



Testimony of

Dominic H. Mack, MD, MBA

Director, National Center for Primary Care

Professor of Family Medicine

Morehouse School of Medicine

Atlanta, GA

Before the

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Hearing:

The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities

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Chairwoman Collins, Ranking Member Casey, and members of the Special Committee on Aging – Thank you very much for convening this important hearing on COVID-19, seniors, and racial health disparities.

I am Dominic Mack, MD, MBA and am presenting testimony on behalf of Morehouse School of Medicine (MSM). MSM is one of four historically black medical schools in the nation. I bring greetings to you from our president and dean, Dr. Valerie Montgomery Rice. At Morehouse, I serve as professor of family medicine, director of the institution's National Center for Primary Care, and co-lead on an innovative partnership between the US Department of Health and Human Services' Office of Minority Health and Morehouse School of Medicine entitled: *The National COVID-19 Resiliency Network (NCRN): Mitigating the Impact of COVID-19 on Vulnerable Populations*.

The daunting news that Black Americans in the US are disproportionately suffering and dying from the novel coronavirus (COVID-19) unfortunately is not a tremendous surprise to those of us at Morehouse School of Medicine, who are on the front lines in our medically-underserved community, and regularly monitor and understand health status disparities in this nation.

According to the Centers for Disease Control and Prevention (CDC), as of late June, Blacks, Native Americans, Alaska Natives and Hispanics are impacted by the coronavirus at a rate reaching 5 times that of non-minority Americans. Today, the top five counties with the highest death rates in the nation are all predominantly Black. And in my state of Georgia, Blacks have accounted for nearly 50% of the coronavirus deaths across the state, and national statistics



are similar. Black and other minority seniors are disproportionately represented among those who are sick and dying.

While this information tracks consistently with well-known health status and health care challenges faced daily by racial and ethnic minorities, it also represents a surrogate for the glaring lack of health infrastructure in medically underserved communities.

Our partnership with the HHS Office of Minority Health is a step in the right direction. To mitigate the impact of COVID-19 on racial and ethnic minorities, rural communities, and other vulnerable populations, MSM will establish the **National COVID-19 Resiliency Network** (NCRN). The NCRN COVID-19 national dissemination platform will consist of six foundational areas in which the network will:

- 1) Identify and engage vulnerable communities through local, state, and national partners.
- 2) Nurture existing and develop new partnerships to address the COVID-19 pandemic and ensure the NCRN is an active information dissemination network with whom to collaborate.
- 3) Partner with vulnerable communities and national, state, local, and government organizations to provide and disseminate culturally and linguistically appropriate information throughout states, territories, and tribal nations.
- 4) Use technology to link members of the priority vulnerable communities to community health workers, COVID-19 healthcare, social services and behavioral



health services, including testing, vaccinations, counseling, and links to primary care practices.

- 5) Monitor and evaluate the success of the services and measure outcomes using process improvement methods to improve the quality of the overall program.
- 6) Use broad and comprehensive dissemination methods, including mainstream media (including social media), white papers, and publications as resources and strategies to bring awareness, participation, education, and training directly to vulnerable communities impacted by COVID-19.

Chairwoman Collins and committee members, we are grateful to partner with the HHS Office of Minority Health to address the disproportionate impact of COVID-19 on communities of color and know its work will be meaningful, but I want to be clear about the need in minority and medically underserved communities.

Congressional leaders and the administration have enacted, literally, trillions of dollars of support for economic stimulus, worker protections, testing and treatment funding, academic relief, and other benefits, but this effort falls short in addressing the fundamental need to provide significant and targeted measures to resolve the above-stated health disparities playing out in this pandemic.

Now is the time to act in a significant way to reverse this latest example of how the lack of meaningful health infrastructure in medically underserved communities does currently and will continue to produce the same poor results. Without significant action, we can expect more of



the same the next time the nation faces a similar health crisis. With your leadership, we can realize an equitable policy response to the crises we are facing.

We are calling on Congress and the administration to include the following measures in the upcoming COVID-19 stimulus legislation:

- Resolve the funding disparity from the CARES Act that short-funded the Historically Black Graduate Institutions (HBGIs). While most HBCUs received a significant level of support in CARES, because of the Pell Grant-based calculation used by the Department of Education (graduate programs generally do not utilize Pell Grants), HBGIs—most of which are health schools like Morehouse School of Medicine that are on the front lines of the pandemic—received only a modest CARES Act allocation. We are facing real and substantial financial shortfalls and need a significant allocation in the next package.
- Provide robust funding for the improvement and development of health care infrastructure in medically underserved communities, specifically focused on building hospitals and other health care facilities designed to respond to the unique health care needs of Black Americans and other minorities.
- Double funding for existing Title VII health professions training programs at HHS's Health Resources and Services Administration that are targeted at increasing diversity in the health care workforce, including Minority Centers of Excellence, the Health Careers Opportunity Program, Scholarships for Disadvantaged Students, Minority Faculty Loan Repayment, and the Geriatric Training Program.



- Invest \$100 million in new, annual research funding dedicated through the NIH's National Institute on Minority Health and Health Disparities, specifically targeted at enabling minority-serving institutions to conduct research that is responsive to reversing the health disparities associated with the existing COVID-19 pandemic, and preventing the next episode from taking a similar toll.

We stand ready to work with you to facilitate these efforts. If there was ever a time to meaningfully act to address the stark racial and ethnic health disparities that have been and continue to prevent us from realizing health equity in the United States, it is now.

Thank you for the opportunity to share our views with you. I am pleased to respond to any questions.