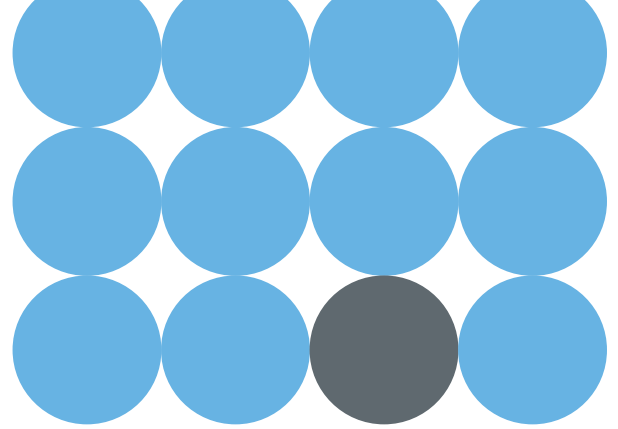


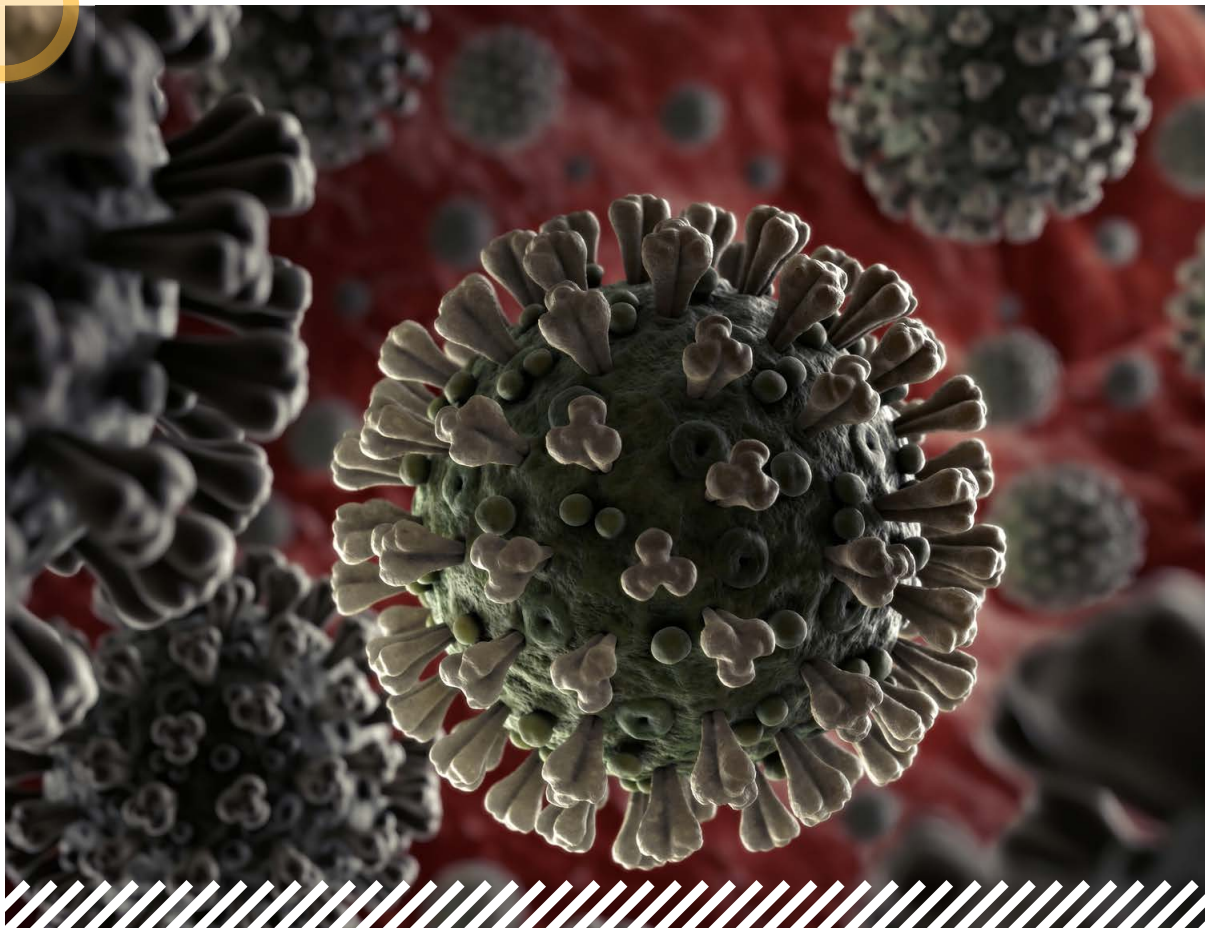
# Social Justice Brief

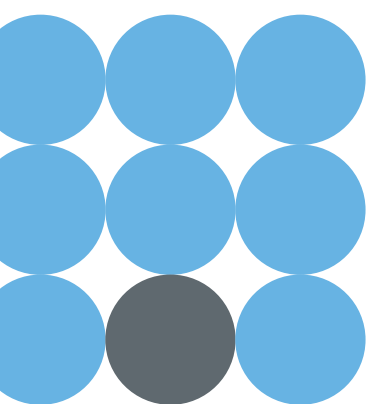
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Senior Policy Consultant  
National Association of Social Workers



## Implications of Coronavirus (COVID-19) for America's Vulnerable and Marginalized Populations

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.





# Implications of Coronavirus (COVID-19) for America's Vulnerable & Marginalized Populations

By this time, nearly all Americans are aware that the country (and the world) is experiencing a pandemic caused by the Coronavirus (COVID-19). While pandemics are not new to the United States, COVID-19 is emerging as a public health crisis that has the potential to directly or indirectly impact nearly every household in the country. There are worst case projections that between 160 million and 214 million people in the United States could be infected over the course of the epidemic. These same projections suggest that as many as 200,000 people could die. Given possible dire results of the COVID-19 pandemic, the need for a full-scale public health mobilization to prevent the spread of the virus is an imperative at a crisis level.

It is also important to recognize that not only does an epidemic of such proportions pose a threat to the physical health of Americans, it will be disruptive to such areas as employment, education, voting, the 2020 Census, and daily patterns of socialization. All of this presents challenges to the economic and emotional well-being of children and adults alike.

For those reasons, the National Association of Social Workers (NASW) in its concern for equitable treatment of all Americans effected by natural disasters and national public health emergencies, turns its attention to America's vulnerable and marginalized populations. We know from past experiences that the impact of the COVID-19 pandemic on the general population will be exponentially increased among those who

live on the margins of our society. Therefore, it is critical that these families and individuals are not excluded from the federal and state governments' mobilization of resources to fight the spread of COVID-19—as well as protecting them from the related social and civic disruptions that will inevitably occur as the virus spreads.

