

Public Health Institute (PHI)

Ending the Triple Pandemic: Advancing Racial Equity by Promoting Health, Economic Opportunity and Criminal Justice Reform

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>> MURLEAN TUCKER: Hello and welcome everyone to "Ending the Triple Pandemic: Advancing Racial Equity by Promoting Health, Economic Opportunity and Criminal Justice Reform". My name is Murlean Tucker and I'm running this Dialogue4Health web forum with my colleague Kathy Piazza. Thank you to our sponsors for today's event, Trust for America's Health; the American Public Health Association; the NAACP; the National Black Nurses Association; the National Collaborative for Health Equity; and the National Medical Association. Now I'd like to introduce Dr. J. Nadine Gracia. Dr. Gracia is the Executive Vice President and Chief Operating Officer at Trust for America's Health or TFAH. Prior to joining TFAH, Dr. Gracia served in the Obama Administration as the Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health at the U.S. Department of Health and Human Services. Welcome back to Dialogue4Health, Dr. Gracia!

>> NADINE GRACIA: Thank you very much, Murlean, and thank you to everyone in our audience for joining us for this important discussion. We are going to move right into our program because we have the Honorable Representative robin Kelly online with us right now. We will then provide an overview of the platform we're using for today's virtual briefing and how you as an audience can ask questions and see resources throughout the course of the briefing.

If we can go back two slides, that would be great. Let me welcome you again to today's congressional briefing titled "Ending the Triple Pandemic: Advancing Racial Equity by Promoting Health, Economic Opportunity and Criminal Justice Reform". Trust for America's Health is honored to sponsor this briefing along with our organizational cosponsors of the American Public Health Association, the NAACP, the national black nurses association, the national collaborative for health equity and the national medical association. COVID-19 is an unprecedented pandemic for our nation and the world. The likes of which has not been experienced in a century.

Prior to the COVID-19 pandemic, the Black community and other communities of color faced inequitable opportunities for health, economic prosperity and wellbeing. In the midst of the pandemic, the horrific deaths of George Floyd, Breonna Taylor, Ahmaud Arbery exposed the racial violence in American society. It is with that context that brings us to the focus of today's congressional briefing. To examine the disproportionate health and economic impacts of the COVID-19 pandemic on the Black community and other

communities of color and how long-standing structural and systemic inequities have perpetuated these inequities in health and criminal justice and to move our nation towards [Off Mic] opportunity and racial justice.

Let me draw your attention as well as we go through this congressional briefing to a resource web page that's been developed for the briefing on advancing racial equity. We encourage you to visit the web page for a host of resources.

Now we'll move into the program. For the audience members, we have an excellent panel of experts on health, the economy, civil rights and racial equity who will be participating in our discussion today. Next slide. Allow me to take a moment to acknowledge the late Congressman John Lewis. Especially in this day and the days and years ahead, may we engage in this discussion drawing on the remarkable life, legacy and lessons of State Congressman John Lewis who will be laid to rest today. This powerful and deeply moving message just this morning in the "New York Times" reminds us all we must press ahead. Next slide, please.

As a program update we had planned to have two members of congress with us this afternoon. Senator Booker is attending the funeral service for the late Congressman Lewis. We wanted to acknowledge Senator Booker and thank him for his leadership and commitment to advancing racial equity. We are pleased to have Congresswoman Robin Kelly who will be speaking on the issues we are discussing today and share with us the efforts that she is leading in Congress. It is my pleasure to introduce her. She has been serving since elected in 2013 of the second congressional district in Illinois.

Congresswoman Kelly worked to expand economic opportunity, community wellness and public safety across the state championing numerous initiatives to reduce health disparities and end gun violence. Congresswoman Kelly is a member of the house energy and commerce committee and serves on the health, energy, consumer protection and commerce subcommittees. How Congresswoman Kelly and I first met and had the opportunity to work together is in her capacity of the chair of the Black caucus health brain trust in which she provides critical leadership. Welcome, and I'll turn it over to you.

>> ROBIN KELLY: Good afternoon, and thank you so much for having me. It's so great to see you again. Let me start by thanking Trust for America's Health and their executive vice president, Nadine Gracia for leading this conversation. Thank you also to the cosponsoring organizations including the NAACP, the NMA, Black Nurses association and many others. Thank all of you for what you do.

As we grapple with responding to and eliminating COVID-19, conversations and convenings like this are more than critical. For my part in today's conversation, I want to give you an overview of the state of play in the House of Representatives. Let me first start with health, because if we don't have our health, we don't have anything.

As the chair of the congressional Black caucus, I've had the opportunity to study health care and health disparities closely. COVID-19 has laid bare America's dual reality. We're in the middle of two pandemics, one in healthier white communities and one in more vulnerable communities of color. This shouldn't be a two-tiered situation, however we know that generations of health disparities, inequities and a lack of access to care have created two Americas. Even before COVID-19, the ZIP code you were born in too often dictated how long and how well you live. Be that a stretch in Chicago, a 7 to 9-mile stretch, it makes a 30-year difference in lifespan.

We've all known the shocking, but not surprising statistics for years. COVID is just the latest in a series of health threats that have had and continue to have a disproportionate impact on minority communities.

We need to make it -- we need to make a change. We cannot continue this. So the question is how do we tackle these insidious health disparities that continue to force Black and Brown Americans to live shorter and less healthy lives. I released the Kelly report on health disparities. It made a series of policy recommendations to start reducing and eventually eliminating these disparities. I would encourage you to read the report, especially the recommendations. Since that report five years ago, I've been working to turn these recommendations into policy, like expanded dental care access protecting the ACA and enacting substance abuse legislation.

In order to understand the extent of the COVID-19 crisis in this health disparities, congress had to force the CDC to collect the data. Together with Senator Warren and CBC I introduced the equitable data collection and disclosure act. This bill was added to the fourth COVID package and required the CDC to report racial data to congress, which they should have been doing anyway.

When we got the first report, it was less than three pages. We were disappointed to say the least. It was more of a series of links than any real analysis. It was really pitiful and we were actually embarrassed for the CDC director. From this experience, it's clear that the President and his administration do not care about minorities, our communities, or the disproportionate impact COVID-19 is having on our families. The responsibility has really fallen to Congress to coordinate our nation's response, recovery and reopening.

That's why I introduced the community solutions to COVID-19 act HR-777 along with senator Cory Booker. It would create a grant program for local and grassroots organizations to conductor expand health disparities elimination work. If we want to end health disparities, we must invest resources in the communities that are impacted the most and empower these communities to build a better future together. Another bill introduced HR-7078 would examine how telemedicine helped or hindered the delivery of care during COVID-19.

