



# Opening Statement

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

## Opening Statement of Chairman Robert C. "Bobby" Scott (VA-03)

House Committee on Education and Labor Full Committee Hearing

*Inequities Exposed: How COVID-19 Widened Racial Inequities in Education, Health, and the Workforce*  
WebEx

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Today, we are discussing how the COVID-19 pandemic is exacerbating racial inequalities in education, labor, and health, and the steps Congress must take to address these disparities.

A mountain of evidence has made it clear that, to effectively respond to the pandemic, we must address the widened existing racial inequities in education, the workforce, and our health care system.

In the area of education, racial bias – both intentional and unconscious – and chronic underfunding of schools serving students of color have produced persistent achievement gaps.

We know that our nation's K-12 public schools entered this pandemic with a \$23 billion racial funding gap. That's the difference between the funding in school districts serving predominantly students of color compared to school districts serving predominantly white students.

As schools abruptly closed, this funding gap has positioned students of color to fall even further behind their peers.

Black and Latino students were less likely to attend schools that had the capacity to rapidly establish high-quality distance learning programs. They are also less likely to have the basic technology, such as a personal computer and high-speed internet, and the support at home needed to access virtual learning.

As a result, Latino students are expected to lose 9 months of learning and Black students are expected to lose 10 of learning due to the pandemic, while white students are expected to lose only six months.

In addition to the pandemic's impact on the achievement gap, the Center on Budget and Policy Priorities projects that states will face a \$615 billion revenue shortfall over the next three years due to the pandemic.

As the Committee discussed during a hearing last week, public education is usually one of their largest expenditures, accounting for – on average – 40 percent of state budgets. And, unless the federal government provides immediate state and local funding relief, it won't be a matter of whether education funding will be cut, but how much those cuts in education will be.

While wealthier districts can fall back on property tax revenue, low-income public schools district will have to continue to rely heavily on state funding. For school districts that predominantly serve students of color, the severe cuts in education and supporting social service programs will come at a time of greatest need.

The consequences of these shortfalls are already evident. Nearly 750,000 public school employees have lost their jobs since March. In Colorado, the state legislature just passed a budget that cuts \$1 billion from its schools for next year.

In the area of the workforce, the outlook for workers of color is similarly concerning. Black and Latino workers, who faced significantly higher rates of unemployment and lower wages long before the pandemic, have borne a disproportionate share of layoffs. Although the rate of unemployment for white and Latino workers has lowered, rates for Black workers have actually increased in recent weeks.

Among those who remained employed, workers of color are more likely to be employed in occupations – such as meatpacking, grocery, health care, and transportation – with the highest risk of infection. Fewer than 20 percent of Black and Latino workers can work from home, compared to nearly 30 percent of white workers. More than 4 in 10 Black workers lack employer-provided paid sick days.

Because of these disparities, workers of color have also been disproportionately affected by the Department of Labor’s refusal to issue enforceable workplace safety standards to protect workers from COVID-19.

In addition to working in sectors with the highest risk of COVID-19 infections, Black and Latino workers disproportionately work in low-wage jobs. Regrettably, Congress has not raised the federal minimum wage in more than a decade, the longest period of time in its history. Worse still, weak labor laws and hostile courts have eroded labor union membership and workers’ collective bargaining rights, which have left these very essential workers vulnerable to poverty, unsafe workplaces, and a deadly virus.

But the most profound consequence of racial inequality in our society has been the pandemic’s devastating impact on the health of people of color.

Nationwide, African Americans have been dying from COVID-19 infections at about two-and-a-half times the rate of white Americans. In New York City, the epicenter of COVID-19 infections and deaths, the death rate for Latinos in the month of April was about 22 people per 100,000, adjusted for population size and age.

American Indian and Alaskan Native communities are suffering disproportionately from COVID-19 infection rates. In late May, the Navajo Nation surpassed New York and New Jersey with the most infections per capita. This follows the pattern of past diseases, where Native American communities bore the brunt of disease outbreaks due to the chronic, long-term underfunding of health care across Indian Country.

As with the challenges in education and workforce issue, the health disparities are rooted in structural inequality. People of color entered the pandemic with health conditions often caused by structural problems, including health care discrimination, housing instability, food insecurity, and limited access to transportation.

Years of statewide budget cuts in public health has led to limited funding for rural and community hospitals in communities of color—leaving families with few options to receive quality care.

Unfortunately, instead of increasing access to health care coverage, the Trump Administration and Republicans are still actively working to take it away in the midst of a public health emergency. The Texas lawsuit threatens the entirety of the *Affordable Care Act* and all of the law’s coverage gains and consumer protections.

These cynical efforts disproportionately impact people of color. If these efforts to strike down the law are successful, estimates show that the uninsured rate among Black people would nearly double from 11 to 20 percent. The share of uninsured Hispanic individuals and families would grow from 21 to 31 percent.

But we are not here to celebrate problems, we are here to discuss solutions.

The *Heroes Act*, which the House passed last month, would take important steps toward addressing the racial inequities that have been exposed and exacerbated through this pandemic.

With respect to education, the legislation dedicates nearly \$1 trillion in relief for states and localities to help avert painful cuts to public schools. It also goes a step further by proposing more than \$100 billion in additional emergency educational funding to help cover the cost of cleaning supplies and other expenses required to reopen; purchase educational technology, like laptops and hotspots; sustain special education for students with disabilities; and help colleges and universities maintain their institutions.

To support workers, the *Heroes Act* directs OSHA to rapidly issue an Emergency Temporary Standard that would require employers to implement protections for workers who are at the highest risk of contracting COVID-19.

It also expands access to emergency paid sick leave to nearly 140 million workers.

While paid leave provisions in the *Families First Coronavirus Response Act* took important steps in the right direction, far too many workers – including many health care workers – were excluded from these protections.

The *Heroes Act* also puts “family” and “medical” back into “family and medical leave” by dramatically expanding the circumstances in which workers can take the 12 weeks of emergency F-M-L-A paid leave. We should not force workers to choose between their paycheck, their health, and the health of the people around them.

To improve health outcomes, the *Heroes Act* expands health insurance coverage for COVID-19 testing and treatment; provides full coverage of the cost of COBRA premiums for laid off and furloughed workers; and, increases investment in health, nutrition, and community support programs, including \$1 billion for WIC funding and \$1 billion in funding for Community Services Block Grant initiatives to help address poverty.

Finally, the *Heroes Act* invest \$75 billion in testing and contact tracing to contain the virus. This includes \$500 million to recruit and train contact tracing workers through public workforce systems and community-based organizations.

Collectively, these provisions represent the immediate next step Congress must take to help our nation get through this global health crisis.

As we confront this unprecedented challenge, we must accept our responsibility to build a recovery that uplifts all communities. But, if we fail to act, we will be experiencing a recovery that offers relief to some but leaves low-income communities and people of color to face long-lasting or even permanent setbacks in education, job opportunities, and access to health care. This systemic problem has stained our country’s legacy for too long.

I look forward to hearing from our witnesses who will share with us the scope of this challenge and the policy considerations to right the course.

I now recognize the distinguished Ranking Member, Dr. Foxx, for the purpose of making an opening statement.