The following overview succinctly discusses several major population groups who are at high risk of exposure to or contracting the novel coronavirus. It also identifies very important intersectional events (the 2020 elections and the 2020 Census) that will negatively impact marginalized families and individuals if interrupted by the COVID-19 pandemic.

## 1. ECONOMIC IMPACT ON LOW-INCOME AMERICANS

Because of the breadth of the federal and state effort to prevent the spread of COVID-19, there will, without a doubt, be a significant effect on the economic stability of low-income individuals and families. This is especially true for hourly wage earners who lack both health insurance and annual and sick leave. Given that it is not beyond possibilities that large cities or even the federal government could issue a full “sheltering in place” order, the economic blow to low-income wage-earners would be devastating.

States, businesses, and schools have, for the most part, adhered to social distancing protocols to avoid spreading the virus. But it is clear that these policies have taken their toll on the vulnerable populations. For example, if we look at the countrywide suspension and possible closure of our public schools, there is an immediate economic justice impact on low-income schools that leaves millions of low-income children at risk of missing daily nutritious meals provided by their schools through free and reduced meals programs. Nearly 30 million of all U.S. students are in subsidized meals programs. For example, in New York City close to 72 percent of the city’s public school children receive their daily breakfast and lunch at school. It is not unreasonable to suggest that long-term COVID-19-related school closures could lead to widespread food insecurity for millions of impoverished school-aged children.

It should be noted that food insecurity caused by the coronavirus crisis is not only a concern for large cities and urban areas. In Wyoming public schools, where many of the students in

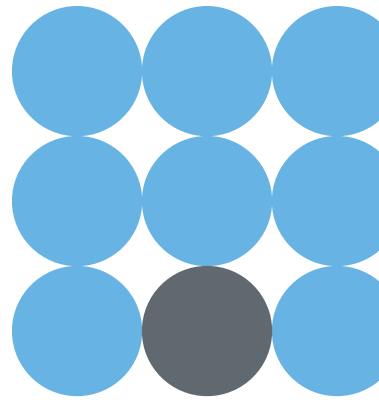
free and reduced-price meal programs live in remote, rural communities, children have to travel an hour or more on a bus to get to school, where they received daily meals. As rural public schools similar to Wyoming close, the children’s families will have to scramble financially to provide breakfasts and lunches that had been subsidized. School officials will also be asked to come up with alternatives to avoid food insecurity among these children.

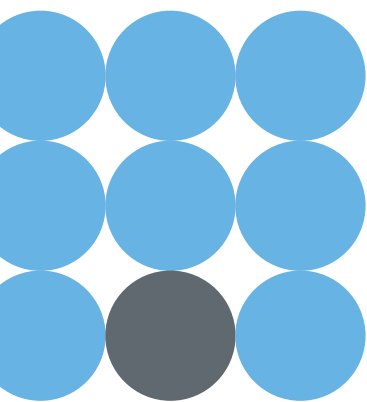
### Collateral Consequences of Massive Unemployment

Although the President has not used his “bully pulpit” to insist that every state issues a mandatory stay at home orders, 43 states have done so on their own. There is little doubt that such orders will help contain the spread of the coronavirus pandemic, but the collateral consequence of a national lockdown is massive layoffs and shuttered businesses nationwide.

By April 16, more than 22 million American workers filed for unemployment benefits. States are being overwhelmed by unprecedented spikes in unemployment claims.

This high rate of layoffs and business closures is likely to persist for a number of months. Some economists predict that the national unemployment rate could reach levels not seen since the Great Depression. More ominously, low-wage workers are disproportionately impacted—more so than in previous recessions. This problem is exacerbated by the fact that the country’s unemployment system is less equipped to protect these workers. The COVID-19 pandemic has exposed the holes in our national safety net—in particular when





it comes to the inadequacy of state unemployment insurance systems.

### **Rise in Unemployment Leads to a Rise in the Uninsured**

In the United States, access to health insurance is closely tied to employment-based coverage. Therefore, the leap in the unemployment rate triggered by COVID-19 pandemic resulted in a corresponding rise in the number of Americans who suddenly become uninsured. It is estimated that the number of people whose medical insurance coverage from an employer could decline by 12 to 35 million. This estimate includes both workers and family members who would become uninsured. With the loss of employer-based insurance, Medicaid enrollment could increase from 71 million to between 82 and 94 million—which translates to increases in Medicaid enrollment over all states that have Medicaid expansion could increase by 11 to 23 million people.

### **Need for Consumer Protection and Relaxed Debt-Related Penalties for Low-Income People**

With the huge projected increase in the national unemployment rate caused by the coronavirus outbreak, it is without a doubt that low-income Americans will be faced with an individual and family economic crisis. There are those who call for debt management policy modifications aimed at mitigating the impending crisis in daily living for those pushed into poverty by the pandemic. Some of the debt management recommendations include the following:

**Suspend all current and pending debt collection efforts.** This would create an

immediate reduction of economic pressure on impacted individuals and families.

**Suspend paycheck garnishments.** Individuals and families need access to their full paycheck, including employer payments, as well as retirement and Social Security payments. Suspend student loan debt and accumulation of interest on that debt. This modification must remain in place until the national COVID-19 related unemployment rate returns to a level acceptable by economists.

**Increase protections against predatory lending.** Low-income people have long been targets of the predatory lending industry. During the COVID-19 crisis, it is important for federal and state governments to establish emergency guidelines that guard against loan agreements (for small businesses and individuals) that have grossly inflated interest rates. This protection is essential for individuals who seek personal loans to help survive financially during this time of shutdown.

**Institute a moratorium** on foreclosures, evictions for non-payment of rent, negative credit reporting, and utility suspension are necessary during this time of economic crisis.

### **After the CARES Act: Proposed Phase IV COVID-19 Funding**

On March 24, 2020, the U.S. Senate passed a \$2 trillion stimulus package, which the House ratified. The rationale for such payments is to offset the loss of income to working class Americans and to infuse billions of dollars into the economy to help businesses recover from losses of revenue due to the pandemic. While provisions in the CARES Act that targeted low- and moderate-income families and individuals will

provide some financial relief, there is a consensus that assistance such as short-term unemployment benefits and one-time-only direct payments to most individuals and families is inadequate for addressing the upheaval of the economic stability of impacted Americans.