I believe that telemedicine, if done right, can be the great health equalizer, but only, again, if implemented properly. My proposal was folded into one of the Senate republican bills. So this is something that we might be able to get passed. From anecdotal stories and meeting with doctors from around the country, we've heard that some doctors are nearly having 100% of their patients keeping their appointments because Zoom removes the need to find transportation or child care.

So that's the state of play for COVID-19 in the House. On the second front, Congress is aggressively looking at police accountability legislation, as you know. According to the Pugh research center, Black adults are five times more likely than Whites to say they've been unfairly stopped by the police due to race or ethnicity. It's passed multiple criminal justice and police reform bills, the most recent as you know, the George Floyd justice and policing act. These bills unfortunately are still sitting on Mitch McConnell's desk collecting dust while they're more interested in confirming judges.

It's past time to ensure accountability and transparency from those sworn to protect and serve. If we want to change policy, we need to change who's making it. And I work in a very bipartisan way, but it's ridiculous all the bills that we've passed and that are just sitting on Mitch McConnell's desk. They've made it clear they're really not on the people's side and we deserve people. We just talked about the Honorable John Robert Lewis who I was so honored to serve with. We can talk about him, but we need to honor him with action. And it's so important for people to do two things. Definitely to vote on or before November 3rd and also to fill out the census because that dictates how much money, how many resources come into your community.

So we really need people to stand up, speak out, step out get in the way, as my colleagues said, make good trouble, but also please fill out the census and vote. Thank you so much again. I turn it back over to [Off Mic]. Thank you.

>> NADINE GRACIA: Thank you Congresswoman Kelly for your excellent and insightful remarks and your leadership in Congress and commitment to advancing health equity. Appreciate you spending time and being with us at the beginning of this important briefing. I'm going to turn things back over to my colleagues at Dialogue4Health and we'll provide an overview of the platform we're using for today's briefing so you can enter questions and see the postings during the briefing.

>> NADINE GRACIA: Great, thank you Kathy. It's my pleasure to start our presentations and our discussions with our esteemed panelists. I will start with our first presenter, Dr. Camera Jones. Dr. Jones is a family physician and epidemiologist whose work focuses on naming, measuring, and addressing the impacts of racism on the health and wellbeing of the nation. Dr. Jones is a senior fellow at the Satcher health leadership institute. She's also a past president of the American public health association. Dr. Jones, welcome, and I'll turn it over to you.

[The speaker is on mute].

>> KATHY PIAZZA: Dr. Jones, it looks like you are on mute. Remember to come off of mute.

>> CAMARA JONES: Thank you so much. It's my pleasure to be here, and it's my pleasure to start this conversation by framing racism because even in this time where more people are saying the words systemic racism, [Off Mic] racism, in this nation, we know that this nation is staunchly committed to racism denial. In my few minutes with you at the start of this conversation, I want to share a story and a definition of racism and quickly review how racism is manifesting with regard to the COVID-19 pandemic and stop -- share just a few policy suggestions.

This story, which I call dual reality, a restaurant saga, was based on my own real life experience, a first-year medical student, when one Saturday, I was studying long and hard and friends had come over and they were studying long and hard with me in my apartment. It got late and we got hungry, and we had no food in the apartment. They said never mind, Camara, let's go into town and find something to eat. We go into town, here we are eating. Not a remarkable story about racism yet. But as I sat there eating with my friends, I looked across the room and I noticed a sign and that sign was a startling revelation to me about racism.

Now I've intrigued you, Dr. Jones, what does the sign say. What does the sign say? The sign said open. Now I may have lost many of you. Here we are sitting in a restaurant eating. I would have assumed that other hungry people could also walk in, sit down, order their food and eat. But because I knew something about the two-sided nature of those signs I recognized that now indeed the restaurant was closed due to the hour, but firmly closed, and other hungry people, just a few feet away from me on the other side of the sign would not be able to come in, sit down, order their food and eat.

That's when I understood that racism structures open/closed signs in our society, if you will, a dual reality. For those who are sitting inside the restaurant at the table of opportunity eating and they look up and see a sign that says "open," they don't even recognize that there's a two-sided sign going on because it is difficult for any of us to recognize a system of inequity that privileges us. So, for example, it's difficult for men to recognize male privilege and sexism. It's difficult for White Americans to recognize White privilege and racism. In fact, it's difficult for all Americans to recognize our American privilege or what it used to be in the global context.

But those on the outside are very well aware that there's a two-sided sign going on because it proclaims closed for them, but they can look through the window and see people inside eating. Back inside the restaurant, to those who ask, is there really a two-sided sign? I'll say I know it's hard for you to know when you only see "open."

In fact, that's part of your privilege not to have to know, but once you do know, you can choose to act. So it's not a scary thing to name racism. It's actually an empowering thing to name racism. It doesn't even compel you to act, but it does equip you to act so that if you care about those on the other side of the sign -- which is an "if" -- but if you do, you can talk to the restaurant owner inside the restaurant with you and you can say restaurant owner, there are hungry people outside, why don't you open the door, let them come in. You will make more money, and oh the conversations we could have.

Maybe what you'll do is pass food through the window, take down the side or break through that door, but at least what you won't be doing is sitting back and saying, huh, wonder why those people don't just come in and sit down and eat because you'll understand something about the two-sided nature of that sign. This story is to convey to people that feel like everything is open in this society, racism is structuring an open/closed sign. It's not just the sign, it's the door, it's the lock, all of it.

There are people born inside the restaurant -- even if you are born inside the restaurant, there are ways to know about the two-sided nature of that sign. Actually, right now a few people inside the restaurant got it. Maybe the wind blew, the air-conditioning went up, somebody told me maybe a brick went through that window and caused the sign to tip a little bit. It's important for people to be affirming that Black Lives Matter, them to be saying structural racism, systemic racism, acknowledging the existence of racism.

I give you this warning, the seductive method of racism denial in this country, it's so powerful that if you only say a thing, six months from now, you are at risk of following back to what I describe as the somnolence of racism denial. If you are acting trying to tear down the sign, dismantle the lock, you will not forget why you are acting. I owe all of us a definition of racism. I've given you a sense of yes, it could exist even though your experience is that this the land of opportunity. I'm happy to go into more detail during the Q&A.

