

Civil Rights and Equity in the Delivery of Medical and Public Services During the COVID-19 Pandemic in Ohio



An Advisory Memorandum of the
Ohio Advisory Committee to the
U.S. Commission on Civil Rights

November 2020

Advisory Committees to the U.S. Commission on Civil Rights

By law, the U.S. Commission on Civil Rights has established an advisory committee in each of the 50 states and the District of Columbia. The committees are composed of state citizens who serve without compensation. The committees advise the Commission of civil rights issues in their states that are within the Commission's jurisdiction. They are authorized to advise the Commission in writing of any knowledge or information they have of any alleged deprivation of voting rights and alleged discrimination based on race, color, religion, sex, age, disability, national origin, or in the administration of justice; advise the Commission on matters of their state's concern in the preparation of Commission reports to the President and the Congress; receive reports, suggestions, and recommendations from individuals, public officials, and representatives of public and private organizations to committee inquiries; forward advice and recommendations to the Commission, as requested; and observe any open hearing or conference conducted by the Commission in their states.

Acknowledgments

The Ohio Advisory Committee (Committee) thanks each of the speakers who presented to the Committee during their public meetings on the critically important and timely topic of the delivery of medical and public services during the pandemic in Ohio. The Committee is also grateful to members of the public who spoke during the selected periods of public comment, and those who shared their testimony in writing.

The Committee appreciates and recognizes the work of Commission intern Emily Zanolli, who organized the original panels of speakers and provided an initial summary of testimony.

**Ohio Advisory Committee to the
U.S. Commission on Civil Rights**

The Ohio Advisory Committee to the U.S. Commission on Civil Rights submits this advisory memorandum regarding the delivery of medical and public services during the COVID-19 pandemic in Ohio that began in 2019. The Committee submits this memorandum as part of its responsibility to study and report on civil-rights issues in the state. The contents of this memorandum are primarily based on testimony the Committee heard during public meetings held via videoconference on July 16 and July 23, 2020. The Committee also includes related testimony submitted in writing during the relevant period of public comment.

This memorandum begins with a brief background of the issues to be considered by the Committee. It then presents an overview of the testimony received. Finally, it identifies primary findings as they emerged from this testimony, as well as recommendations for addressing areas of civil-rights concerns. This report is intended to focus specifically on civil-rights concerns regarding the delivery of medical and public services during the COVID-19 pandemic in Ohio on the basis of race, color, age, sex, disability, and other federally protected categories. While additional important topics may have surfaced throughout the Committee’s inquiry, those matters that are outside the scope of this specific civil-rights mandate are left for another discussion.

**Ohio Advisory Committee to the
U.S. Commission on Civil Rights**

Diane Citrino, Chair, *Ohio Advisory Committee*, Solon

Cassandra Bledsoe, *Vice Chair*, Cleveland

David Forte, *Vice Chair*, Lakewood

Subodh Chandra, Shaker Heights

Scott Gerber, Ada

Emerald Hernández Parra, Columbus

Kevin McDermott, Upper Arlington

Robert Salem, Toledo

Lee Strang, Berkey

Mark Strasser, Columbus

Edith Thrower, Cincinnati

David Tryon, Broadview Heights

Advisory Memorandum

To: The U.S. Commission on Civil Rights

From: The Ohio Advisory Committee to the U.S. Commission on Civil Rights

Date: November, 2020

Subject: Civil Rights and Equity in the Delivery of Medical and Public Services During the COVID-19 Pandemic in Ohio

On May 8, 2020, the Ohio Advisory Committee (Committee) to the U.S. Commission on Civil Rights (Commission) adopted a proposal to undertake a study of civil rights and equity in the delivery of medical and public services during the COVID-19 pandemic in Ohio. The focus of the Committee's inquiry was to review state and federal responses to the 2019 novel coronavirus pandemic to examine (a) known disparities in the incidence and severity of infections, including death, on the basis of race, color, age, disability, or other federally protected categories; (b) the impact of state and federal responses to the virus on identified health disparities; (c) the impact of state and federal responses to coronavirus on access to public services; and (d) alternative or remedial policies and practices with the demonstrated potential to address identified concerns.

