Ways & Means Committee Hearing Written Testimony
James E.K. Hildreth, Ph.D., M.D.

Thank you Chairman Neal, Ranking Member Brady and members of this distinguished Committee, for inviting me to give historic testimony today--as I am the first HBCU President to testify before this Committee. We find ourselves in a strange new world still saddled with a familiar old problem: the stark reality - made even more stark by COVID-19 - that the poorest and most disenfranchised among us are dying disproportionately from disease. The question before us is whether we want to change this dynamic. My staff and I stay in contact weekly with the White House, members of the Congressional Black Caucus, the US Senate and state and local officials in my home state of Tennessee to find ways to address this very important issue. Therefore, I believe we as a nation have the will, and I would like to propose a way.

Our country's history of healthcare disparities dates back to the 16th century, when European settlers landed on these shores, bringing diseases with them that decimated native American populations. Healthcare disparities are the reason Meharry Medical College exists. They are the reason I am sitting here today. They are the reason the deaths of black and brown people from COVID-19 are three times that of white people nationwide.

Meharry was founded in 1876, made possible by a donation from a young trader of Scots-Irish descent who was traveling one night through rough terrain in Tennessee when his wagon became mired in a swamp. A black family came to his aid, giving him food and a place to sleep, and helping him rescue his wagon the next morning. The

man said, “I have no money, but when I can I shall do something for your race.” He was as good as his word. In 1875, he and his brothers donated $15,000 - a significant sum at that time - to establish a medical school in Nashville to train black doctors the white medical establishment would not train, in order to care for former slaves the white medical establishment would not care for. The man’s name was Samuel Meharry. The name of the family that helped him remains unknown.

Meharry is the largest historically black medical school in the nation, and today comprises a school of dentistry, a school of graduate studies and research, and a master of science in public health program. As times began to change for the better in the mid-20th century and the American medical establishment began accepting people of color into its ranks, Meharry expanded and amplified its mission across its schools and programs to train medical professionals to serve ***all*** of the underserved - those in urban centers where the population is mostly black, in rural towns where the population is mostly white, in Latino and immigrant communities, and on native American reservations. We have been supported in our mission, and are grateful to our friend Senator Lamar Alexander, who has stood with us throughout his tenure as a US Senator; and Senator Tim Scott, who has been an advocate not only for Meharry, but all HBCUs.

I have been trained at - and served on the faculty of - some of the world’s most prestigious institutions of higher learning. I chose to take the helm at Meharry because of the populations it exists to serve. The reason is because my life - like the lives of so many trained by Meharry and other HBCU academic health science centers - was shaped by healthcare disparities.

The historic halls of America's four HBCU medical schools are replete with professionals who have experienced this systemic problem, have dedicated their careers to treating this systemic problem, and are prepared to solve this systemic problem relative to COVID-19. We have a plan. Allow me to elaborate. But before doing so, let me briefly provide the latest statistics that speak to the enormity of COVID-19's disproportionate impact on minority communities: across the country, blacks have died at a rate of 50.3 per 100,000 Americans, compared with 22.9 for Latinos, 22.7 for Asian Americans, and 20.7 for whites. Framed another way, more than 20,000 African Americans – about one in 2,000 of the entire black population in the US – have died from the disease.

Now, to the plan - for which we are requesting less than a mere one percent of the total stimulus package to develop and implement:

Meharry Medical College, Howard University College of Medicine, Morehouse School of Medicine and Charles R. Drew Medical School propose to establish the Consortium of Black Medical Schools to provide expanded testing, contact tracing, surveillance, training of front-line health workers, research & drug development, and policy recommendations to address the unique needs of vulnerable, low income, African American, and other underrepresented communities that have experienced disproportionate adverse outcomes due to the pandemic. Meharry has also established a consortium with more than 90 American Indian Tribes to find opioid addiction. American Indians are also being decemated by COVID19 and should also be considered vulnerable populations. Meharry and the other HBCU medical schools are

uniquely qualified to address this pandemic for this population in a way that no others are.