When I say the word "racism" I'm talking about a system. It's not a character flaw or even a psychiatric illness as some people have suggested, instead it's a system of power. It's a system of two things, of structuring opportunity and assigning value. And this opportunity is structure and value assigned based on so-called race. Based on the social interpretation of how one looks, which is what we call race. The impacts of this structuring opportunity and assigning value unfairly disadvantages some individuals and communities, but every unfair disadvantage has a reciprocal unfair advantage. The third impact of racism so many of us miss, it's sapping the strength of the whole society through the waste of human resources.

It's important for us to name racism. I've just given you two tools, a definition and a story that I hope you'll remember the story and share it with somebody in your household or your work group or whatever, but the separate of three tasks for the national campaign against racism is to ask how is racism operating here. Racism is not a cloud that we can't get a handle on, it is a system with identifiable and addressable mechanisms which are in our structures, policies, practices, norms and values which are elements of decision-making. Structures are the who, what, when, and where of decision-making, especially who is at the table and who's not. What's on the agenda,

what's not.

If structures are the who, what, when, and where of decision-making policies, the written how of decision-making, practices and norms are the unwritten how and values are the why. I'd like us to take this question everywhere. How is racism operating in my workplace, in my child's school, with regard to police killings of Black or Brown women, Black people and indigenous people with COVID-19.

>> NADINE GRACIA: Amen, Dr. Jones.

>> CAMARA JONES: Once infected we're infected more, we're more likely to die. The structures that are perpetuating without and identifiable perpetrator. We're more exposed to prisons and jails and detention centers and we're made sicker without those communities without adequate green space and the like. Limited personal protective equipment for low-wage essential workers, limited paid sick leave and medical leave. Practices include where are we placing the testing centers and what is our testing strategy anyway in this country. Norms that support racism denial including the fact that we're so narrowly focused on the individual that it makes systems and structures invisible or irrelevant. We act as if the present is missing from the past. If you work hard, you'll make it, recognizing you don't recognize, but there are many people working just as hard or harder than those who have made it who will never make it because of an uneven playing field.

In terms of values those are being incorporated in crisis standards of care. What happens when we only have one ventilator and ten people who need it? We have to be careful about incorporating in our crisis standards of care structural racism. So the short-term policy implications that I'm going to flash across the screen all have to do with how do we address the fact that people of color are more likely to be infected because we're more exposed and less protected, my long-term strategies have to do with recognizing that racism is foundational in our nation's history, and yet many people are stanching to dial up the impacts of racism on the health and wellbeing of the nation.

I look forward to our discussion. Thank you very much.

>> NADINE GRACIA: Thank you, Dr. Jones, for that really helpful framework. We'll come back to that framework of understanding how structural racism operates and especially in sectors such as health, education and really systemic. We'll turn into that in the Q&A and discussion.

Now going to turn to our next presenter. We're very excited to have on our panel the president and CEO of the NAACP Derrick Johnson. President Johnson leads the NAACP, the nation's largest civil rights organization, in order to eliminate race-based discrimination and ensure the health and wellbeing of all persons.

President Johnson, it's a pleasure to have you with us. I'll turn it now over to you.

>> DERRICK JOHNSON: I'm going to try to be brief so we can open up the Q&A. Structural racism is a profound issue for African-Americans in many areas, but especially health. Understanding, even based on Dr. Jones' definition of structural racism, it absolutely informed policing in our community. And because of that, the way policing is carried out in our community, it has put many people at health risk.

Let me explain and connect these dots here. Looking at the creation of FHA home mortgage program. It was a program designed to accelerate home ownership in the United States. In fact, it's been credited with one of the major public policy opportunities to creating middle class. With the exception of African-Americans. For African-Americans, the policy was adopted, it allowed the decisionmakers of who would qualify for home mortgages to be local bankers and developers. And African-Americans,

as a result, was locked out of being able to qualify for a home mortgage, and this is before the concept of credit scores even exist, which is also a structurally racist tool used to lock us out.

And they build whole communities where African-Americans, A, could not qualify for home mortgages to purchase homes, and B, because of restrictive coverage, would not be sold the home because it was against the homeowner or developer intent to allow African-Americans to move in certain and exclusionary communities. When you add on top of that the Brown versus board of education decision that was another acceleration of building out communities just outside of urban corridors and many areas, particularly in the north, creating suburban communities and erecting school districts that were separate from where African-American kids would attend.

Therefore locking in communities in areas where the housing stock was depleting robbing the tax base because education was based on home equity, undercutting the value of the remaining quality homes within a particular school district, therefore isolating many in the Black community across the country. And then when you overlay that with policing, we begin to see an acceleration in how taxes that -- those residents were putting into the coffers were being directed away from the social services necessary to address the trauma that many residents were being impacted by, on top of a federal approach that cut the budgets of -- for mental health.

All of that was driven in our community, now you have a -- you have a set of police agencies across the country who serve in our communities becoming more and more militarized. And as opposed to local jurisdictions redirecting the tax funds to create preventive support for communities, they divert those funds to police agencies who had to carry out a duty of protecting and serving, and they shifted that. And in far too many communities, became predators on our communities. You look at a few other examples. And this displays itself in many ways and why is it a health concern. You take money from communities and don't fully support social workers to preventive support. If you don't provide mental health support, you don't have anywhere to go. And now you have police officers who are ill-equipped, not trained to serve as social workers, mental health providers after bad things happen.

On top of the food deserts people lived in next to the environmentally unsafe industrial facilities that were neighboring in our communities. So all these things come together. That builds a structure that is directed at African-American and that's why it's structural racism. And it's systemic because it is a decade upon decade issue. We start looking at policing. Talk about three models, the first model. Baltimore, you have a police force African-American city for many years, but no requirement for the law -- the police officers to live in the jurisdictions in which they're patrolling. So you have far too many officers who are neither invested in the communities they're patrolling, far too many who are not even from Baltimore, therefore there is very little to no empathy or sympathy for the residents they are charged with protecting and serving.

Now you're looking at many of those officers aggressively policing. There's no relationship between the officers and the community. Second model is Ferguson, Missouri. Ferguson, Missouri, many medium-size towns and some small towns across the country where the municipality depend on fees and fines as a revenue generator as opposed to the tax base, and the tax base is depleted because in Ferguson, you're looking at a 67% city during the time of -- of the uprising and because you have such a high percentage of African-Americans who, many of whom are homeowners and the whole real estate industry and the banking industry have cut the value of their homes by a large percentage.