As part of this inquiry the Committee heard testimony via videoconferences held on July 16 and July 23, 2020.¹ The following advisory memorandum results from a review of testimony provided at these meetings, combined with written testimony submitted during this timeframe. It begins with a brief background of the issues to be considered by the Committee. It then identifies primary findings as they emerged from this testimony. Finally, it makes recommendations for addressing related civil rights concerns. This memorandum focuses on health disparities apparent in the incidence and severity of illnesses related to the 2019 coronavirus pandemic, and the role of public agencies in addressing or mitigating those disparities. While other important topics may have surfaced throughout the Committee's inquiry, matters that are outside the scope of this specific civil rights mandate are left for another discussion. This memorandum and the recommendations included within it were adopted by a majority of the Committee on October 29, 2020.

Background

In late 2019 global health authorities began warning of an outbreak of what appeared to be a new respiratory virus. The virus later became known as the 2019 novel coronavirus, and the accompanying illness caused by the virus became known as COVID-19. The virus rapidly spread across the globe and the first case of COVID-19 in the United States was confirmed on January 21, 2020. On March 11, 2020 the World Health Organization officially declared COVID-19 a

¹ Meeting records and transcripts are available in Appendix.

Briefing before the Ohio Advisory Committee to the U.S. Commission on Civil Rights, July 16, 2020 (web-based), Transcript (hereinafter cited as "Transcript I").

Briefing before the Ohio Advisory Committee to the U.S. Commission on Civil Rights, July 23, 2020 (web-based), Transcript (hereinafter cited as "Transcript II").

pandemic.² Since that time the United States has become and remained the leader in the number of confirmed cases worldwide. As of November 3, 2020, more than 1.2 million people have died worldwide, over 229,000 of those deaths in the United States.³ Schools have been closed, businesses shuttered, and unemployment has reached historic highs in nearly every U.S. state.⁴

While the devastation from this pandemic has been widespread, not everyone has felt these effects the same. Data released in August 2020 by the U.S. Centers for Disease Control and Prevention reveal that African Americans are more than four times as likely as non-Hispanic white Americans to be hospitalized from the virus, and more than twice as likely to die.⁵ American Indians, Alaska Natives, and Hispanic or Latino persons are similarly disproportionately affected.⁶ In this study, the Ohio Advisory Committee sought to understand the underlying causes of these disparities in relation to the public health response in Ohio specifically and the U.S. more broadly. While there has been progress, the Committee recognizes that long standing health disparities have affected Black, Indigenous, and Communities of Color in the United States for decades.⁷ The emergence of the current pandemic has served to highlight these ongoing disparities.

In this context, the Committee submits this memorandum to the Commission regarding the public coronavirus response in Ohio.

Findings

In keeping with their duty to inform the Commission of (1) matters related to discrimination or a denial of equal protection of the laws; and (2) matters of mutual concern in the preparation of reports of the Commission to the President and the Congress,⁸ the Ohio Advisory Committee submits the following findings to the Commission regarding equity in the delivery of medical and public services during the COVID-19 pandemic in Ohio. This memorandum seeks to highlight the most salient civil-rights themes as they emerged from the Committee's inquiry. In consideration of the timeliness of these concerns in the context of the ongoing pandemic, the Committee offers a general outline of themes, along with appropriate additional resources, as

² WHO Declares Coronavirus Pandemic, The Guardian, March 11, 2020, <https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic>

³ <https://covid19.who.int/>

⁴ World Health Organization, Coronavirus Disease (COVID-19) Dashboard, <https://www.bls.gov/web/laus/laughsthl.htm>

⁵ Centers for Disease Control and Prevention, COVID-19 Hospitalization and Death by Race/Ethnicity, August 18, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

⁶ Ibid.

⁷ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Washington (DC): National Academies Press (US); 2017 Jan 11., <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

⁸ 45 C.F.R. § 703.2 (2018).

topics of reference for the Commission’s consideration. The complete meetings transcripts are included in Appendix A for further reference. The Committee may submit a more detailed discussion of some of the individual themes presented in this document at a later time.

The following findings result directly from the testimony and other information received.