Importantly, the Consortium will prepare for a possible resurgence of coronavirus. In addition, the Consortium - to be referenced from here on as CBMS - will create The Data Science Center for Minority Health, which will develop an online visualization and data analysis application to support local and regional government public health organizations to counter COVID-19, and develop post-pandemic action strategies.

CBMS will bring together the cumulative expertise of the four HBCU academic health science centers in primary care and subspecialties which treat the disease states that account for the compromised immune systems and underlying health conditions heavily impacting disenfranchised communities of all races and ethnicities. We will work with the White House, the Centers for Disease Control and Prevention, the Department of Health and Human Services, state and local legislatures, local health departments, faith-based organizations, and other community stakeholders to reduce the disproportionate effect of COVID-19 in vulnerable and marginalized communities across the nation. Specifically, ours is a short- and long-term plan that proposes to:

- Increase and expand rapid testing and contact tracing in predominantly low income, minority communities to save lives and stabilize the economy.
- Provide opportunities for safe social distancing for vulnerable populations.
- And more

The CBMS has the necessary history, organizational structure, deep relationships with national and international organizations dedicated to eradicating healthcare disparities, and credibility within disenfranchised communities to scale up immediately and rapidly. Even more critically, the CBMS has the vision necessary to develop and sustain a care model that shifts our nation away from chronic disease management and toward a prevention-based, patient-centered, holistic approach that can mark the beginning of the end of systemic healthcare inequity in this country.

Rest assured, Meharry is already a leader in the fight. The City of Nashville, which has been one of the most successful municipalities in fighting COVID-19, turned to Meharry as its primary partner in our community's response. I have served as an essential member of Nashville's COVID-19 Task Force and have provided valuable counsel and education to our city's residents, community leaders and elected officials. Leveraging my expertise in infectious disease, Meharry has worked with local government to establish COVID-19 policies, collaborated with the Congressional Black Caucus to write legislative language ensuring the federal government tracks demographic data related to COVID, advised the White House on health disparities during numerous conversations, and provided counsel to professional sports leagues on their plans to mitigate COVID19 during the 2020 season.

Furthermore, four out of every five Meharry physicians and dentists work in underserved rural and urban communities, and Meharrians are at the forefront of the COVID-19 response in communities across the nation: testing and treating people experiencing homelessness in Miami, leading community preparation efforts in rural

central Minnesota, serving as chief resident of the hospital at the heart of New Orleans' COVID response, and so much more.

Crucially, Meharrians are trusted in these communities - trusted because we have always been there when others have failed them, forgotten them, or, with the best of intentions, misunderstood them and their needs. Through decades of experience and effort, we have mastered a degree of cultural competency that is unmatched among the plethora of healthcare and government institutions striving mightily to eradicate COVID-19 today - and keep it at bay tomorrow.

Respectfully, I would like to assert that the desire to be trusted and the best of intentions to practice cultural competency - among African Americans in particular - is simply not enough to allay their fears of being used as experiments or overlooked and mistreated as unworthy of the best care. Their history of abuse at the hands of America's medical establishment, and of misunderstanding rooted in cultural differences, is too long and fraught with missteps. This significantly hampers attempts to care for underserved minorities.

By way of example, I offer an incident that occurred in my home state just last week. With the sole intent to protect, the State of Tennessee put in place a plan to bring COVID-19 testing into housing projects across the state, where a preponderance of the population is black, and where people are living in close quarters without access to other testing options. The state chose to implement testing by sending in the national guard.

Now, on paper this was both logical and practical. The state's national guard could be called up and deployed quickly. But I can tell you that sending uniformed

national guard troops into the projects was not a recipe for successful testing. People were fearful. They stayed behind closed doors. Black churches protested. The state's response was simply, "We're here to help. That's all we're here to do." Testing in this manner continues. And I assure you, testing will not be as comprehensive as it could and should be as a consequence. I can also assure you that it *will* be comprehensive in Tennessee and across the nation if - going forward - CBMS is given the resources to conduct testing and contact tracing, among many other related services. CBMS can and will respond and deploy as quickly as this country's vaunted national guard. But the doors in minority communities will be swung open for us. We have cultivated and earned their trust for generations.