Therefore, the tax base to support the city, to support the school district, which

is generated by the property tax, is down therefore it's fees and fines. And in that city, many of those were being fined or levied fees against were African-Americans creating a level of -- almost like a combustion engine ready to explode at any moment. The third example is Minneapolis and Chicago. Many areas where you have a fraternal order of police who see themselves, in many ways, above the law, because there are no accountability measures in place to ensure that -- that they are operating within the confines of protecting and serving.

In fact, in many cases, they go beyond that. And even if caught, there were no ways to hold them accountable because the district attorneys who were elected for those areas see themselves as a part of development as opposed as the legal authority to keep law enforcement accountable on top of negotiated contracts with the city to shield many officers from liability and to shield their ability to be displayed that they are bad actors. When we talk about some of your rights, you're talking about a officer who was a bad actor at one law enforcement agency and was able to go to another law enforcement agency and his disciplinary record did not follow him there.

This is the environment in which many African-Americans live in. And in this environment, you can overlay that with all type of other social determinants that direct us to a -- the delivery of the health care system that's lacking in our communities, whether it's mental health, physical health, preventive health, all of those things are lacking. We are in a moment of crisis in this nation that has been seeping in ways in which we know it's a problem, but no one has really addressed it through a public policy landscape or infrastructure to go to the heart of what's taking place. Structural racism is real.

If you look at the stresses by which individuals are living under, it is a major factor whether you're talking about diabetes or high rates of issues with heart, asthma, all these things are compounded with the oversized presence of law enforcement agencies who are not accountable to the positive outcome of our community. I can go on and on, but it's important for us to unpack all of these issues because none of these issues stand by themselves. It is so integrated and ways in which the outcome of one negative impact pushes the reality of the negative impact on another issue. So I'll stop there.

>> NADINE GRACIA: Thank you, President Johnson, and thank you for providing really that historical perspective to be able to understand the current situation and the current crisis, as you said, we are in today. And we'll certainly talk more about that as we move into the discussion and high dog. -- dialogue. I'd now like to move to our final panelist, professor Trevon Logan. He's professor of economics at Ohio state university, an internationally recognized scholar in economic democracy, economic history, and applied microeconomics. His current research focuses on historical health patterns, racial discrimination, political economy, mortality, morbidity and racial disparities in mental health. I'll turn it over to you.

>> TREVON LOGAN: Thank you for having me for this discussion. I'm going to concentrate on economic implications of racial disparities in COVID-19. I want to start with a story that links to history.

So the coronavirus is, as we know, a respiratory illness. And before the pandemic took hold, I was working on a project on Black civil war veterans and their pensions which is related to their health, and it has a lot to do with respiratory illnesses. In fact, the way that we diagnose things like COPD today have their roots in racial health practices from the 19th century. If you want to be diagnosed with a respiratory illness today you must actually use a spirometer that measures your lung capacity. There's an assumption that you must key someone's race in to use it

appropriately. The assumption is African-Americans have lower lung capacity than Whites. So we are faced then today with lower rates of diagnoses of COPD among African-Americans, and yet we have higher death rates from a respiratory illness.

This is related to a pattern of practice in our medical field that had these racial differences at its heart. But what am I going to talk about today? I think of there being three dimensions to thinking about these implications. I want to talk about occupation, I'll talk about wages, and I'll talk about wealth. Occupation deals with our basic incidence and exposure to things like the coronavirus. Wages deal with our ability to survive pandemics, and wealth can serve as a protection against the outcomes of pandemics. So let's begin by thinking of the occupational distribution.

Relative to the overall population, African-Americans are overrepresented in personal care and services, literally twice the rate work in health care support services, and additionally in transportation and moving and in food preparation and service. We are underrepresented as African-Americans in management. If you look at specific industries like meat packing, 25% of front-line meat packing workers in the United States are African-American. And this specific industry has been the subject of at least three large-scale coronavirus outbreaks.

We're overrepresented in industries that are hard hit by the pandemic, over represented in industries where we are essential workers as African-Americans. We're underrepresented where people can work from home and socially distance. It's important to note in the health care support industries, these have been particularly hard hit by the pandemic and we have the largest representation of any racial group in this area. I would also want to note that the incarcerated population is particularly subject to the coronavirus pandemic and that population is overrepresented in the African-American community. Moving to our wage series, we see that the Black/White wage gap increased from 21% in 2000 to 26.5% in 2019. In 1979, Whites earned -- fast forward that to today, whites are earning \$25.22 per hour and African-Americans are earning \$18.49 so the wage gap in Black and White terms as increased over time.

In real adjusted inflation dollars African-Americans today have yet to achieve the wage rates of Whites in 1979. This increasing differential is affected in all levels of the wage distribution and all educational levels. The median Black-White earnings gap is the same today as it was in 1950. We have not made progress on Black and White wage gaps.

Now we can move to talking about wealth. The median White House hold has more than eight times the wealth of the median Black household. And Black household wealth has declined since the last recession. There are six factors related to this. The first is historic wealth transfers that are racially exclusion anywhere, the homestead act, the GI bill, and other transfers that are racially exclusionary. The second is labor markets and credit markets which work as an impediment to African-Americans achieving accumulation of wealth. The fourth would be housing policy in which African-Americans bought homes whose prices were bid up but whose value due to structural factors was understated.

The fifth factor would be the low mobility of African-Americans which has been an American perennial. Economic mobility of African-Americans has significantly lagged other racial groups to the best extent we can measure it from 19000 to today. The low rates of mobility is rated to increased policing in urban areas since the middle of the 20th century. We have less public investment in African-Americans in terms of schooling, in terms of public goods, and in terms of legal protections from racially exclusionary policies.

We also know that African-Americans are more subjected, for example, to the

national minimum wage as opposed to any state minimum wages, maybe higher, and African-Americans to the extent they are attached to the labor market, have much more variable work hours which means they are less able to sustain any shock in the economy. We also know there are lower rates of home ownership among African-Americans. And in fact African-Americans pay property taxes at a rate that's 13% higher than Whites. Their properties are systematically overvalued by assessors and we may more for lower value homes than any other racial group.

African-Americans have higher density in their housing. Only 48% of White House holds have three or more members, 58% of African-American households do. What can we do to solve this problem of racial disparities? There are three factors that are related to the policy solution.