Overview

1. Ohioans in federally protected civil rights categories have suffered disparate impact in the delivery of medical and public services during the COVID-19 pandemic in Ohio. While the discrimination may be unintentional, the disparate impact is nevertheless apparent.⁹
2. Despite experience with and learnings from previous deadly infectious disease outbreaks,¹⁰ the United States has not yet effectively controlled or contained the coronavirus pandemic. At the time of the Committee’s hearing, the U.S. reportedly had 120 times the number of deaths than China and twice as many deaths as Canada.¹¹
3. Recent data from the Pew Research Center indicate that fewer than half of public interactions between people involve both parties wearing a face mask.¹² Other countries have seen successful reduction in the transmission of the virus through providing masks to communities as needed, mandating wearing masks at all times, and modeling by government officials.¹³
4. Hospitals and healthcare facilities have faced significant challenges preparing for the outbreak, while attempting to ensure adequate care to non-COVID patients; especially given rapidly changing information, conflicting recommendations, and a lack of personal protective-equipment supplies for medical staff.¹⁴
5. The severity of the pandemic, coupled with scarce medical resources, forced many facilities to engage in contingency planning, shifting focus away from individual patient care toward the care of the community as a whole to help the most people possible.¹⁵ Creating a framework for resource allocation based on objective medical evidence and

⁹ See Transcripts, *passim*.

¹⁰ Van Tassel Testimony, Transcript II, p. 3, lines 16-27; p. 6, lines 4-8.

¹¹ Sehgal Testimony, Transcript I, p. 5, lines 8-12.

¹² Sehgal Testimony, Transcript I, p. 5, line 28 – p. 6 line 3; see also: <https://www.pewresearch.org/fact-tank/2020/06/23/most-americans-say-they-regularly-wore-a-mask-in-stores-in-the-past-month-fewer-see-others-doing-it/>.

¹³ Sehgal Testimony, Transcript I, p. 18, lines 19-35.

¹⁴ Warren Testimony, Transcript II, p. 11, line 21 - p. 12, line 29; p. 15, lines 23-29.

¹⁵ Warren Testimony, Transcript II, p. 16, lines 9-19.

free from bias, is difficult to achieve.¹⁶ Many states issued guidelines when COVID-19 began that were discriminatory.¹⁷

Risk Factors & Disparate Impact

While the coronavirus pandemic has impacted nearly every Ohioan in some way, many troubling disparities persist in the incidence and severity of infection. For example, African-Americans, Native-Americans, and Latinos have significantly higher rates of mortality from COVID-19 than any other racial or ethnic group.¹⁸ These disparities are likely a result of intersecting risk factors that disproportionately affect people in several federally protected categories, including race, color, disability status, and age. To illustrate:

1. People at high risk for severe complications to coronavirus infection include people with comorbid conditions such as diabetes, asthma, or hypertension.¹⁹
 - a. Perceived systemic discrimination, cultural barriers, and conscious and unconscious biases have resulted in disproportionate underlying health disparities and distrust of the medical and public health systems in many black and minority communities.²⁰
 - b. There is disproportionate access to services, treatment, and testing.²¹ While not necessarily intentional, lack of data compounds and perpetuates the problem of delivering services adequately.²²
 - c. Members of the LGBTQ+ community are also more likely to have chronic conditions such as cardiovascular disease, cancer, HIV-AIDS, obesity, and diabetes.²³
2. A person's risk of infection and eventual health outcomes are significantly influenced by the socioeconomic conditions in which they live.²⁴ COVID-19 mortality rates are highest in counties with the highest poverty rates.²⁵

¹⁶ Warren Testimony, Transcript II, p. 16, lines 20-27; p. 23, lines 15-21.

¹⁷ Sjoberg Testimony, Transcript I, p. 14, lines 2-4 & 23-34.

¹⁸ Sehgal Testimony, Transcript I, p. 5, lines 14-17; Warren Testimony, Transcript II, p. 12, lines 30-41; Van Tassel Testimony, Transcript II, p. 3, lines 38-43; Gaston Testimony, Transcript I, p. 8, lines 41-44.

¹⁹ Sehgal Testimony, Transcript I, p. 6, lines 13-18; Sjoberg Testimony, Transcript I, p. 12, lines 10-13.

²⁰ Dunn Testimony, Transcript I, p. 3 line 28 – p. 4 line 15; Stewart Testimony, Transcript II, p. 25 lines 13-21; Gaston Testimony, Transcript I, p. 9 lines 5-17; Van Tassel Testimony, Transcript II, P. 4, Lines 8-12.

