

**Before the United States House of Representatives
Full Committee on Science, Space and Technology**

**“Sweltering in Place: COVID-19, Extreme Heat, and Environmental
Justice”**

**Oral Testimony of Heather Toney
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Chairwoman Johnson, Ranking Member Lucus, and members of the committee, thank you for the opportunity to testify about the very real and devastating combination of Coronavirus, extreme heat and environmental justice existing in our country today.

My name is Heather McTeer Toney and I serve as National Field Director of Moms Clean Air Force. We are a community of over one million moms and dads united against air pollution and climate change for the sake of our children's health. I previously served as Regional Administrator for the Environmental Protection Agency's Southeast Region. My region covered 8 states, 6 tribes and over a quarter of the nation's population. My job was to not only assist communities and businesses but to also explain the importance of protective measures, especially in vulnerable communities and communities of color. I am also a former mayor, having served my hometown of Greenville, Mississippi, for two terms. I am the mother of 3; children ages 25, 14, and 3.

Today, this work is compounded with the onset of Coronavirus and the looming threats of climate change. Not only are our moms fighting a pandemic in the midst

of a climate emergency, we're having to do it within a system of structural racism and inequity.

There is no question that the Coronavirus pandemic is impacting black and brown communities worse than any other demographic in the nation. A study from Yale found that Black Americans are 3.5 times more likely to die of Coronavirus than white Americans.¹ While this should not have been a surprise to any of us, it was certainly acknowledged within minority communities early. These COVID-19 disparities stem from multiple interrelated factors, all driven by longstanding structural racism and inequity.

People of color and lower income people are more likely to serve as frontline and essential workers, have more financial pressure to work and lower access to paid sick leave. This leads to higher coronavirus exposure, and a higher infection rate. Due to longstanding environmental and social disparities, minority communities also have higher rates of chronic conditions that put us at risk for more severe illness. As an example, we know that black and brown people as well as lower income people tend to have higher average exposure to air pollution. We also know that air pollution exposure causes many of the same chronic diseases that make COVID more deadly, including heart disease, diabetes, and asthma. Inequity in healthcare access and quality of care may then further contribute to worse outcomes, including higher mortality. Add to this the fact there is ample evidence that racism in healthcare settings often results in people of color receiving a lower standard of care, and that black folks just plain don't trust these systems and may delay or avoid seeking care for COVID symptoms because of past negative experiences or distrust stemming from the legacy of racist and unethical medical research and experimentation on people of color. Finally, lower healthcare access

¹ <https://www.medrxiv.org/content/10.1101/2020.05.07.20094250v1.full.pdf>

and quality may also worsen chronic health conditions, and influence access to COVID testing and diagnosis, which in turn impacts infection rates if people are more likely to be living and working with undiagnosed illness.

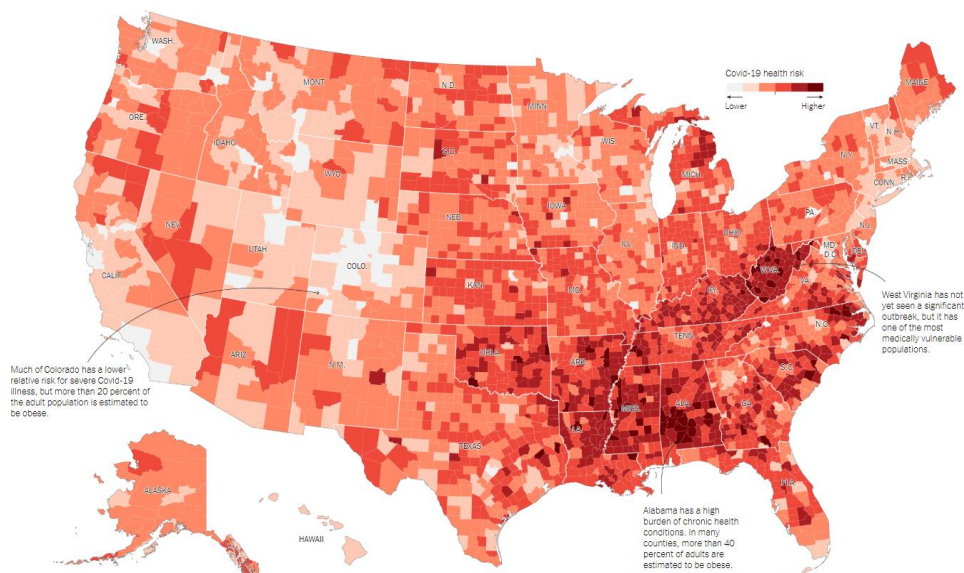
While we don't yet know exactly how extreme heat compounds the effects of COVID-19 on low income communities and people of color, we can see that a relationship exist and it is exasperated by oppressive systems of racial inequity. Just last week, Dr. Linda Ray Murray of Chicago, IL outlined a stunningly familiar relationship between the death rate of COVID and the Chicago Heat Wave of 1995, the deadliest in the city's history.² Over 700 people died in Chicago's housing projects in what can be explained as death by virtue of being poor. Moms Clean Air Force Organizer Columba Sainz, wife and mother of 3 in Phoenix, Arizona, explained it best. "Energy poverty is real; people in the lowest income groups spend the most on energy. The hotter it gets, the more it cost and the more we need. Who can afford to pay over half of their paycheck on air conditioning in the middle of a pandemic and a heat wave? Communities of color are energy poor and 25 years later, we see the exact same dynamics played out on the exact same people in the exact same way: we have not legislated to lessen the impacts of structural racism but instead, have placed a higher burden and lower value on the lives of black and brown people through racist policies like the 100 rollbacks of EPA. Systems that are meant to protect the health of the most vulnerable among us are being cast aside for profit and Coronavirus has revealed just how deadly inaction can be.

