

**FIRST FOCUS CAMPAIGN FOR CHILDREN
STATEMENT FOR THE RECORD**

MARCH 25, 2021

**U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
“EXAMINING OUR COVID-19 RESPONSE: IMPROVING HEALTH EQUITY AND
OUTCOMES BY ADDRESSING HEALTH DISPARITIES”**

Chairman Murray, Ranking Member Burr, and Members of the Senate Committee on Health, Education, Labor, and Pensions, thank you for the opportunity to submit this statement for the record.

The First Focus Campaign for Children is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. As an organization dedicated to promoting the safety and well-being of all children in the United States, we are deeply concerned with the impact of the COVID-19 pandemic and consequent economic crisis on the lives of children.

The COVID-19 pandemic is doing more than exposing the racial, ethnic, and economic disparities existing in our society; it is compounding them. This demands that we employ a robust, near- and long-term approach to manage this unprecedented dual public health and economic crisis. The pandemic and resulting economic crisis are falling hardest on the most vulnerable among us, including our children. These crises are disrupting every facet of children’s lives, and we cannot yet know all of the negative and long-lasting implications they will have on children’s healthy development and future success.

Native American, Hispanic, Black, and other communities of color are facing disproportionate suffering from the COVID-19 pandemic with levels of infection, disease burden, and mortality rates higher than those for whites and economic hardship landing heaviest on Black and Hispanic households.¹ Because of longstanding systemic and institutional racism and its ongoing effect on maternal and infant mortality, and policies related to housing, education, child welfare, employment, immigration, the environment, and access to high-quality health care, children in Native American, Black, Hispanic, and other communities of color are experiencing worsened consequences from COVID-19 and the subsequent economic crisis. The recent and sustained violence and racism suffered by the Asian American and Pacific Islander community hurts all generations within that population, including children.

As of February 18, more than three million children and young adults had tested positive for COVID-19.² Though initially dismissed, the impact of COVID-19 on children’s health can be serious and sometimes fatal. Children with COVID-19 may be asymptomatic, mildly sick, or end up hospitalized. Over the course of the pandemic, though, it is clear that some children develop serious and potentially long-term

¹ Sharon Cornelissen & Alexander Hermann, *A Triple Pandemic? The Economic Impacts of COVID-19 Disproportionately Affect Black and Hispanic Households*. Joint Center for Housing Studies of Harvard University, July 7, 2020. <https://www.jchs.harvard.edu/blog/a-triple-pandemic-the-economic-impacts-of-covid-19-disproportionately-affect-black-and-hispanic-households>

² Children and COVID-19: State-Level Data Report, *American Academy of Pediatrics and the Children’s Hospital Association*. Updated March 18, 2021. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

health issues. One of these complications, known as “multisystem inflammatory syndrome in children,” or MIS-C, has symptoms that can appear up to a month after contracting COVID-19. Around 2,000 cases have been identified in the United States, and Black and Hispanic children make up a disproportionate share: 69%.³

Medical care for children with COVID-19, regardless of the virus’ outcome, must be covered by Medicaid, the Children’s Health Insurance Program (CHIP), or private insurance. Before the pandemic, children were losing health coverage at an alarming rate, and with parental job loss due to the economic crisis, that is likely increasing. Stay-at-home orders, taking precautions against the virus, and a loss of coverage made children especially vulnerable to poor health outcomes, beyond getting the virus. Missed doctor’s appointments mean missed vaccinations, developmental screenings, lead testing, and referrals for vision, hearing, or speech evaluations. Children who may have received health services at school weren’t able to receive them. Though telemedicine filled some gaps, children have started to fall behind in receiving the health care they need.

COVID-19 affects all families regardless of race or ethnicity, but Hispanic children and Black children have been hurt the most. 75% of children who have died from COVID-19 have been Hispanic, Black, or Native American – even though they represent only 41% of the U.S. child population (Table 1). As their parents are over-represented as essential workers and may lack paid sick leave, children are more often exposed to the virus through family members. We must assure their health care needs are met and covered.

Since 2017, for the first time in two decades, children’s health coverage rates went down. Nearly a million children lost coverage in Medicaid and CHIP between 2017-2020. Hispanic children lost coverage at the highest rate of any other populations. We must make a commitment to assure all eligible children are enrolled in coverage, specifically addressing the loss of coverage in Hispanic, Native American, Black, and Asian American and Pacific Islander communities by conducting targeted outreach campaigns.