²¹ Dunn Testimony, Transcript I, p. 16, lines 27-33; Ayres Testimony, Transcript II, p. 23, lines 4-9.

²² Dunn Testimony, Transcript I, p. 16, lines 27-33.

²³ Stewart Testimony, Transcript II, p. 25, lines 25-29.

²⁴ Dunn Testimony, Transcript I, p. 3, lines 23-27; Van Tassel Testimony, Transcript II, p. 4, Lines 8-12.

²⁵ Van Tassel Testimony, Transcript II, p. 4, lines 1-2.

- a. Black people and other minorities are overrepresented in unemployment and in low wage jobs with few benefits and poor working conditions, limiting access to healthcare (especially in rural areas.)²⁶ 21% of African American older adults live below the Federal Poverty Line.²⁷
- b. 17% of LGBTQ+ adults do not have health insurance, 32% of which are people of color, 22% are transgender, and 32% are transgender people of color.²⁸
- c. Older adults and people with disabilities are among the most likely to lack resources and to rely on support for access to healthcare and other community services.²⁹
- d. Many low wage “essential” workers cannot work from home, increasing their exposure to the virus.³⁰ Such workers are disproportionately Black and Latino.³¹
- e. People living at or below the federal poverty level may not have the resources to prepare for in-home isolation, such as stockpiling food and medical supplies.³²
- f. Housing data suggests that access to a separate bedroom and bathroom for quarantine purposes is not possible in 21% of homes in the US. For Native-Americans, Hispanics, apartment dwellers, and people who live in homes built before 1960, nearly one third of people do not have the ability to isolate properly if needed.³³
- g. People in poorer communities, many with large concentrations of people of color, are at greater risk of homelessness; people losing their housing will exacerbate the spread of COVID-19.³⁴

²⁶ Dunn Testimony, Transcript I, p. 4, lines 3-11; Van Tassel Testimony, Transcript II, p. 4, lines 8-12; Sehgal Testimony, Transcript I, p. 6 lines 9-21.

²⁷ Gaston Testimony, Transcript I, p. 9 lines 22-25.

²⁸ Stewart Testimony, Transcript II, p. 25 line 36 – p. 26 line 11.

²⁹ Gaston Testimony, Transcript I, p. 10 lines 1-2.

³⁰ Sehgal Testimony, Transcript I, p. 6 lines 9-21.

³¹ Dunn Testimony, Transcript I, p. 4 lines 16-22; Ayres Testimony, Transcript II, p. 9 lines 36-40.

³² Van Tassel Testimony, Transcript II, p. 7 lines 30-34; Gaston Testimony, Transcript I, p. 9 lines 41-42.

³³ Sehgal Testimony, Transcript I, p. 8 lines 1-6; Dunn Testimony, Transcript I, p. 4 lines 16-22; Gaston Testimony, Transcript I, p. 9 lines 29-33.

³⁴ Dunn Testimony, Transcript I, p. 4; Van Tassel Testimony, Transcript II, p. 4.

3. People living in congregate care settings (such as nursing homes, assisted living facilities, or prisons) face high risk of virus transmission.³⁵
 - a. Many people with disabilities rely on service providers for activities of daily living, often requiring close contact. The shortage of professionals is being exacerbated by the pandemic, resulting in few service providers circulating through multiple homes, exponentially increasing the risk of exposure for people with disabilities.³⁶
 - b. Individuals hoping to move out of congregate settings are facing difficulties securing in-home care.³⁷
 - c. One immigration detention facility in Morrow County Ohio reportedly saw 100% of its inmates infected with the virus due to poor protective procedures.³⁸

Other Considerations & Cautions

1. COVID-19 tests are rarely 100% accurate.³⁹ Research indicates it is most effective to focus testing on high risk groups, people who have been exposed to the virus, and people with symptoms.⁴⁰
2. The state has a responsibility to ensure that legal powers extended to public health officials do not have negative civil rights implications.⁴¹ Some preventive or protective measures put in place due to the pandemic may disproportionately affect high risk populations.
 - a. The pandemic has resulted in a decline in routine care and emergency room visits, especially for African Americans, which raises concerns of delayed diagnoses and potential progression of non-COVID diseases.⁴²

³⁵ Sehgal Testimony, Transcript I, p. 6 lines 10-12; Sjoberg Testimony, Transcript I, p. 12, lines 38-41.