Members of Congress and the White House are now discussing a Phase 4 relief package. Both President Trump and House Speaker Pelosi have indicated that they would consider including funding for a large infrastructure program in Phase 4. Speaker Pelosi envisions that infrastructure spending would include building roads and bridges, but also clean water programs, broadband projects for cities and low-income urban communities, community health centers, support for state and local governments, and a “vote by mail” initiative for national elections. To be clear, Phase 4 is still in the discussion stage. Congress is expected to try to reach a bipartisan agreement after Congress returns from its break on April 20, 2020.

## Additional Resources

Center for Parent Information and Resources.  
Coronavirus Resources.  
[www.parentcenterhub.org/coronavirus-resources](http://www.parentcenterhub.org/coronavirus-resources)

Coalition for Human Needs. COVID-19  
Addressing the Needs of Low-Income and  
Vulnerable People.  
[www.chn.org/articles/covid-19](http://www.chn.org/articles/covid-19)

Congress.Gov. Families First Coronavirus Response  
Act (H.R. 6201).  
[www.congress.gov/bill/116th-congress/house-bill/6201](http://www.congress.gov/bill/116th-congress/house-bill/6201)

Food Research Action Center (FRAC). COVID-19  
Updates. <https://frac.org/COVID-19-updates>

National Education Association: Schools and  
Coronavirus: What You Should Know.  
[http://neatoday.org/2020/01/06/schools-and-coronavirus/?\\_ga=2.59760548.861225840.1584893195-1539643064.1584893195](http://neatoday.org/2020/01/06/schools-and-coronavirus/?_ga=2.59760548.861225840.1584893195-1539643064.1584893195)

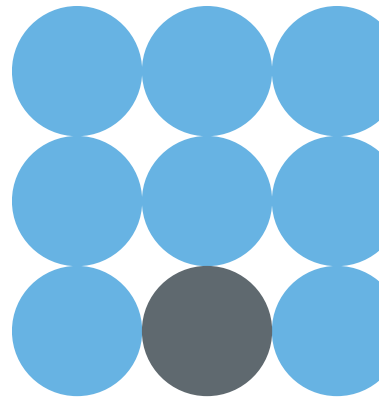
National Low-Income Housing Coalition.  
Responding to Coronavirus Ensuring Housing  
Stability during a Crisis.  
<https://nlihc.org/responding-coronavirus>

## 2. INCARCERATED, DETAINED, AND JUSTICE-INVOLVED INDIVIDUALS

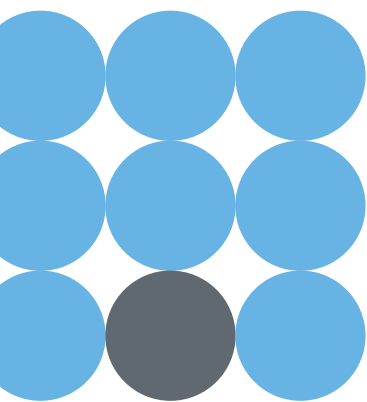
As the nation struggles with the spread of COVID-19, public health officials and federal and state correctional leaders in the United States need to protect the health and safety of incarcerated individuals, including adults and youths as well as those detained because of immigration status.

The United States houses nearly a quarter of the world’s prison population. Health care in jails and prisons is adequate at best. Worse, the nation’s prisons have a large subpopulation of aging inmates. There is ample evidence, given the country’s experience with tuberculosis, HIV, and the ongoing hepatitis C epidemic in correctional facilities that congregate living institutions such as jails and prisons are incubators of infectious diseases.

The current national efforts to prevent and effectively treat COVID-19 is commendable. However, for the 2.4 million adults locked up in jails and prisons—as well as the 53,000 young people held in juvenile detention under judicial custody—there are limited guidelines and preparedness for managing COVID-19 in correctional facilities.







It is recommended that there be an immediate baseline assessment of the degree of preparedness in prisons and jails in the event of a COVID-19 outbreak. This includes infection control measures, access to appropriate protective gear, and diagnostic kits for correction staff and those incarcerated. This can be done in partnership with local academic institutions or public health departments. Furthermore, tighter regulations on sanitary practices including hand washing in correctional facilities should be enforced. In addition,

- » Medical and public health guidance is lacking. Transparent means of communication are critical between correctional facilities and state health departments for immediate reporting, testing, and coordination of care. Using the best-available evidence, guidelines tailored to prison health providers on prevention, diagnosis, and treatment of COVID-19 should be established and widely disseminated by the Centers for Disease Control and Prevention (CDC), and National Commission on Correctional Health Care.
- » Responses to reported or observed symptoms must be timely and honest, as the rate of viral transmission can lead to fatalities in an enclosed setting. Correctional employees have been implicated in litigations citing deliberate and harmful denial of medical care for incarcerated individuals. This is an opportunity to regain public trust in regard to the correctional culture of clinical passivity and deliberate indifference to the protected dignity of those under judicial custody.
- » Policing patterns should not continue to remain the same. This means that they

must make a concerted effort to increase diversions from arrest and incarceration. High levels of arrests and detentions during COVID-19 period would risk spreading infection.

- » Recidivism in the correctional system should be closely monitored during this period of prioritizing public safety. In addition, correctional facilities and community-based organizations should increase their commitment to continuity of health care during the transition of those released back to the community.
- » Policymakers should prioritize the health and safety of corrections staff. Because they work in high-risk environments, they are potential carriers of COVID-19 as they move between the community and the jails and prisons.

There is a long history of health disparities in correctional facilities, which means that unmet needs of incarcerated people have been ignored. We cannot allow such disparities to continue during the COVID-19 pandemic.

### **Prisons and Courts Receive Funding in Coronavirus Stimulus Bill**

The nation's prisons will receive funding and increased priority for protective gear and test kits for COVID-19, while federal courts would get more money and the ability to conduct video or telephone criminal proceedings. In addition, the bill will provide \$100 million to the Bureau of Prisons for salaries in the federal prison system and the Department of Justice. The funds would go for correctional officer overtime, personal protective equipment and supplies, and inmate medical care and supplies.

## Additional Resources

The Brennan Center for Justice. How Coronavirus Could Affect U.S. Jails and Prisons.

[www.brennancenter.org/our-work/analysis-opinion/how-coronavirus-could-affect-us-jails-and-prisons](http://www.brennancenter.org/our-work/analysis-opinion/how-coronavirus-could-affect-us-jails-and-prisons)

Bureau of Justice Assistance. FY 2020 Coronavirus Emergency Supplemental Funding Program.

<https://bja.ojp.gov/funding/opportunities/bja-2020-18553>

The Justice Roundtable: Justice Roundtable Recommendations for Protecting Incarcerated Youth and Adults during the COVID-19 Pandemic. <https://justiceroundtable.org/issue/covid-19>

The Marshall Project Coronavirus. Transforming Jails Across the Country.