The first is means tested programs that would allow less wealthy individuals to accumulate wealth, ex- -- expansion of the earned income tax credit, tax advantaged retirement accounts and tax abatements. Over 20% of the Black-White wealth wage convergence we saw at that time is simply explained by large numbers of occupations being subjected to the federal minimum wage. A third factor would be looking at health care policy which connects all citizens to consistent and high-quality health care, particularly culturally competent care and nondiscriminatory health care. Last would be employment protection for workers who are in quarantine and who are providing care for family members. We should not have anyone in the wealthiest country in the world facing an existential choice between working for a living and protecting the health care of their loved ones.

Lastly, if one sets as Darity and Mullen do, the goal being the elimination of the racial wealth gap, we would achieve racial wealth parity and eliminate that social disparity. What are the guiding principles we should have in this? The guiding idea is that the impact of the coronavirus is predicated on our existing economic and racial inequality. Combatting the virus requires us to address those underlying inequalities, but a long-range plan has to put us on the appropriate trajectory.

Finally, wealth is a long-term, intergenerational issue. Therefore, our prospective policies must be long term and as long term as they were for previous generations racially exclusionary. The United States has actively participated in wealth transfer programs throughout its history and there is no reason why it could not participate in another policy today. But our policy should also be designed to consider the macro economic impacts. As an economist, I must be concerned about inflation and I must be concerned about policies that would inadvertently exacerbate existing racial wealth inequalities. We have to think about holistic monetary policy and fiscal policy that would address the racial economic inequalities.

>> NADINE GRACIA: Thank you, Professor Logan, for that very informative perspective and understanding the racial wealth gap and economic inequality and potential policies to address them both in the short and long-term. We're going to move into having a conversation about that and exploring some of those policies in more depth.

With these great overviews and presentations, we are going to start our panel discussion. For our audience members, we really encourage you to submit questions. You can use the Q&A box and we will respond to as many questions as possible during this session. As you see on the slide, you can open the Q&A panel by clicking the circle with the three dots on the bottom of your screen and in the Q&A panel on the right sides of your screen, select all panelists in the drop-down menu so that your questions get to the right place. We'll work through and answer questions.

I'm going to start off with a few questions with our panelists and then we'll

move to some audience questions. So this is really a question for each of you and each of you were touching on specific policies. As we said, we called this the triple pandemic of addressing what we know are long-standing racial and health inequities. We see the racial wealth gap and economic inequality, and then we see the inequities and disparities that exist in criminal justice. With this being an opportunity to inform policymakers and lawmakers about policies to address this, can each of you describe one or two specific policies you think in the short term, as we're in the midst of the crisis we're in right now, that you think could help us in addressing where we are in this crisis? And then we're going to turn to questions of more long term what needs to be done for transformative change.

Right now in this crisis, the pandemic, when it comes to health and the economy, what are key policy recommendations as members of Congress continue to think about these packages and opportunities for legislation? Dr. Jones, would you like to start?

>> CAMARA JONES: I think the most important thing we need to address, we need to make it safer for more people to safely shelter in place. We really need to shut the country down right now. The way we've been treating the pandemic as if it were a medical care problem individual by individual as opposed to the public health problem it is has been to our detriment. The only strategies we have are public health strategies of shelter in place, if you have to go out, social distancing, mask wearing, washing, things of the like. We need a universal basic income.

They're arguing right now about the unemployment of \$600 and letting that go. We need a universal basic income as they adopted in Denmark and Germany, in the United Kingdom and New Zealand, countries that are getting a good control over the pandemic. If you want to think about the health care aspect of it, with health care so closely tied to employment in this country and so many people out of work right now, we need to consider something like a Medicare for all strategy. Even if you didn't want to make it forever, make it for now. Make it for now.

If you wanted to ease into it and lower the age of Medicare eligibility to 45 years or something, but we really need to make that health care -- if you're going to treat it like a medical care problem, we need to make that stick. And we need to have -- that the President needs to use the defense production act, as he did for ventilators, for testing, for tests, and for the personal protective equipment. Because if we have enough tests, then we can do the right kind of testing. Right now, we're so limited to symptomatic patients. We are missing the 25 to 40% who have the virus who can transmit it who do not even know they're infected.

We need to do a public health surveillance approach to testing. You can ask me more details on that. That's getting into the weeds. I'll stop there. I have so many others, but I'll stop there.

>> DERRICK JOHNSON: I'll jump in. Much of what we're looking at is a combination of two factors, and one direct elections, elections have consequences. This pandemic actually was created as a result of the 2016 election. We cannot make any bones about it. That's not about being partisan. That's about understand the value, the way they walk in the public office, the value they have for people and policy compared to others.

Two, public policy is the change that's needed. If you look at whether it's this pandemic, the lack of those in the medical profession from our community. There needs to be some series investment so we can increase the number of African-Americans in the profession from nurses to doctors and specialists and others. The public health community that was demeaned for far too long, we need more public health experts in

our community to begin to diagnose some of the systemic issues that we have seen over time because this pandemic is only exposed what already existed and how do we begin to address that.

When you talk about economic opportunity, access to capital. The fastest growing sector of small business were African-American-created businesses over the last ten years. The number one issue they were faced with was access to capital. Like with a 2% plan, take 2% of your deposits and put it in one of the 21 African-American banks, put it in one of the Black-owned credit unions or loan funds. That give more capital to lend out to the small business community that we know is African-American. And I'm not talking about barbershops and beauty shops. I'm talking about the fastest growing segment other than barbershops and beauty shops.

The largest employer of African-Americans is government, state, local, and federal. Public service still loan to give this program. The classification is already there. If you work for a government, if you work for a qualified nonprofit, there is a period in time in which those laws can be discharged. I would recommend public policy that it should not be ten-year period, it should be immediate. If you want to address the income gap, if you want to address the wealth gap, you put three to \$600 back into family households of individuals who have done everything said to do, go to college, be well educated. Unfortunately we had to take out too many loans to do so. Teachers are wanting to teach in our communities but they cannot afford it because the equality of an education degree is losing its value in the marketplace.

You address the student loan crisis that's in the African-American community by making immediate those who qualify under the public service student loan program now you instantly create cash flow and households therefore that can qualify for homes which is supposed to be the number one wealth creator. Going to home ownership, there needs to be serious public policy design to address the ongoing red lining in our communities. Growing up in the city of Detroit, there is a street called timing boulevard. It's a narrow four-lane street. On one side is the city of Detroit, on the other side is the city of Dearborn. If you cross the street, the cost of insurance for your car, the cost of insurance for your house more than double. That is red lining.