With economic resources stretched thin by COVID-19, thoughtful spending and prioritizing projects that produce the most immediate benefit are needed – this includes having better information regarding mapping of heat islands and a better

² <https://chicago.suntimes.com/2020/6/28/21302962/25th-anniversary-heat-wave-racism-covid-19-chicago-linda-murray>

understanding of the risks associated with low income and minority communities. To better understand the disproportionate impacts of extreme weather on communities of color, we need to deploy many existing tools – and develop some new ones – with the specific goal of understanding the complex web of interactions that result in heightened weather-related risk to such communities. We absolutely must demand a halt to EPA reversing lifesaving protections and that they revisit their mission of protecting human health and the environment. This is our call to action at Moms, demanding “Justice in Every Breathe” of every policy impacting the health and well-being of children.

The New York Times recently published a map (Figure 1) which displays the proportion of adults in each county who have one or more of the conditions known to worsen COVID illness: diabetes, high blood pressure, obesity, heart disease, and chronic lung disease; southern states have a larger proportion of their populations who have these underlying conditions. With extreme heat projected in many of



these states over the summer, we expect these conditions may worsen, especially with increases in ozone concentrations that are seen in the warmer months.

Figure 1: NY Times, May 18

We also know that there are clear disparities by race and income in the prevalence of chronic diseases that put people at higher risk of severe COVID illness. 69% of American Indian seniors and 61% of black seniors have chronic diseases putting them at elevated risk of severe COVID illness, versus 54% of white seniors. 40% of low income people under 65 are at higher risk, versus 24% of those with higher income. COVID-19 death rates in the U.S. also vary dramatically by race. Based on mortality data through June 24, 2020, the mortality rate for black Americans (65.8 deaths per 100,000 people, or 1 in 1,500) is more than twice as high as the rate for whites. Black Americans represent 12.4% of the population in the US, but have suffered 23.8% of deaths as of June 24.

An inter-disciplinary approach is needed, one that begins with better understanding the localized impacts of climate change-fueled heatwaves and other extreme weather events. Research is needed to quantify how much more communities of color may be impacted during an extreme event and the historical reasons for such disproportionate impacts. For example, are communities of color living in a more vulnerable area such as an urban heat island lacking green space? Are residents living in low-lying neighborhoods without sufficient flood control? These data must be incorporated into a larger framework that can evaluate community-level risks with the knowledge of pollution exposure, housing stock, health characteristics, age distribution, indoor air quality, and other household risks such as overcrowding and the prevalence of lead in water and paint.

More information is needed about the public health risks of expanding petrochemical operations in areas susceptible to climate change-induced storms, flooding, and sea level rise. Studies in the area of St. James Parish in Louisiana, part of Cancer Alley have already shown a correlation between the rampant air

pollution in the area and Coronavirus deaths.³ It's case study of why we must collect this information now to protect people in the future. Local governments need resources to support sustainability planning efforts such as development of climate action and mitigation plans and renewable energy portfolios.

A comprehensive understanding of current conditions will also help project future extreme weather-related risks to communities of color as the climate continues to warm.

We are fortunate to work alongside the Environmental Defense Fund as they are preparing to build a Climate Vulnerability Index (CVI) tool that aggregates and translates climate change-associated vulnerability data on a county-level scale. The goal of the initiative is to build a toolkit that can help inform decision-making at the local level. For example, CVI will be able to educate investors about the public health risks of expanding petrochemical operations in areas increasingly prone to climate change-induced storms, flooding, and sea level rise, at a time when more and more investors demand that companies evaluate shareholder concerns about the financial risks and investment opportunities posed by climate change. EDF also plans to use the tool to work with local community groups and lawmakers to support sustainability planning efforts and decision-making, such as development of climate action plans and renewable energy portfolios. While there is considerable environmental and health data publicly available right now, the CVI tool will synthesize the data to make it accessible, visual, and actionable at a granular scale. This is the information our members need and will help advocate for just policies that protect the most vulnerable in our communities.

³ <https://earth.gizmodo.com/im-scared-study-links-cancer-alley-air-pollution-to-hi-1843484042>

Another aspect of this challenge is to improve the quality and extent of mapping, modeling and simulations examining the performance of community infrastructure, in order to improve local understanding of exactly how our communities will be affected by severe weather events. It is especially important that we have the right tools to collect real-time data during these severe weather episodes. For example, when Category 4 Hurricane Harvey struck Houston in 2017, the state's air quality monitoring network was suspended. When a subsequent chemical fire at the Arkema plant released toxic gases into the air, first responders and the community were left in the dark about potential exposures. Even the Chemical Safety Board panel that investigated the incident found there was a lack of planning for how severe weather events like the unprecedented rain during Hurricane Harvey could affect facilities that store chemicals and that even though Arkema had emergency generators and other backup systems, "all of these layers of protection failed due to flooding." It quickly became obvious that assumptions about flooding patterns and impacts were outdated and inadequate. We have to do better.

If we are to understand and mitigate the public health challenges associated with the intersection of climate change, extreme weather, and communities at risk, we need to invest now in scientific research, analytical capacity, resilient infrastructure, adaptive measures, and emergency response planning.

Whether those crises come in the form of a health pandemic or severe weather events, we already know they will disproportionately affect the citizens and economies of communities of color. For that reason, justice and equity require a new focus on funding the scientific infrastructure necessary to respond in a manner that demonstrates a societal commitment to righting that imbalance. It is the very definition of "Justice in every breathe".