[www.themarshallproject.org/2020/03/21/coronavirus-transforming-jails-across-the-country](http://www.themarshallproject.org/2020/03/21/coronavirus-transforming-jails-across-the-country)

National Commission for Correctional Health Care. Coronavirus COVID-19 and the Correctional Facility.

[www.ncchc.org/filebin/news/COVID\\_for\\_CF\\_HC\\_W\\_3.9.20.pdf](http://www.ncchc.org/filebin/news/COVID_for_CF_HC_W_3.9.20.pdf)

## 3. DETAINED IMMIGRANTS

Nationally, there have been calls for the U.S. government to make a strong effort prevent the spread of the coronavirus in an overloaded immigration system. Those speaking out on this issue note that people in the U.S. who are incarcerated are at higher risk for disease spread and are disproportionately people of color (POC). The Prison Policy Initiative released suggestions on how the criminal justice system can slow the pandemic's spread, including by reducing the numbers of imprisoned people and improving correctional health care, among others.

The concern for exposing detained immigrants to the virus extended to Congress when, under the leadership of Sen. Kamala Harris, 12 Democratic senators sent a letter to the head of Homeland Security, U.S. Immigration and

Customs Enforcement (ICE), and U.S. Customs and Border Protection to determine if the agencies had a coronavirus response plan.

The senators expressed their apprehension about the rapid spread of the virus—and that those confined to immigration detention (and staff) were particularly vulnerable to becoming infected.

At the southwest border, Border Patrol made around 593,500 apprehensions in the first eight months of fiscal year 2019. In all of fiscal year 2018, it made close to 396,600 apprehensions. Based on recent unannounced visits to border detention facilities, government investigators raised alarms about overcrowding and prolonged detentions—especially conditions that could pose an immediate risk to the health and safety. For example, detention facilities, particularly those that are overcrowded, stymie any efforts to implement social distancing specifically immigration.

As an indication of the power of social action, ICE recently announced it was curtailing immigration arrests due to concerns for spreading coronavirus in its detention facilities. ICE stated it would now shift its focus to “public safety risks.”

## Additional Resources

CBS News. Groups Ask Court to Order ICE to Release Sick, Elderly Immigrants at Risk of Coronavirus.

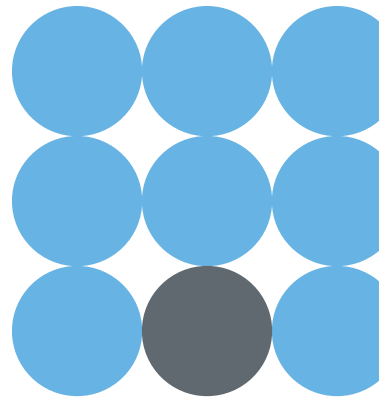
[www.cbsnews.com/news/coronavirus-ice-lawsuit-ask-release-sick-elderly-immigrants-at-risk/](http://www.cbsnews.com/news/coronavirus-ice-lawsuit-ask-release-sick-elderly-immigrants-at-risk/)

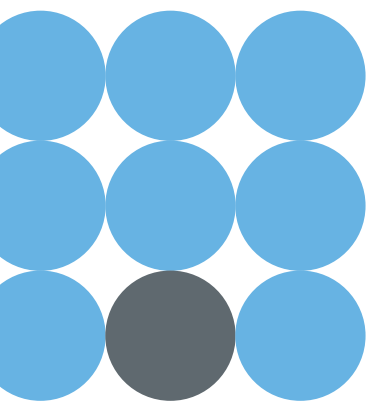
CBS News. ICE Suspends Family Visits in Detention Centers amid Coronavirus Concerns.

[www.cbsnews.com/news/ice-bans-family-visits-in-detention-centers-amid-coronavirus-concerns/](http://www.cbsnews.com/news/ice-bans-family-visits-in-detention-centers-amid-coronavirus-concerns/)

The Guardian. Coronavirus Inevitable in Prison-Like US Immigration Centers, Doctors Say.

[www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers](http://www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers)





#### 4. IMMIGRANT FAMILIES

Beyond the plight of detained immigrant individuals, we need to pay a great deal of attention to immigrant heads of household who may be caught up in ICE raids. Advocates have called for the establishment of an “immigration enforcement-free zones” that would allow everyone, including immigrants, to seek out medical services without fear of apprehension. Over 800 public health and human rights experts urged the government to establish these zones. Their open letter reads:

The COVID-19 response should not be linked to immigration enforcement in any manner. It will undermine individual and collective health if individuals do not feel safe to utilize care and respond to inquiries from public health officials. . . . These policies should be clearly and unequivocally articulated to the public by the federal, state, and local governments.

It is clear that the Trump administration’s existing immigration policies—which are widely seen as being anti-immigrant—could make the COVID-19 health crisis that much worse for immigrant families and children. It should not be surprising that the administration’s public charge rule, which went into effect in February 2020, has made many immigrant and mixed-status families reluctant to seek health benefits that they are legally permitted to use. The reason for the reluctance is their fear that seeking medical care may jeopardize their immigration status or that of a family member’s. Under the public charge rule, officials can deny green cards to immigrants if they currently use or might use government benefits. These benefits include Medicaid and other public health programs.

With that in mind, 17 U.S. attorneys general have asked the U.S. Department of Health and Human Services (HHS) to delay the public charge rule during the coronavirus outbreak. The coalition of attorneys general take the position that the current public charge rule undermines state and city health departments’ efforts to contain the spread of COVID-19. The group drove home their concerns by reminding HHS that it had

been previously advised of the potentially devastating effects of the rule if its implementation were to coincide with the outbreak of a highly communicable disease—a scenario exactly like the one confronting our communities with the COVID-19 public health emergency. Your agency failed to consider such legitimate concerns.

The bottom line is that in the face of a pandemic, immigration status should never be a barrier for individuals and families to access potentially life-saving medical care. Such policies only serve to exacerbate the problem and put many others at risk for COVID-19 infection.

#### Additional Resources

National Immigration Law Center. Update on Access to Health Care for Immigrants and Their Families. [www.nilc.org/issues/health-care/update-on-access-to-health-care-for-immigrants-and-their-families](http://www.nilc.org/issues/health-care/update-on-access-to-health-care-for-immigrants-and-their-families)

Protecting Immigrant Families. Supreme Court Temporarily Clears “Public Charge” Regulation. <https://protectingimmigrantfamilies.org>



## 5. HOMELESS POPULATIONS

The homeless is another population that historically has been at high risk for contracting infectious diseases. Most people experiencing homelessness live in congregate living settings—including shelters, halfway houses, encampments, or abandoned buildings. In many cases, they do not have regular access to hygiene items or hot showers, leaving them at high risk for virus transmission. Consequently, the homeless is a vulnerable group that are likely to be exposed to COVID-19.