Since the beginning of the pandemic, children’s mental health and social development have suffered. “Beginning in April 2020, the proportion of children’s mental health–related ED visits among all pediatric ED visits increased and remained elevated through October. Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.”⁴ We must ensure that appropriate and diverse mental health services for all children are available and offered in culturally competent and appropriate approaches.

COVID-19 vaccines for children must be part of the solution for stopping COVID-19. Simple math tells us that we need 70-90% of the population vaccinated in order to achieve herd immunity. Children make up approximately one-quarter of our population, and not every adult will choose to be vaccinated. Therefore, we cannot achieve herd immunity without children. Outreach campaigns and vaccination promotions must be culturally appropriate, in multi-languages, and reach parents where they are.

³ Carmen Heredia Rodriguez, *Children’s Hospitals Grapple With Young Covid ‘Long Haulers.’* Kaiser Health News, March 3, 2021. <https://khn.org/news/article/children-covid-long-hauler-clinics-pediatric-hospitals/>

⁴ Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020 *Weekly* / November 13, 2020 / 69(45);1675–1680 Rebecca T. Leeb, PhD¹; Rebecca H. Bitsko, PhD¹; Lakshmi Radhakrishnan, MPH²; Pedro Martinez, MPH³; Rashid Njai, PhD⁴; Kristin M. Holland, PhD⁵

The federal government and NIH should continue to invest in its institutes including the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Allergy and Infectious Disease, both of which are funding PRISM, the Pediatric Research Immune Network on SARS-CoV-2 and MIS-C, to understand some of the impacts COVID-19 has on children.

We thank you for holding this hearing and appreciate the opportunity to work with you to highlight the impact the COVID-19 pandemic is having on children across our country.

Sincerely,



Bruce Lesley
President

Deaths by Race and Hispanic Origin, Ages 0-18 Years NCHS

Source: Centers for Disease Control and Prevention

[Less Info](#)

Deaths involving coronavirus disease 2019 (COVID-19) among ages 0-18 years in the United States.

Updated
March 17, 2021
View Count
3418

Based on *Provisional COVID-19 Deaths: Focus on Ages 0-18 Years*

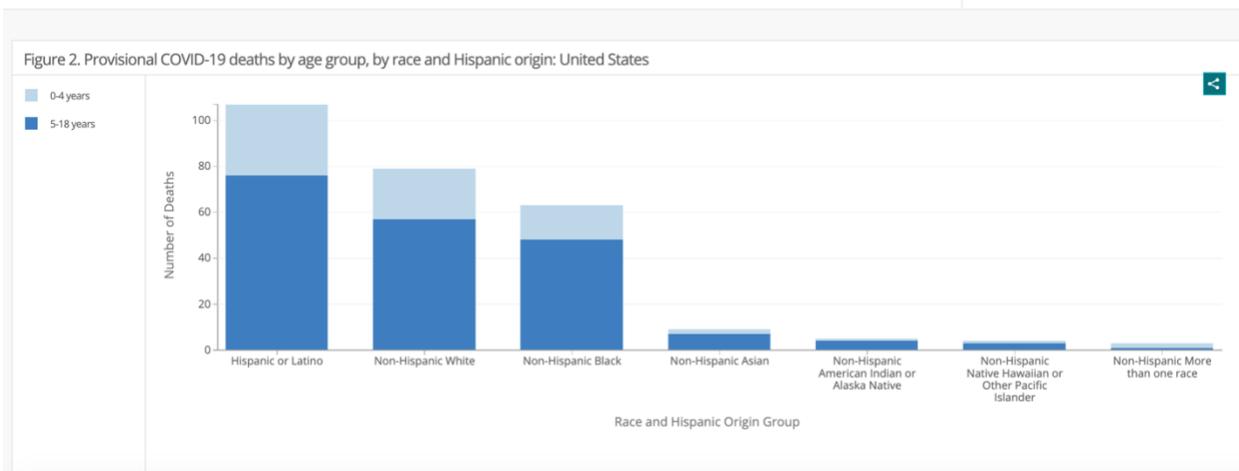


Table 1. COVID-19 Deaths by Race and Hispanic Origin, Ages 0-18 Years