

Legislation Text

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Authorizing the Committees on People with Disabilities & Special Needs and on Public Health & Human Services to hold joint hearings regarding the racial and ableist disparities of coronavirus infections and impacts in Philadelphia.

WHEREAS, The pandemic outbreak of COVID-19 and associated public and private reactions to it have caused untold loss, death, illness, and hardship, but not equally across the population, with particular burden on black and brown people, people with disabilities, and their overlapping communities, including in the City of Philadelphia; and

WHEREAS, To avoid confusion with the unrelated SARS disease, the World Health Organization (WHO) refers to the strain of the virus known formally as the severe acute respiratory syndrome coronavirus 2 (or SARS-CoV-2) as COVID-19, which is the abbreviation for the name of the illness it causes, coronavirus disease 2019; and

WHEREAS, COVID-19 amplifies racial inequalities, due to the preexisting health status of American racial minorities, the higher risk of exposure associated with their jobs, and their lack of ability to obtain quality care; and

WHEREAS, COVID-19 may cause most people infected with it mild to moderate respiratory illness that will recover without special treatment, some number will be asymptomatic yet contagious, but older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious (sometimes fatal) illness; and

WHEREAS, For racial and ethnic minorities in the United States, health disparities have included higher rates of premature death and of all the chronic diseases that exacerbate COVID-19 compared to the rates among whites; and

WHEREAS, Black and brown people are also overrepresented among the “essential workers” such as health care, grocery, and public, unionized (sanitation, postal, transit, among others) employees; and

WHEREAS, Current data, though not comprehensive, suggest a disproportionate burden of illness and death from COVID-19 among racial and ethnic minority groups, with black Americans not only more likely to be infected, according to the CDC, but also to require hospitalization; and

WHEREAS, Because the Illinois Department of Public Health became one of the few state offices to release some racial data, we know that the majority of the black COVID-19 patients in Cook County, IL who died had underlying health conditions including respiratory problems and diabetes, with eighty-one percent of them having had hypertension, or high blood pressure, diabetes or both, meanwhile black residents make up only 23% of the population, but account for 58% of the COVID-19 deaths, and statistics for Chicago itself suggest black residents are dying at a rate nearly six times greater than white residents; and

WHEREAS, COVID-19 poses additional, indirect health risks by endangering those avoiding care to minimize their exposure, uninfected people who cannot obtain medical care from overwhelmed health systems, and of course those who are uninsured or unable to afford or obtain treatment, like the late Gary Fowler, a 56 year old Detroit resident who was denied care by three hospitals in that metro area in spite of displaying COVID-19 symptoms before he succumbed to the illness; and

WHEREAS, The lack of racial data collection is a national disgrace nestled within the utter mismanagement by the federal government, which includes not providing a single informational hub tracking COVID-19 cases, symptoms, or deaths - let alone a coordinated track & trace system, or centralized medical procurement - further undermining appropriate public and private health care throughout the United States; and

WHEREAS, The sudden ubiquity of the switch to work-from-home for employers, particularly of white-collar professionals, that had largely resisted that accommodation for actual and prospective employees with disabilities prior to the pandemic underscores a similar disregard for equity and sound management in the labor context; and

WHEREAS, People with disabilities also face additional challenges at this time, including access to regular medical care, difficulty in proper physical distancing for people who are blind or visually impaired, the precariousness of work for people with underlying conditions who work in essential sectors, among many others; and

WHEREAS, To ensure that a safe and robust recovery is also equitable to all Philadelphians, the City must address the preexisting and enhanced disparities of the COVID-19 pandemic across race and ability; now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That Council does hereby authorize the Committees on People with Disabilities & Special Needs and on Public Health & Human Services to hold joint hearings regarding the racial and ableist disparities of coronavirus infections and impacts in Philadelphia.