

STATEMENT FROM THE HEALTH JUSTICE ADVISORY COMMITTEE TO THE POOR PEOPLE'S CAMPAIGN

In the early weeks of the pandemic, the Poor People's Campaign: A National Call for Moral Revival convened a Health Justice Advisory Committee, a group composed of faculty from the Drexel University Dornsife School of Public Health, the FXB Center for Health and Human Rights, UCLA Center for the Study of Racism, Social Justice and Health, and individual public health scholars from around the country.

As public health experts committed to healthy equity and justice, we are appalled at the unnecessary and tragic loss of life that we have witnessed over the past two years. We have identified the following five points for the public health community, policy makers, advocates and people of faith and conscience to remember and account for from COVID-19:

- 1 During the pandemic, many of our public health and healthcare systems and local, state, and federal decision makers have: overemphasized individual and biomedical approaches to address COVID-19; refused to utilize comprehensive public health mitigation strategies that center equity and justice; failed to create standardized data collection protocols to include information on multiple dimensions of marginalization, including glaring omissions of data on income, poverty, and occupation; have failed to fully address the structural drivers of the pandemic and its economic impacts, providing only inadequate, short-term economic and social relief; and, have not taken seriously the perspectives and experiential knowledge of minoritized and marginalized communities.
- 2 Public policy makers have consistently failed workers, especially low-wage, frontline workers who were deemed essential in the early days of the pandemic. Many of these workers are still employed in jobs that fail to pay a living wage, work in unsafe and unhealthy working conditions, and have inadequate or non-existent worker benefits like health insurance, paid sick leave, and hazard pay.
- 3 Black, Indigenous, Latinx, and other racially marginalized communities have shouldered a disproportionate burden at every phase of the pandemic due to the longstanding histories of structural, institutional, and systemic racism and other forms of structural violence experienced by these communities. Since the beginning of the pandemic, these groups have experienced higher rates of severe illness and have died at higher rates and younger ages, trends that cannot be solely attributed to vaccine inequities or underlying chronic conditions. The economic ramifications have also been unequally felt with BIPOC communities experiencing higher rates of job loss, lost wages, and evictions.
- 4 Our tiered and fragmented healthcare system left at least 87 million Americans uninsured and underinsured, before the pandemic, and poor urban and rural populations without adequate access to healthcare services, with disproportionate impact on poor and BIPOC communities.
- 5 Our failure as a nation to address global equity in vaccination, prevention, and transmission control is short-sighted and a moral tragedy. Our narrow focus on national interests, financial gain and corporate profits has left low and middle income countries devastated. It has also limited our collective ability to prevent new dangerous variants from emerging or prevent the unnecessary loss of life. This will have negative effects on global well-being, political stability, and justice for generations to come.

As our country approaches the grim milestone of 1 million deaths from COVID-19, we, along with so many of our public health colleagues around the country refuse to accept the way things are. Everybody has a right to live and we are committed to fighting for a way forward that centers equity, justice, and dignity; redresses centuries of policy violence; and honors our shared humanity and dignity. Justice demands nothing less of us and our collective lives depend on it.