The incidence that cause the increase in the insurance rate is illusionary at best. There needs to be strict public policy to address that. There are many other things, but what we're looking at now is the result of an election. They have consequences. How we fix systemic structural racism is through public policy because public policy is where embedded structural systemic racism exists, the impact upon our life day in and day out.

>> NADINE GRACIA: Thank you, President Johnson, and both you and Dr. Logan talked about housing in particular. We're going to come back to that importantly, because understanding the importance of housing and health. Professor Logan, let me turn to you to speak to some of the economic policies and opportunities that we have before us.

>> TREVON LOGAN: I think the pandemic has exposed one item that was a glaring issue for those who worked in this sector, but now we see it over the entire economy. Which is that we had a very antiquated system of public administration that was deliberately underinvested in. We have states that cannot deliver unemployment insurance benefits to their constituents, irrespective what the additional payment is. If Congress makes for example another stimulus package and target unemployment insurance, the state capacity to actually deliver those sorts of benefits does not exist because of underinvestment in the unemployment system. If we're thinking about saving African-American small businesses, the prediction from economists is nearly half of

African-American businesses will fail as a result of the pandemic.

Why will these businesses fail? Even with a PPP program, it is predicated on the business having an existing relationship with a relatively large commercial bank. Fewer African-American businesses meet the necessary condition to participate in the PPP program. So even as the funds are distributed to the program, there's a fundamental disconnect about what we assume small businesses are doing to the reality of African-American small businesses in this country. Even a program designed to assist them will be unable to do so given the structural factors that work for Black small businesses. We must take significant and serious stock of how our public system is working for economic outcomes and realize that it is not working and it has been a deliberate strategy for at least the last 20 or 30 years to underinvest in these systems which leaves us flat footed in responding to this pandemic today.

>> CAMARA JONES: Dr. Gracia, may I throw a few more things in. I want to respond to President Johnson and the vote. We need to protect the Post Office urgently, we need to fund states and localities so they can keep all of their employees working, but also so they can put whatever systems need to be in place to make voting from home an option. It has to be a real option. We need to be very cognizant right now that the pandemic is not used as just another way to disenfranchise the American people.

I want to say that the occupational safety and health administration has been absent just like the CDC has been absent. Who muted the CDC's voice. This is a public health problem. Similarly, the occupational safety and health administration, which is part of the Centers for Disease Control has not been promulgated workplace safety standards or standards that employees have to be equipped with PPP. We need to get those agencies whose job it is to do their job.

>> NADINE GRACIA: Thank you all for those points. I think it reinforces the importance of allowing public health and science and health care to actually lead in these types of public health emergencies which we know disproportionately impact communities of color, low income communities, indigenous communities.

We saw the news this morning, for example, that the economy has experienced such a significant contraction and how that is going to potentially devastate workers and businesses and how we connect that to health is understanding access to health insurance coverage, to having opportunities for economic mobility.

Dr. Logan and perhaps President Johnson you also want to weigh in on this as well, is the question about seeing that kind of economic contraction for workers, what do we need to think about it, what can we say to policymakers in thinking about the protections that American workers need and understanding that workers of color are on the front line of jobs being deemed as essential jobs during this pandemic?

>> DERRICK JOHNSON: I'll go back to what Dr. Jones said earlier, we need universal health care. If we're going to put people on the front lines, we also need to provide for their health and safety.

Secondly, any job that's seen as critical should -- in this environment, should be considered for hazard pay. We cannot have essential workers who are in the line of health risk do so without any compensation whatsoever. And then finally, we need to evaluate what is really critical and look at the wages that those workers are making permanently and put a floor on those wages so we can keep those critical workers in place to ensure our democracy, our system continue to move forward.

We must pay for what we value, and we must value what we identify as critical.

>> TREVON LOGAN: To follow up on what President Johnson mentioned, I want to talk about the tsunami that's coming if we don't get our act together on policy. The

moratoriums on evictions are expiring. More than a third of households who are renters do not know how they're going to pay August rent. That is Saturday. We have the suspension of the end of the additional \$600 a week for unemployment insurance which we know allowed the economy to be more stable than it would have been. Workers went back to work.

More than 70% of the people who returned to work at the beginning of this pandemic were earning more on unemployment insurance. It's not factually correct to think the unemployment system was a disincentive to work. Similar to what President Johnson mentioned, we have had no discussion of hazard pay for workers who are certainly in industries where there are outbreaks, in industries that exposed them to the virus at higher levels, and we must think about that, and health and safety protections for workers overall which we know have been a significant source of complaints among workers, even in industries that are not necessarily interacting with the public.

For example, meat packing, which still had a physical problem because of the lack of social distancing. So all of these things are the coming tsunamis. The last thing to put on the table for this is that many localities and states had moratoriums on utility cutoffs that are expiring at the peak of the heat in the summer. We know this will become a public health crisis if electricity is cut off to residents, disproportionately African-Americans, and with school at home in the fall. This will be a public health and education disaster.

>> DERRICK JOHNSON: I want to jump in, for schools that will be remote, I think the real question is if they're going to be remote. You have states like Florida where the governor is threatening districts, almost extortion style, that if they decide to go remote, he will withhold state funding. That's extortion.

No, we should not force people to choose between their right to vote as we've seen in Wisconsin in their health, no more than we should force families to decide between their health and the education of their kid under a gunpoint. The democracy we all seek to have must be the one we demand. And unfortunately for some governors, particularly southern governors, they refuse to accept that this is a health crisis, a national issue and we're lacking a federal response, and the spread of the virus will not stop at one state artificial geographical boundary line.

It must be something we address holistically or the economy will continue to crumble.

>> CAMARA JONES: And the real essence of the problem is that we have not yet acknowledged that this problem is not going to be over in one wave or by January. I'm telling you, we should be making -- policymakers, you need to be thinking about a two-year plan. A two-year plan. I'm not confused about that. And the countries that are doing well are situating themselves so go into deep freeze for two years. If we invest in our people and give them a universal basic income and protect the ones who are delivering, the mail, the ones who do have to be on the front lines, make sure they have the hazard pay, the PPE, all of those things that they need.

If we invest as if we understood this is a two-year issue, we would be well settled. We keep acting like just over the bend things are going to miraculously disappear. That confusion and those messages are really killing our people. It's not a figurative. They are literally killing our people. To prepare, we need to say what is the two-year plan for education. Not what are we going to do, are we going to defer opening the schools for three weeks. No. As a public health person, that is so clear to me. I don't know, as, you know, in your other sectors it's that clear, but it's a two-year endeavor. If we could get that message through, then our planning and our interventions would be much more well targeted.