As we have done this work, we also have been woefully underfunded for generations. Because of my 30+ years of experience at prestigious, majority institutions, I am aware of how federal funding is allocated to those who are deemed "uniquely qualified" to address a critical national need. This is entirely appropriate when it makes the best use of resources. And especially when and where a crisis is afoot.

We, the four HBCU medical schools, are asking for those same rules to apply to our work. We are without a doubt "uniquely qualified" to address this growing national health crisis. We can - and already do - ameliorate the disproportionate impact of COVID-19 on communities of color and other vulnerable populations. We already are our country's most reliable source for a well-trained, diverse healthcare workforce. And the value of a diverse workforce cannot be underestimated. Trust, cultural competency, and a strong background in social determinants of health are as crucial during these times as medical training. We must accept that, in order to successfully protect and treat

at-risk African American and other vulnerable populations in hotspot cities, we must hire and deploy a workforce that is trained to conduct testing and contact tracing while incorporating a care plan for individuals and communities that addresses the social forces impacting and undermining their wellbeing.

Yet currently, HBCU medical schools - the most adept at training such a workforce - face the challenge of expanding our number of graduates in light of insufficient funding, an increasingly detrimental predicament for everyone in a country whose population is ever-expanding and diversifying. A truly sustainable response to the shortage of diverse healthcare workers must include strategies in the CARES ACT to support HBCU medical schools. But black medical schools have been left out of the CARES ACT altogether, and, like our patients, we continue to carry and shoulder the burden of this pandemic and this devastating economic downturn. The downturn will have dire financial consequences for the stability of the CBMS if we are not sufficiently supported for the singular service we are in the position to offer our country.

To do this work, the CBMS requires an immediate infusion of significant resources in order to scale up quickly, efficiently, and comprehensively. The CBMS anticipates the cost to develop and implement our plan will be $5 billion dollars over the next five years. This financial support is necessary to establish and implement the care strategies we have clearly articulated for saving African Americans and other disenfranchised lives, to recruit and train staff to conduct health education about the possibility of a resurge of COVID 19, and financially supporting low-resourced African American and other minority families to become healthier and be better prepared for future pandemics.

$5 billion is sufficient to support our comprehensive long- and short-term efforts. It is also a sliver of the total stimulus package – less than one percent. Relatively speaking, we are well-prepared and well-positioned to offer enormous benefit to the nation at comparatively little cost. We also plan to use the infrastructure we build to begin addressing the structural barriers to health in minority communities. Our plan will therefore have benefits that transcend COVID19 and should reduce the overall cost of healthcare for the nation.

As I testify today, I think of Samuel Meharry. His gift in 1875 was nominal relative to his total wealth. But he had been the beneficiary of selfless compassion from an African American family. He gave in order to allow that compassion to exert the maximum influence possible during that time and in that world, where slavery had been abolished in name only. I also think of my father, who - generations later - would succumb to healthcare disparities as much as he succumbed to cancer. I think of my mother, who urged me to respond by serving those who are perennially left out and left behind. I think of black physicians and other professionals from the past who because of redlining and structiural racism could not build wealth for their families and communities. I think of my colleagues across the nation who could share similar stories with you of family members and friends locked into legacies of poor health - and who not only are sitting ducks in this pandemic, but in the epidemics and pandemics sure to come if we don’t act on their behalf.

Most of all, I think of the vulnerable of this nation. They deserve to be here. They deserve good care. And we, the Consortium of Black Medical Schools, have a plan to

give them what they deserve at very little cost relative to the amount we, as a nation, are willing to spend to fight this insidious disease.

I urge you to act now. Too many have already died. More are dying as we sit here, in this moment, talking and not acting. Many more will die tomorrow if we dally. The CBMS is ready. We only need your endorsement and a modicum of the nation's resources to make a profound difference. Let us take our place in this fight. We already are well-prepared and well-trained. But we must be well-armed. Please arm us.

Thank you for your time.