The homeless have a mortality rate from all causes that is five to 10 times higher than that of the general population. Therefore, it is reasonable to suggest that COVID-19 infection may further contribute to their mortality disparity.

During the 1980s, at the height of the HIV/AIDS crisis, the rate of HIV infection among the homeless began to skyrocket. Epidemiological studies during that period confirmed that HIV and homelessness frequently co-occurred. Relatedly, another highly communicable disease—tuberculosis—is significantly more prevalent among the homeless than in the general population. Therefore, it goes without saying that the aggressively infectious COVID-19 poses a major health threat in homeless shelters, encampments, and other congregate living environments. In California, epidemiological models project that more than 60,000 homeless people could contract COVID-19 over an eight-week period.

The National Health Care for the Homeless Council, which has over 30 years of

experience with coordinating homeless health care on a national level, has posted a comprehensive COVID-19 resource page on its website that identifies a wide range of federal and state agencies that offer information about COVID-19 risks and services for the homeless.

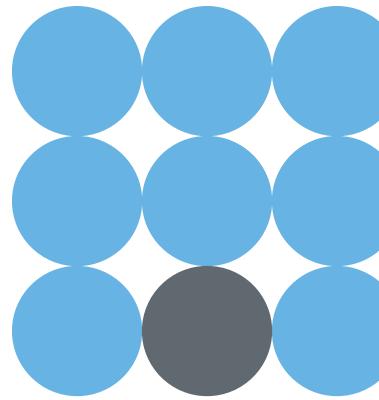
### Coronavirus Response Stimulus Package Includes Funding for Homelessness and Housing

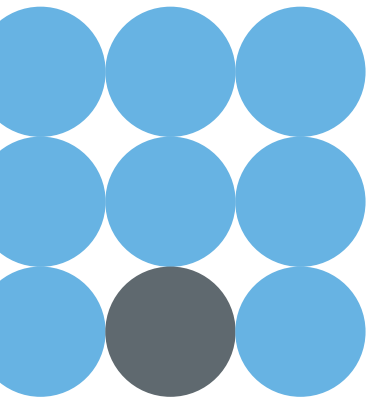
The coronavirus response stimulus package includes funding for homelessness and housing. Overall, the bill provides more than \$12 billion in funding for U.S. Department of Housing and Urban Development programs, including \$4 billion for Emergency Solutions Grants for homelessness assistance, \$5 billion in Community Development Block Grants, \$1.25 billion for the Housing Choice Voucher program, \$1 billion for project-based rental assistance, \$685 million for public housing, \$300 million for tribal nations, and so on. The bill also institutes a much-needed temporary moratorium on evictions and foreclosures for homeowners and renters in federally subsidized apartments and homes with federally backed mortgages.

### Additional Resources

National Health Care for the Homeless Council. COVID-19 Resources. <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

United States Interagency Council on Homelessness. Coronavirus (COVID-19) Resources. [www.usich.gov/tools-for-action/coronavirus-covid-19-resources/](http://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/)





## 6. OLDER AMERICANS AND LONG-TERM CARE FACILITIES

Many older Americans, especially low-income individuals over 60 years of age, fit the description of being part of a vulnerable population. While older Americans are considered to be at high risk for coronavirus infection, those residing in long-term care facilities are at an even higher risk.

Experts suggest that the coronavirus pandemic will significantly change procedure and practices for caring for older adults. It is projected that some changes may require difficult adjustments. However, other changes may lead to improved supportive services for vulnerable seniors. For example:

The Centers for Medicare and Medicaid Services (CMS) announced that nursing homes, skilled nursing facilities, and assisted living facilities should discourage visits and screen visitors. CMS has required facilities to temporarily disallow all family and other nonmedical visits, except when a resident is dying. These changes may reduce risk of contracting COVID-19, but it will also likely lead to mental health symptoms such as depression and anxiety. It will additionally eliminate access for family members to monitor their relative's care.

According to the AARP, social isolation and loneliness are serious health issues. Social isolation and related conditions are such health hazards that they have been estimated to being the equivalent of smoking 15 cigarettes a day. Therefore, a person 60 years or older with pre-existing severe chronic health conditions is already at a higher mortality risk if they contracts COVID-19. If that individual is socially isolated, their risk of succumbing to the virus is significantly greater.

## Additional Resources

AARP. How to Fight the Social Isolation of Coronavirus.

[www.aarp.org/health/conditions-treatments/info-2020/coronavirus-social-isolation-loneliness.html](http://www.aarp.org/health/conditions-treatments/info-2020/coronavirus-social-isolation-loneliness.html)

American Health Care Association. How You Can Help Prevent the Spread of Coronavirus (COVID-19) in Long Term Care Facilities. [www.ahcancal.org/facility\\_operations/disaster\\_planning/Pages/Coronavirus.aspx](http://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx)

Centers for Disease Control and Prevention. Resources for Clinics and Healthcare Facilities. [www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html](http://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html)

## 7. CHILD WELFARE AND FOSTER CARE

As the spread of coronavirus has been challenging to all Americans—from event cancellations to school closings—through no fault of their own, caregivers for foster youths have been left ill-prepared. For example, foster families and caregivers on short notice have had to struggle to find daycare for children impacted by school closures. In addition, many caregivers are reporting that they have heard very little from child welfare agencies about supports, changes to visitation, or what to do in case of being quarantined. The foster care system, built on frequent movements of children from one home to another and regular in-person supervision, has been especially wracked with confusion and dread by the coronavirus crisis.

### Fear of Spreading COVID-19 During Placement and Investigation Contacts

Some foster care investigators looking at cases of alleged child abuse are fearful of spreading the virus from home to home. They use creative alternatives such as trying to complete the

investigation interviews at the front door—or, if available, over video chat—instead of going inside the home. Also, there is anecdotal evidence that some prospective foster parents are also refusing to accept new children due to fears of being exposed to coronavirus.

### **Closure of Child and Family Courts due to COVID-19**

Although abuse and neglect investigations and removal of children from the home of the primary care continue to occur, making final determinations of court-ordered foster care is currently delayed due to the coronavirus pandemic. This is because courts nationwide have suspended hearings indefinitely, leaving such decisions in limbo. The possible result is that child welfare agencies are forced to suspend removing children from their parents, even if there are indications of unsafe or abusive conditions for the child.

### **COVID-19 Disruption to Foster Care Services**

#### **Visitation and Reunification Services**

Once a child has been removed from home, the main objective is family reunification. Therefore, an essential part of the services plan is to sustain continued visitation while the child is in foster care. The guidelines for containing the virus has been to curtail visitation. It is recommended that alternatives such as child welfare agencies arranging for video conferencing between foster homes, group homes, and parents. Continued visitations are such an important part of the reunification plan that agencies must become flexible in developing alternatives so that reunification services can continue.