³⁶ Sjoberg Testimony, Transcript I, p. 12 lines 1-31.

³⁷ Sjoberg Testimony, Transcript I, p. 14 lines 39-43.

³⁸ Tramonte Testimony, Transcript I, p. 20 lines 8-25. *See also*: Report: 100% of Morrow County Jail Inmates have COVID-19, *Mansfield News Journal*, June 8, 2020, <https://www.mansfieldnewsjournal.com/story/news/2020/06/08/report-all-morrow-county-ice-jail-inmates-ohio-coronavirus-covid-19-immigration-customs-enforcement/5317798002/>; and Magearu, Crossin & Tramonte, *How Morrow County Jail Became 100% COVID-Positive*, http://ohioimmigrant.org/wp-content/uploads/2020/06/FINAL_How-Morrow-County-Jail-Became-100-COVID-Positive-Facility-1.pdf.

³⁹ Sehgal Testimony, Transcript I, p. 6 line 28.

⁴⁰ Sehgal Testimony, Transcript I, p. 7 lines 1-25.

⁴¹ Van Tassel Testimony, Transcript II, p. 3, lines 16-33; p. 5 line 42– p. 6 line 3.

⁴² Warren Testimony, Transcript II, p. 13 line 1 – p. 14 line 21.

- b. Strict visitor limitation policies in hospitals disadvantage people with disabilities, who frequently rely upon supportive individuals for communication and decision making.⁴³
 - c. Rushing the creation of a vaccine without proper safety testing could have serious and negative implications, particularly for the most vulnerable communities.⁴⁴
 - d. School closures have created mass lay-offs for childcare workers, disproportionately impacting Hispanic and Black women.⁴⁵
 - e. There is insufficient support for families, especially those with uncertain prognoses, who are receiving treatment and are isolated from their loved ones.⁴⁶
3. There is insufficient data collection across federal, state, and local agencies specific to at-risk demographics. This makes it challenging to assess the true impact of COVID-19, along with how to determine the best precautions.⁴⁷ Lack of data compounds and perpetuates the problem of delivering services adequately.⁴⁸

Potential Solutions

The following is a summary of recommended best practices from the testifying experts, as well as from the Committee's own analysis of their testimony.

- 1. Expand public health educational campaigns to encourage the public to take protective measures against the virus, such as social distancing, hand washing, and mask wearing.⁴⁹ Include public education regarding disproportionately affected communities;⁵⁰ translation in multiple languages;⁵¹ and practical, accessible guidance for people with disabilities.⁵²
- 2. Better train and educate persons who deliver medical and public services about the particular needs of particular groups, including but not limited to persons with disabilities.

⁴³ Sjoberg Testimony, Transcript I, p. 13 lines 33-43; Warren Testimony, Transcript II, p. 15 lines 2-9.

⁴⁴ Van Tassel Testimony, Transcript II, p. 4 lines 3-43.

⁴⁵ Ayres Testimony, Transcript II, p. 9, lines 28-28.

⁴⁶ Warren Testimony, Transcript II, p. 17, lines 18-26.

⁴⁷ Dunn Testimony, Transcript I, p. 16, lines 27-33; Sjoberg Testimony, Transcript I, p. 12, lines 3-4 & p. 15, lines 4-25.

⁴⁸ Dunn Testimony, Transcript I, p. 16, lines 27-33.

⁴⁹ Gaston Testimony, Transcript I, p. 19, lines 1-11; Sehgal Testimony, Transcript I, p. 24, lines 24-31; Nelson Testimony, Transcript II, p. 19, lines 23-43, p. 20, lines 1-5.

⁵⁰ Dunn Testimony, Transcript I, p. 25, lines 21-34.

⁵¹ Nelson Testimony, Transcript II, p. 19, lines 23-43, p. 20, lines 1-5.

⁵² Sjoberg Testimony, Transcript I, p. 15, lines 35-36.