>> NADINE GRACIA: So building on that because what you-all are all pointing to, you're talking about the short-term, the long-term, and making the connection of these other sectors. This pandemic, we talk about it certainly has exacerbated what we know as being long-standing racial and ethnic health inequities, but it's demonstrating systemic inequities in other sectors. We've touched upon the economy. Let's talk a little more about housing. You in particular talked about the evictions. President Johnson, in your opening remarks, you talked about red lining and the history of FHA and other entities and where we have seen this be a structural, systemic issue.

What are some policy recommendations as we think about not only in the short term how we can protect people to stay in homes, but also think about really access to affordable, quality healthy housing and the racial segregation that continue to persist because that still impacts health and health disparities as we see them in the nation?

>> DERRICK JOHNSON: Access to health care is key. No child should be doomed because of the ZIP code they are born in. I love the concept of embracing for the next two years because there is no clear path out of where we are. Particularly, lack of federal response. So some of the immediate things we have to do is address the housing crisis that we currently have and the housing crisis that's looming. We in the midst now of speculators looking at the possibility of massive foreclosures and they're lining up capital to grab property at deflated value.

We need to pause foreclosures. We need to do a real assessment of how do we keep people in their homes. We also can begin an economic driver around assessing and building out a higher quality housing stock. Far too many of our communities live in housing stock quality that is -- that's actually -- you know, like hyperbole, but it's skilling them. Whether it's asbestos, whatever the case, it is killing them.

NAACP, I took this position three years ago. Our headquarters was full of toxins. I had to move our staff out of it. There is no way a family can exist and children can be productive if you live in these toxic environments. And that is a way right now we could do an assessment and get a workforce lined up to begin to remediate these issues. The issue of lead lining as defined in the past and as we -- we'll continue to discover, we need to make it illegal for predatory practices to target individuals based on their ZIP code.

We see it all across the country. The quality of education delivery. We go into a virtual reality, there will be far too many of our kids because of digital divide -- and I'm not talking about devices. I'm talking about connectivity. Fiber connections that stop at the borders of our community within the same jurisdictions. That is going to be an impediment for individuals to learn, young people, or individuals to telework, their parents. And so we need to have substantial investment now.

But I'll go back to what Dr. Jones said, we need to look at this form of pay, universal salary. We know that if we put resources in people hand they will use it for the necessities. If they use it for the necessities, it keeps the churning of our economy to moving. We know trickle down economics have never worked. Pouring monies into the fabulous 500 companies only allow them to ship money offshore for tax shelters. If we put it in people hand, those companies benefit, families provide, and we can make sure we have job opportunities looking into the future.

>> CAMARA JONES: You have your hand raised, but I'm going to do some additional responses, take in some audience questions, to make sure we have audience participation as well, and I'm sure that's going to be building on these topics. I'm going to turn to my colleague Cecelia Thomas to see if we have a question from the audience

for our panelists. Cecelia?

>> CECELIA THOMAS: We have several questions. The first question is for the panel in general, but specifically for Dr. Jones and President Johnson. What can we do to begin rebuilding confidence in the medical community among African-Americans and communities of color? Who are the right messengers and is this something the NAACP or others are currently engaged in?

>> CAMARA JONES: First of all, the medical community needs to be trustworthy in order to -- in order to build trust.

[Laughter]

We need to deal with who we're bringing up to be medical providers. We need to deal with how they are trained. We need to monitor physician practice. Are you doing the same thing with these patients compared to these patients? We need to look. Look for evidence of two-sided signs, first of all. Is there something differential going on in this practice, in this community by race.

It requires an investment in early childhood education and in our schools, maybe uncoupling local property taxes as a way of funding education. And a deep investment according to need in our public schools so we can have more positions of people of color and change how they're trained. If we send them into the same curricula not naming racism and not exposing providers from the real conditions from which their patients are coming, that's still bad.

It's like who are the providers and -- with regard to even what we're doing with COVID-19, we need to be hiring contact tracers from the most impacted communities who then will be in some kind of track to become community health workers and then just build their way up. We need to invest in community colleges to provide a bridge so people don't have to know when they're 8 years old that they want to be a doctor, that they can have excellent two-year education and bridge and have collaborations between the community colleges and the four-year universities and that kind of pathway.

Until they're taught, monitoring us even right now for differential practice and massive investment in our educational system overall.

>> DERRICK JOHNSON: I associate myself with those comments.

[Laughter]

>> NADINE GRACIA: Thank you President Johnson and thank you, Dr. Jones. Cecelia, do we have another question from the audience?

>> CECELIA THOMAS: Yes. What are some policy solutions communities should be advocating to improve the racial wealth gap?

>> TREVON LOGAN: There are several. One would be if you believe in the reparations program whose goal is the elimination of the racial wealth gap. That certainly kills two birds with one stone. Advocate for HR40, a congressional study for the issue of reparations. That certainly would be advantageous. The second is to think about and advocate for well transfer policies that are analogous to what we've done historically as a country.

The big problem in how to address racial inequalities today is we have not acknowledged or fully appreciated the federal government's role in creating those racial wealth inequalities via government policy. We have to do and we have to make the case that systems like the homestead act, systems like the southern homestead act and other racially exclusionary policies have intergenerational effects which give us the racial wealth disparities that we see today. Anyone advocating for education as a means to overcome the racial wealth gap, has to confront some significant challenges to an

assertion.

College educated African-Americans today have less wealth than Whites who have dropped out of high school. Education and other policies are not going to solve an intergenerational federal government sponsored racial wealth inequality. We have to think about wealth transfer policies, a homestead act for the 21st century, that would actually ameliorate some of these conditions. Those would be things like trust accounts, property tax accounts where we can have access to resources that would allow African-Americans to participate in the intergenerational wealth transfers that we see other racial groups participating in today.

These are things that are actually feasible, but we have to acknowledge that they would be redistributions of wealth that would now be for the very first time in American history, racially inclusive.

>> CAMARA JONES: There are three principles that Dr. Logan has described. I want to criticize those principles because they can guide us in our approaches. The first is to value all individuals and populations equally. The second is to recognize and rectify historical injustices and the third is to provide resources according to need. Not equally, but according to need. If we use those principles, that will take us to reparations. That will take us to decarceration, that will take us to massive investment in community, including in housing, environmental cleanup, investing in the banks and wealth generation. It will take us to investing massively around families and children so that the term disadvantaged child would be incomprehensible. We could not even imagine that a child would be born into disadvantage or find itself at a disadvantage.