#### **Court Appearances**

A looming question will be whether dependency and juvenile courts continue to function at a normal pace, or if the docket will slow down tremendously. As with the previous point on visitation and reunification, it would be truly unfair to have court slowdowns delay children from being reunited with their parents.

#### **Protecting Youths with Preexisting Conditions**

A high rate of youths in foster care have acute medical needs, some of which put them at increased risk of complications from coronavirus. These children need to be identified and targeted for increased supervision.

#### **Foster Parent Employment**

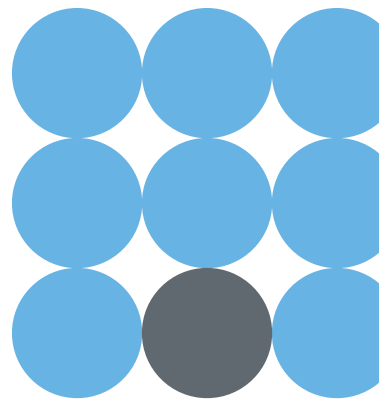
Many foster households work during the day, and most will continue to do so. Systems should expect that there will be a spike in the need for respite and child care during a prolonged period where schools are not in session.

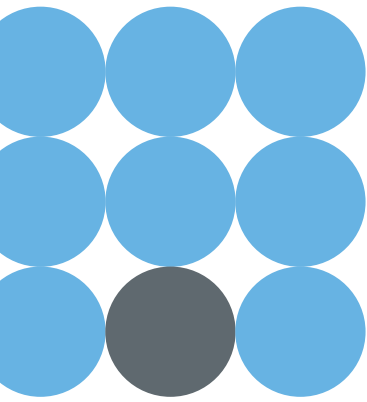
The House “Families First” bill included an emergency paid leave benefit that would be available to foster parents who had to stay home as a result of school closure. The benefit would pay two-thirds of salary up to a maximum of \$4,000 monthly.

### **Additional Resources**

Chronicle of Social Change. As Coronavirus Shutdowns Grow, Resource Families Left with Little Guidance.  
<https://chronicleofsocialchange.org/coronavirus/as-coronavirus-shutdowns-grow-resource-families-left-with-little-guidance/41295>

Foster Club: The Coronavirus (Covid-19) Emergency: Information and assistance for young people in and from foster care. [www.fosterclub.com/c19](http://www.fosterclub.com/c19)





National Child Traumatic Stress Network.  
Parent/Caregivers Guide to Helping Families  
Cope with the Coronavirus Disease 2019.  
[www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019](http://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019)

National Youth Advocate Program. COVID-19  
Update. [www.nyap.org/](http://www.nyap.org/)

## 8. COVID-19 SOCIAL DETERMINANTS OF HEALTH

Early data from U.S. states shows that African Americans are more likely to die from COVID-19. This preliminary data would seem to confirm predictions of health disparities such as inequalities in access to medical care for treatment of coronavirus, epidemiologists say.

In Illinois, black people make up about 30 percent of the state's cases and about 40 percent of its coronavirus-related deaths, which is significant because African Americans are only 14.6 percent of the state's population.

In Michigan, black people make up 40 percent of the state's reported COVID-19 deaths, even though its population is just 14 percent African American. Similarly, 70 percent of the coronavirus deaths in New Orleans were among African Americans. Given these early data, minorities appear to have more difficulty getting tested for coronavirus. A team of doctors from the Universities of Virginia and Pittsburgh used data from seven states and more than 103 hospital groups and patient advocacy networks to show that thousands of minority patients were not receiving testing for the coronavirus despite showing symptoms. There is similar evidence that New York, New Orleans, and Atlanta are lagging in testing in black and Latino communities even though all three cities have black and Latino populations.

### Social Determinants of Health

Understanding and addressing social determinants of health is essential for reducing the morbidity and mortality rates in communities of color early in the coronavirus outbreak. These public health policies allow investigators to focus on identifying and removing barriers to accessing health care and related concerns—such as lack of health insurance—among populations who have historically been subjected to health disparities.

Not surprisingly, the history of unequal income distribution and racial health disparities has moved the public health community to begin to look at COVID-19 prevalence data that may suggest a disproportionate biopsychosocial impact on communities of color. For instance, in New York City and other locations, there are emerging data that indicate that communities of color have high COVID-19 infection rates.

As the country comes to grips with the expected economic calamity attributed to the CPVID-19 pandemic, it will be clear that low-income Americans will face a daunting future. Poor people of all ethnicities and races are more likely to be minimum wage workers, under- or uninsured, and to be out of work due to COVID-19 mandatory stay-at-home orders. As in the past, communities of color are overrepresented in the low-wage workforce.

### Access to Care in Rural Areas

The social distancing protocols of COVID-19 are not as problematic for those living in rural communities, because most live miles away from other communities and even their neighbors. However, they have to deal with several other challenges mostly attributed to their distance from health and social services.

For many years, rural health care has been difficult to provide. The distance from essential services has often been insurmountable, which makes this issue a major barrier to care. The barrier has become more evident since the coronavirus outbreak, when individuals must access health providers to determine their health status and to be tested. Rural health also faces threats due to fewer health care resources and a high population of older adults who may be at higher risk for coronavirus complications due to other underlying health conditions.

Telehealth has been discussed as an important intervention for responding to the coronavirus crisis by overcoming the barrier of distance. However, a significant drawback to telehealth for those living in rural communities is the limited access to an efficient broadband connection.

The questions around the social determinants of health amid the coronavirus outbreak are expected to continue. As the economy takes a hit after businesses deemed nonessential must shutter their doors, job security becomes precarious, incomes plummet, and the social safety net could falter.

### Lack of Data Collection

It is curious that the CDC has not released disaggregated epidemiologic statistics on coronavirus testing, positivity rates, and treatment outcomes within various populations. To their credit, in Florida, five counties have revealed that black and Latino COVID-19 patients are getting hospitalized and, in some places, dying at higher rates than white patients. However, the majority of states either chose not to actively collect population-based data, or may have purposely

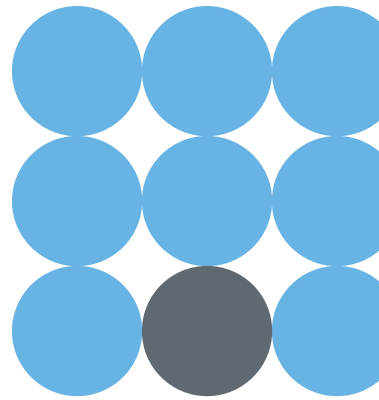
decided not to release comprehensive racial and ethnic data on those tested and treated for coronavirus. In any event, without those data, it will be difficult to target communities of color for coronavirus testing, provision of necessary medical treatment and increase the chances of recovery for those who fall ill to the virus.

