025%25%20from%201999,high%20blood%20pressure%20than%20whites.>

³ John Hopkins Center for Health Equity, *The State of Black America*. Retrieved from <https://soba.iamempowered.com/sites/soba.iamempowered.com/files/Johns%20Hopkins%20Report%20PDF%20Download%20SOBA%202020.pdf>



communities are already working to meet immediate needs and address the long-term effects of the pandemic. Equitable distribution of federal relief funding must consider inequities in need.

Preventable death and disease continue to disproportionately impact people of color because of our collective failure to address the consequences of systemic racism within the context of the pandemic response. We urge you to embed an equity lens in this oversight of the distribution of COVID-19 relief funding.

Thank you for the opportunity to submit this testimony regarding H.B.6555. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.