I encourage as policymakers are designing their strategies, use those three principles, valuing all individuals and populations equally, recognizing and rectifying historical injustices and resources according to need.

>> DERRICK JOHNSON: I absolutely agree with everything that was said. I want to also recognize the ongoing injury of state-sponsored policy that's causing harm to our community. It didn't stop when the Civil War ended and the passage of the 13th, 14th, 15th amendment. It did not stop because a few people got elected to office. It was an ongoing injury and harm. We should never allow people from within our community to minimize the scope of the injury saying it's only these people when in fact it is an ongoing occurrence that we see every day.

>> NADINE GRACIA: Thank you all. Thank you, all. Cecelia, let's take another question from the audience.

>> CECELIA THOMAS: Are there any policing models that you believe demonstrate best practices? Do we have any studies on effectively policing the most positive service to the community of all -- to the community of all demographics?

>> DERRICK JOHNSON: For me, the best policing models are actually outside of the United States. You can feel in the atmosphere the difference between law enforcement and the community. You look at many nations, some countries, their law enforcement agencies are only carrying guns upon certain calls. Others recognize the need to invest in the preventive supports that's required. There are some models outside of the Black community -- you go to high wealth or middle income White communities, there's a different type of relationship, but there's also a different type of investment and much of that investment is an all type of services that these municipalities or those areas provide to citizen and to children on top of the family wealth that can supplement those services.

I think it's -- we should be looking at what's possible as opposed to what exists because what exists may not be sufficient to meet the current needs of our community or be expansive enough to understand that at the beginning of every fiscal year, a

budget is a roadmap, it's a document that shows what we value in our communities, and we should be able to craft in those budgets the value we want to place on the people that make up the community that's actually paying into the tax coffers that require the budget come to life.

>> NADINE GRACIA: We have a really engaged audience that's asking some great questions.

>> CECELIA THOMAS: So this is for anyone on the panel who would like to answer, preferably everyone. How can public health professionals better address racial wealth and income disparities? What do you see as the role of [breaking up] specifically long-term changes described by Dr. Jones and Dr. Logan?

>> CAMARA JONES: I'll start, as a public health professional. An amazing thing is happening right now. First of all, we already recognize that health is not created within the health sector. We understand the importance of housing and education and the environment and labor and policing or not. So it is -- it's incumbent on us to create bridges across sectors. We don't want to tear down silo walls, but we want to create bridges.

You will be perhaps amazed to know as of three days ago, there are 84 jurisdictions that have declared racism to be a public health crisis, either counties or cities. These are not the city's health counties or county health departments, these are the city councils or the county board of commissioners. There are 84 jurisdictions which have made that kind of declaration. Racism is a public health crisis. We are going to be accountable to you, public, you hold us accountable now for taking some action.

And various ones of them have different starting things, but the first important part is going to be collaboration with the community. You can't think that in your community commission you have -- county commission you have all the wisdom you need. Many of them are setting up partnerships and having things that -- having list of criteria that any further laws have to go through. So there's a law of variability. I refer people to the American public health association's website, APA.org. And you will find the list of jurisdictions who are declaring racism to be a public health crisis.

I think that that naming of racism is the first step. It's insufficient, but it's first and necessary.

>> NADINE GRACIA: Dr. Logan, do you have additional thoughts for public health professionals on this topic?

>> TREVON LOGAN: Yes. I think we have now a growing body of evidence that diversity of the health professional workforce is critical to reducing health disparities. It's not just a function of culturally competent care, but having same-race physicians for example, does increase the likelihood of follow-up and adherence to medical advice. We have to think about who we're putting in front of our population that are in critical health care needs, particularly in public health aspects. Because hearing and messaging, that is going to be critically important.

What about the role of wealth in this? We have to understand that there is an environmental factor that has been laced upon the red lining and everything else because it deals with zoning, the environmental pathogens that we see in Black communities are also a public health crisis which goes part and parcel along with racism. I think having public health officials address all of these together and not see them as separate or disparate acts. We take things in and out of those communities through deliberate acts through our political system, through our legislative system, and also through a fiat. We have to acknowledge these have intergenerational impacts.

We have more leaking underground gas tanks in African-American communities than any other communities. That is a direct thing that will impact

[breaking up] that will impact diseases in utero for children. These are environmental harms that are predicated on a zoning system that allows us to have these environmental pathogens at greater rates in the African-American community. Public health needs to take this on if they're going to address these health inequities because those environmental factors are related to lower rates of home ownership in those communities and lower property values themselves.

They're all interrelated and laced over with explicit systematic racism.

>> NADINE GRACIA: Thank you, Dr. Logan, and thank you to all of our panelists. These have been really just amazing insights that you-all have provided and really in setting an understanding for the short-term and long-term implications of not only the COVID-19 pandemic, but really the long history of structural and systemic racism and injustice and how that's impacting communities of color today and some of the opportunities that we have really to address both now the crisis that we face, but how we need to be dedicated in really addressing long-term issues.

We are approaching the end of today's webinar. So in closing, I want to thank Congresswoman Kelly for her powerful remarks and call to action for all of us in advancing racial equity. I also want to thank our excellent panelists, President Derrick Johnson, Dr. Camara Jones and Dr. Trevon Logan. And thanks to our co-sponsors, the NAACP, the national black nursing association, the National Collaborative for Health Equity. We want to thank you the audience. We know we could have this conversation go on many more hours, but we recognize that we are at the hour. Want to share with you some additional resources which is available at the web page at the link above and encourage you to visit that platform to be able to access those resources.

I also want to thank our partners -- Dialogue4Health and turn things over for them. Hope you take this as a moment to continue advance our efforts in advancing racial equity in promoting health and equity and opportunity and criminal justice reform, where we hopefully can see a true turning point for our nation so everyone has a fair and just opportunity to be as healthy as possible. Let me turn it back over to you, Murlean and Kathy to close us out.

>> KATHY PIAZZA: Thank you, Dr. Gracia. Thank you again to all of our speakers for this excellent discussion. Today's presentation and slides will be available in a couple of days at Dialogue4Health.org. Please visit us to see the transcripts presentation of the slides as well. A brief survey will be shown when you exit the forum, so we do encourage you to take a few minutes to complete it. We'd love to hear from you. Thanks so much for being with us, and that concludes today's web forum. Have a great day, everyone.