3. Establish a network of healthcare facilities that can serve as an alternative to the emergency room.⁵³ Ensure sufficient access to personal protective equipment (PPE) at all healthcare facilities;⁵⁴ and flexible opportunities for testing at no cost, particularly in vulnerable communities.⁵⁵ Focus testing and outreach on high risk groups.⁵⁶
4. Add a “health note” to policy bills that details objective, nonpartisan information to inform legislators of a projected health impact caused by the proposed bill.⁵⁷
5. Require that any FDA approved COVID-19 vaccine be added to the vaccines covered by the National Vaccine Injury Compensation Program.⁵⁸
6. Implement a “central quarantine” procedure where localities provide unused hotels and dormitories for individuals needing to isolate away from their families.⁵⁹
7. Increase support for home and community-based services, including expanding access to Medicaid at the federal level for all who are uninsured.⁶⁰
 - a. Connect pandemic stimulus payments to the social welfare system to ensure people who receive SNAP and Medicaid benefits also receive coronavirus relief support.⁶¹
 - b. Allow flexibility in any relief funds to ensure that communities are able to address direct and indirect needs created by the pandemic, such as unemployment and housing instability.⁶²

Recommendations

Among their duties, advisory committees of the Commission are authorized to advise the Agency (1) concerning matters related to discrimination or a denial of equal protection of the laws under the Constitution and the effect of the laws and policies of the Federal Government with respect to equal protection of the laws, and (2) upon matters of mutual concern in the preparation of reports

⁵³ Warren Testimony, Transcript II, p. 17, lines 1-8.

⁵⁴ Sjoberg Testimony, Transcript I, p. 15, lines 28-34.

⁵⁵ Nelson Testimony, Transcript II, p. 20, lines 36-40.

⁵⁶ Sehgal Testimony, Transcript I, p. 24, lines 24-31; Sjoberg Testimony, Transcript I, p. 15 line 25; Nelson Testimony, Transcript II, p. 20, lines 13-18, 19-24.

⁵⁷ Ayres Testimony, Transcript II, p. 10, lines 28-32.

⁵⁸ Van Tassel Testimony, Transcript II, P. 5, lines 1-29; p. 6, lines 12-13.

⁵⁹ Sehgal Testimony, Transcript I, p. 8, lines 7-10.

⁶⁰ Sjoberg Testimony, Transcript I, p. 15, lines 27-28; Gaston Testimony, Transcript I, p. 10, lines 15-23; Sehgal Testimony, Transcript I, p. 24, lines 24-31.

⁶¹ Ayres Testimony, Transcript II, p. 10, lines 7-21.

⁶² Ayres Testimony, Transcript II, p. 8, line 36 – p. 10 line 21; Sehgal Testimony, Transcript I, p. 24, lines 24-31; Gaston Testimony, Transcript I, p. 24, line 37.

of the Commission to the President and the Congress.⁶³ In keeping with these responsibilities, and given the testimony heard on this topic, the Ohio Advisory Committee submits the following recommendations to the Commission.

1. The U.S. Commission on Civil Rights should conduct a national study of health disparities related to the coronavirus pandemic, including (a) a review of available data and identification of areas where data may be missing or insufficient; (b) the impact of the federal response to the pandemic on identified health disparities; (c) policy changes and best practices with the potential to remediate identified concerns.
2. The U.S. Commission on Civil Rights should issue the following recommendations to the Ohio Governor:
 - a. Provide better training and education to persons who deliver medical and public services about the particular needs of particular groups, including but not limited to persons with disabilities.
 - b. Issue a public reminder to persons who deliver medical and public services that disparate impact in the delivery of medical and public services is illegal, and that discrimination need not be intentional to constitute a violation of anti-discrimination law.
 - c. The Governor should continue to lead by personal example by wearing a mask, emphasize the importance of mask wearing and physical distancing, and issue mandates about wearing masks and physical distancing when health conditions dictate, and under the Governor's lawful authority.
 - d. Direct state resources to fund local community efforts in historically minority neighborhoods and other settings where groups disproportionately affected by COVID-19 are located, to provide both emergency funds and money for economic development to create resilience for these communities that have been hardest hit by the pandemic.
 - e. Allocate state resources to ensure adequate personal protective equipment (PPE) and testing is provided to essential workers as well as to people in congregate living settings as a first step, and to anyone who believes they need PPE or testing once the supply is sufficient.
 - f. Continue education efforts, particularly in communities that have been affected, such as congregate living settings and communities of color in innovative ways such as using public-service announcements, memes, and other methods to teach

⁶³ 45 C.F.R. § 703.2 (2018).

about the importance of physical distancing, hand washing, and mask wearing using culturally sensitive and appropriate language for each community.

