

COVID-19 Bias and Anti-Racism Training Act

Senator Kamala D. Harris

COVID-19 is disproportionately infecting and killing minorities across the nation. According to recent data, Black and Hispanic individuals across the country are three times as likely to contract COVID-19 compared to their white counterparts, and are nearly twice as likely to die from the virus. A recent study of Tribal case rates revealed that, if Tribal Nations were states, the five states with the highest infection rates would all be Tribal Nations. In California, Native Hawaiians and Pacific Islanders are becoming infected at a rate double that of their population proportion.

While the staggering racial and ethnic disparities in COVID-19 outcomes reflect longstanding disparities throughout our society, they also are a product of persistent biases in our health care system. A 2016 University of Virginia study found that white medical students and residents often believed biological myths about racial differences in patients, including that Black patients have less-sensitive nerve endings and thicker skin than their white counterparts. Unfortunately, these biases appear to have carried over into COVID-19 response, with an early study revealing that doctors may be less likely to test Black patients when they show up with symptoms like cough and fever. Delays in diagnosis and treatment can be particularly harmful for racial or ethnic minorities that have higher rates of certain underlying health conditions, like diabetes and heart disease.

Health equity for communities of color cannot happen until we address the persistent bias in our health care system. Health care providers are often not required to undergo bias or anti-racism training. To address this gap, Senator Harris is introducing the **COVID-19 Bias and Anti-Racism Training Act** to support bias and anti-racism training for individuals involved in COVID-19 testing, treatment, vaccine distribution, and response. Specifically, the bill would:

- Create a \$200 million grant program for hospitals; other health care providers; state, local, Tribal, and territorial public health departments; medical and other health professional training schools; and nonprofits to establish or improve bias and anti-racism training programs for health care providers treating COVID-19 patients and for individuals participating in other response efforts, like contact tracing and resource allocation.
- Prioritize funding for entities in communities with high racial and ethnic disparities in COVID-19 infection, hospitalization, ICU admission, and death rates.
- Require the Secretary of Health and Human Services to collaborate with health care professionals, policy experts specializing in addressing bias and racism within the health care system, and community-based organizations to develop requirements for evidence-based, ongoing bias and anti-racism training.

Supporting Organizations: *American Hospital Association, American Public Health Association, Asian & Pacific Islander American Health Forum, Association of American Medical Colleges, Association of Asian Pacific Community Health Organizations, Association of Black Cardiologists, Association of State and Territorial Health Officials, Black Women's Health Imperative, California Hospital Association, California Medical Association, California Pan-Ethnic Health Network, California Rural Indian Health Board, CLASP, Color of Change, Empowering Pacific Islander Communities, Families USA, Justice in Aging, National Asian Pacific American Women's Forum, National Birth Equity Collaborative, National Council of Asian Pacific Americans, National Council of Urban Indian Health, National Hispanic Medical Association, National Medical Association, National Urban League, Pacific Islander COVID-19 Response Team, The Leadership Conference on Civil and Human Rights, Third Way, Trust for America's Health, UnidosUS, and University of California.*