Five Democrats in Congress, including Senators Elizabeth Warren, Cory Booker, and Kamala Harris and Representatives Ayanna Pressley and Robin Kelley, are pushing for data from the federal government about racial disparities in the nation's response to the coronavirus pandemic. The members of Congress sent a letter to HHS Secretary Alex Azar stating that government is "currently failing to collect and publicly report on the racial and ethnic demographic information" for COVID-19 tests and patients.

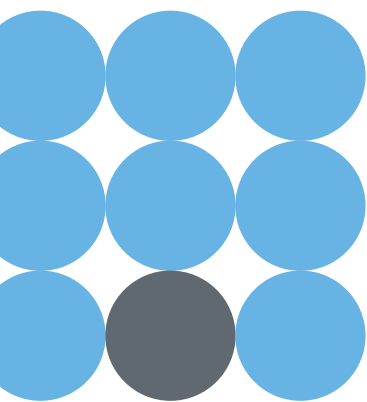
The letter makes the point that without demographic data, policymakers and researchers will be unable to address health disparities and health inequities that could accelerate the impact of the coronavirus on communities of color. The lawmakers' letter emphasized that black and Hispanic adults often suffer from underlying health conditions such as obesity, diabetes, and asthma that can increase the risk for death from coronavirus. They also pointed out that immigrants and POC are also less likely to have health insurance.

### Additional Resources

Caravan Health. COVID-19 in Rural Areas: Addressing Social Determinants of Health. [https://caravanhealth.com/CaravanHealth/media/Resources-Page/COVID-19\\_Rural\\_CaravanHealth\\_20200319.pdf](https://caravanhealth.com/CaravanHealth/media/Resources-Page/COVID-19_Rural_CaravanHealth_20200319.pdf)







## 9. THE 2020 CENSUS

The national 2020 Census has begun. Recently, most American households began receiving invitations to respond to the census online or by phone. The coronavirus pandemic will coincide with the census's peak period of activities. The uncertainty caused by the coronavirus outbreaks will probably complicate counting every U.S. resident. As most of us can imagine, significant disruptions of the census-taking process would hinder the U.S. Census Bureau from obtaining accurate population data which is critical for determining congressional representation and the number of Electoral College votes for each state gets for the next 10 years. More important, census data are used as a determining factor for redrawing of voting districts and the share sent to states, as much as \$1.5 trillion a year, in federal funding for health care, schools, roads, and other public services to local communities. In other words, marginalized populations whose needs are often underrepresented by the White House, Congress, and some states stand to have their voices further muted if the 2020 Census is disrupted by COVID-19.

What we currently know is that because of the coronavirus pandemic, the bureau has decided to delay starting the early round of door-knocking by census workers in college towns to April 23. The Census Bureau is also delaying its full outreach effort until early April, instead of late March. That particular aspect of the enumeration effort is designed to target people in densely populated locations ranging from public transit centers to beauty shops. This is where many of the marginalized and vulnerable residents are found.

In anticipation of the potential threat that COVID-19 could pose for an accurate census, officials have set up a task force to monitor the spread of the disease. They have also stated that the Census Bureau will follow public health guidelines in training its enumeration workers.

## Additional Resources

Chicago Sun Times: Don't let coronavirus stop you from being counted in the 2020 Census.  
<https://chicago.suntimes.com/2020/3/20/21185131/u-s-census-bureau-2020-coronavirus-covid-19-editorial-illinois-population>

Leadership Conference for Civil and Human Rights. Coronavirus and Beyond: Emergency Response Depends on Accurate Census Data.  
<https://civilrights.org/edfund/2020/03/19/coronavirus-and-beyond-emergency-response-depends-on-accurate-census-data/>

U.S. Census Bureau. Census Bureau Statement on Modifying 2020 Census Operations to Make Sure College Students are Counted.  
[www.census.gov/newsroom/press-releases/2020/modifying-2020-operations-for-counting-college-students.html](https://www.census.gov/newsroom/press-releases/2020/modifying-2020-operations-for-counting-college-students.html)

Wired. Coronavirus Will Make the 2020 Census Even Trickier.  
[www.wired.com/story/coronavirus-make-2020-census-trickier/](https://www.wired.com/story/coronavirus-make-2020-census-trickier/)

## 10. VOTING RIGHTS

For the first time since the Spanish Flu pandemic of 1918, an election in the United States is jeopardized by a pandemic. As the coronavirus spreads, there are concerns about the capacity of the American electoral process and participation in the event that most states impose social distancing policies. Such policies would make campaign rallies, nominating conventions, and in-person balloting more difficult. There have been recent

situations where a political convention proved to be a public health risk for the spread of a virus. In 2016, a hotel where attendees at a Republican political meeting in Ohio quarantined in their hotel rooms after an outbreak of norovirus.

Both the Democratic and Republican National Conventions are developing contingency plans for the fate of their conventions should coronavirus continue to spread in the summer of 2020. The Democratic convention, which is scheduled for July 13–16 in Milwaukee, Wisconsin, is expected to attract more than 5,000 people. The Republican convention is slated for August 24–27 in Charlotte, North Carolina. Their conference also will have as many as 5,000 participants.

In addition to worries about the spread of COVID-19 at the national conventions of both political parties, there is apprehension about the pandemic being used as an opportunity for voter suppression proponents to compromise election integrity. The Brennan Center for Justice—one of the nation’s preeminent think tank on voting rights—discusses the complication that coronavirus will likely have on the 2020 elections. In its article How to protect the 2020 Vote from the Coronavirus, authors state,

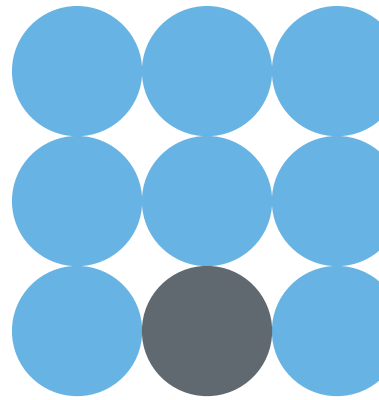
The coronavirus disease 2019 (Covid-19) presents a difficult and novel challenge to the administration of the 2020 general election. Recent election emergencies have largely been caused by catastrophic weather events, and our country has done little election planning for pandemics. Unlike a hurricane, a pandemic does not have a discrete and relatively predictable end point. And avoiding large-scale social contact is a central feature of combating

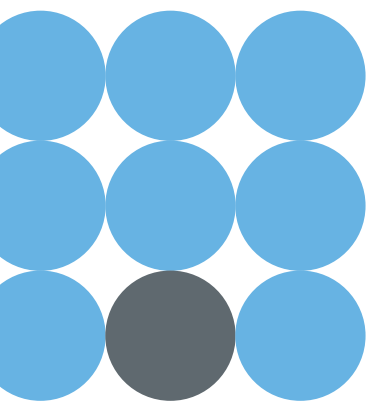
the crisis. These elements create distinct challenges for election officials on top of the significant and ongoing threats to the security of our election infrastructure.