- g. Continue to explore ways to make healthcare services and choices about healthcare as transparent and affordable as possible in Ohio.
 - h. Provide bold leadership to keep Ohioans safe by issuing needed health orders even in the face of political pressure.
3. The U.S. Commission on Civil Rights should issue the following recommendations to the Ohio Department of Health:
- a. Expand data collection and reporting of COVID-19 cases to include relevant demographic information including race, color, sex, disability status, and zip code and put the data in context by also providing information about the relevant geographic area (e.g., when reporting COVID-19 cases by county, also provide information about the percentage of that county that is that race, color, sex, disability status, etc.).
 - b. Collaborate with federal officials and medical providers throughout the state to ensure that all medical facilities have access to proper personal protective equipment. Concentrate resources in areas of identified health disparities.
 - c. Provide better training and education to persons who deliver medical and public services about the particular needs of particular groups, including but not limited to persons with disabilities.
 - d. Fill the vacancy at the top of the Department left by the departure of Dr. Amy Acton with a public-health professional and provide the support needed for that person to succeed.
 - e. Encourage pathways for individuals of diverse backgrounds to serve communities of color, LGBTQ+ people, and people with disabilities in culturally appropriate ways.
 - f. Develop a plan for future emergencies and how to reach vulnerable communities.
4. The U.S. Commission on Civil Rights should issue the following recommendations to the Ohio legislature:
- a. Provide necessary funding to improve the training of persons who deliver medical and public services about the particular needs of particular groups, including but not limited to persons with disabilities.
 - b. Provide additional funds to address the COVID-19 pandemic in Ohio.

- c. Pass a stimulus relief bill that provides help to states and municipalities hit by the pandemic.
 - d. Provide funds to support rent and mortgage payments for homeowners in economic distress due to the pandemic and take other steps to limit evictions, foreclosures and homelessness.
 - e. Add additional sums to unemployment insurance for people who have lost their jobs due to the pandemic.
 - f. Provide education about ways people can protect themselves from contracting coronavirus, including accurate information about a vaccine once one becomes available.
 - g. Address issues of economic and health disparities in communities of color in Ohio.
5. The U.S. Commission on Civil Rights should issue the following recommendations to the United States Congress:
- a. Pass a stimulus relief bill that provides help to states and municipalities hit by the pandemic.
 - b. Provide funds to give rent and mortgage payments to homeowners in economic distress due to the pandemic and take other steps to limit evictions, foreclosure and homelessness.
 - c. Add additional sums to unemployment insurance for people who have lost their jobs due to the pandemic.
 - d. Provide education about ways people can protect themselves from contracting coronavirus, including accurate information about a vaccine once one becomes available.
 - e. Address issues of economic and health disparities in communities of color in Ohio and throughout the United States.
6. The U.S. Commission on Civil Rights should make additional recommendations and requests of the appropriate public officials to address and correct the additional concerns identified in this memorandum and the accompanying testimony.

Appendix

A. July 16, 2020 Web Briefing⁶⁴

- a. Transcript I
- b. Agenda
- c. Minutes
- d. Panelist Presentations (PPT)

B. July 23, 2020 Web Briefing⁶⁵

- a. Transcript II
- b. Agenda
- c. Minutes
- d. Panelist Presentations (PPT)

C. Written Testimony⁶⁶

- a. Lynn Tramonte, Ohio Immigrant Alliance
- b. Dwayne Steward, Equitas Health

⁶⁴ July 16, 2020 Documents available at:

<https://www.facadatabase.gov/FACA/apex/FACAPublicCommitteeDetail?id=a0zt0000001izvyAAA>

⁶⁵ July 23, 2020 Documents available at:

<https://www.facadatabase.gov/FACA/apex/FACAPublicCommitteeDetail?id=a0zt0000001izzDAAQ>

⁶⁶ Written Testimony available at:

<https://www.facadatabase.gov/FACA/apex/FACAPublicCommitteeDetail?id=a0zt0000001izzDAAQ>

**Ohio Advisory Committee to the
United States Commission on Civil Rights**



U. S. Commission on Civil Rights Contact

USCCR Contact Regional Programs Unit
U.S. Commission on Civil Rights
230 S. Dearborn, Suite 2120
Chicago IL, 60604
(312) 353-8311

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