The Brennan Center and other national voting rights organizations fundamentally call for governmental assurance that the upcoming 2020 elections are free, fair, accessible, and secure. To achieve that imperative, there is a need to modify the country’s election procedures, flexibility in adapting to unexpected disruptions in the process due the virus, and a making significant financial and material resources available for Americans to register and vote on November 3, 2020. The following are recommendations in five categories for protecting the 2020 elections in the face of COVID-19:

- (1) Polling place modification and preparation
- (2) Expanded early voting
- (3) A universal vote-by-mail option
- (4) Voter registration modification and preparation, including expanded online registration
- (5) Voter education and manipulation prevention

The Brennan Center also recommends that each state government establish an election pandemic task force to develop best practices for implementing policy voting protection commendations in a given state. It is not widely known but each state and local election officials are required to create emergency rules in the event of unanticipated threats to election processes. The coronavirus is potentially such a threat. Therefore, officials must understand the emergency rules (and





related laws) applicable to their jurisdictions in order to make appropriate adjustments to implement necessary modifications. Congress has a responsibility to establish national guidelines that ensure that every eligible American is able to vote safely, securely, and accessibly in the midst of the pandemic. In the absence of Section 5 of the Voting Rights Act, care must be taken to ensure that changes are nondiscriminatory and do not negatively impact access for communities of color.

### Vote by Mail Options

Senators Amy Klobuchar and Ron Wyden are pushing to make vote by mail available to every American as the coronavirus pandemic threatens to keep people at home during election season. They are proposing \$500 million of federal funding to help states prepare for possible voting disruptions caused by the coronavirus outbreak. The senators' bill also would allow Americans to vote by mail in the event of a national emergency. The bill provides that Americans could vote by mail if 25 percent of states declared an emergency related to the coronavirus outbreak.

### Stimulus Bill Has \$400 Million in Election Help for States

The U.S. economic stimulus package to include \$400 Million to help states grapple with 2020 voting amid the coronavirus pandemic, according to two people familiar with the bill. The funds would allow states to voluntarily increase the ability to vote by mail and expand early voting and on-line registration. However, the bill does not create a national requirement for voting by mail, which was proposed by Klobuchar and Wyden. The \$400 million is far less than the \$4 billion requested.

### Additional Resources

Brennan Center for Justice. How to Protect the 2020 Vote from the Coronavirus.  
[www.brennancenter.org/our-work/policy-solutions/how-protect-2020-vote-coronavirus](http://www.brennancenter.org/our-work/policy-solutions/how-protect-2020-vote-coronavirus)

CNBC. Senators Push to Let Every American Vote by Mail as Coronavirus Keeps People at Home.  
[www.cnn.com/2020/03/17/senators-push-to-expand-vote-by-mail-as-coronavirus-keeps-people-home.html](http://www.cnn.com/2020/03/17/senators-push-to-expand-vote-by-mail-as-coronavirus-keeps-people-home.html)

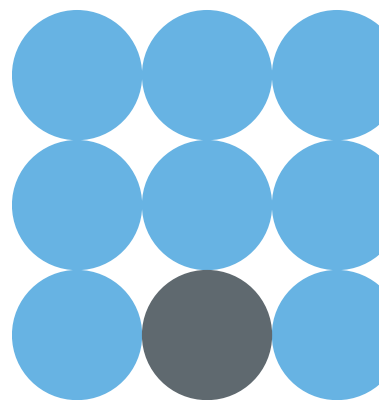
Leadership Conference for Civil and Human Rights. Congress Must Appropriate \$2 Billion To Protect Voting Rights.  
<https://civilrights.org/resource/congress-must-appropriate-2-billion-to-protect-voting-rights>

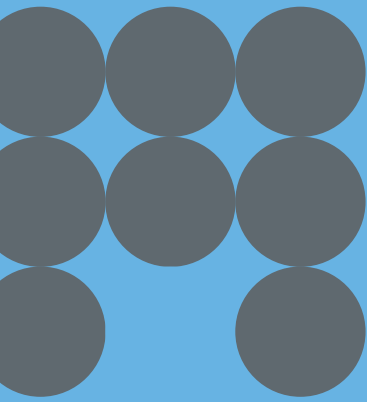
National Association of Secretaries of State. State Laws & Practices for the Emergency Management of Elections.  
[www.nass.org/sites/default/files/Election%20Cybersecurity/report-NASS-emergency-preparedness-elections-apr2017.pdf](http://www.nass.org/sites/default/files/Election%20Cybersecurity/report-NASS-emergency-preparedness-elections-apr2017.pdf)

## SUMMARY

The emerging sentiment since America has internalized the implications of the COVID-19 pandemic appears to be (1) that nearly all of us will be directly or indirectly impacted by this national public health emergency; and (2) the COVID-19 pandemic will not disappear in the near future. It is a threat to the physical well-being of Americans, but will, with certainty, disrupt the economic and social stability of many individuals and families.

This means that vulnerable and marginalized populations are at very high risk for bearing the brunt of the pandemic. Given social work's long history of social action to help mitigate the negative impact of national public health crises on those with less resources, we are again asked to respond. With that in mind, throughout this emergency, NASW will regularly provide in-depth updates on the needs of marginalized families and individuals.





# NASW Resources

**NASW** » [SocialWorkers.org](https://www.socialworkers.org)

**NASW Foundation** » [NASWFoundation.org](https://www.naswfoundation.org)

**NASW Press** » [NASWPress.org](https://www.naswpress.org)

**NASW Assurance Services, Inc.** » [NASWAssurance.org](https://www.naswassurance.org)

**Find A Social Worker** » [HelpStartsHere.org](https://www.helpstartshere.org)

**Social Work Blog** » [SocialWorkBlog.org](https://www.socialworkblog.org)

**NASW Research and Data** » [SocialWorkers.org/News](https://www.socialworkers.org/news)

**Social Work Advocacy** » [SocialWorkers.org/Advocacy](https://www.socialworkers.org/advocacy)

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