



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
Services, Inc.

July 10, 2020

The Honorable Eddie Bernice Johnson
Chair
House Committee on Science, Space, and Technology
2306 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Lucas
Ranking Member
House Committee on Science, Space, and Technology
2405 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Johnson and Ranking Member Lucas:

The American Psychological Association (APA) thanks you and the Committee on Science, Space, and Technology for holding this hearing on July 14th, 2020, on “Sweltering in Place, COVID-19, Extreme Heat, and Environmental Justice.” We appreciate the Committee providing a forum to explore the disproportionate impacts of extreme heat and COVID-19 on communities of color and low-income communities, and to understand the role of the Environmental Protection Agency (EPA) in mitigating these health disparities. This hearing brings to light a number of issues of broad concern to psychological scientists and practitioners, including the vulnerabilities of low socio-economic status and minority communities, which are more likely to be located in urban areas which create “[heat islands](#)” with poor air quality, greater water pollution, and sparse healthcare coverage. The APA agrees that there are disproportionate harmful environmental exposures for these communities due to climate change, which in turn have increased health disparities and exacerbated the effects of the COVID-19 pandemic.

Social and economic inequality, discrimination, stigma, and marginalization are at the root of the differences we see among racial and ethnic minorities. Research documents that even when stigmatized groups can access care, a variety of factors – including providers’ implicit biases and the inequitable distribution of health care resources – contribute to a lower overall quality of care and poorer outcomes for these groups relative to white patients.^{1,2} These factors, combined with higher risks for chronic health conditions, make many Blacks and similarly situated groups more vulnerable to COVID-19. For example, jurisdictions have reported higher rates of infections and deaths among racial and ethnic minorities. In Louisiana, the Department of Health reports that Blacks make up 32 percent of the population, but 70 percent of its COVID-19 related deaths.³ And the Department of Public Health has reported that in Chicago, Blacks account for 68 percent of the city’s 118 deaths and 52 percent of the roughly 5,000 confirmed coronavirus cases, despite

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Advocating for APA members and psychology

www.apaservices.org
www.apa.org



Please Recycle



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
Services, Inc.

making up just 30 percent of the city's population.⁴ CDC found disparities among patients hospitalized due to COVID 19, reporting on hospitalizations in a catchment area where approximately 59% of residents are white and 18% are black; yet, among 580 hospitalized COVID-19 patients approximately 45% were white and 33% were black.⁵

Americans are experiencing trauma on a mass scale as the Coronavirus pandemic unfolds. From the harrowing experiences of frontline and essential workers, to families losing loved ones without a chance to say goodbye or to gather to grieve, we know that these experiences, and others during this crisis, will be traumatic and can have serious long-term health implications, especially as the country begins to reopen and people return to work. In addition, COVID-19 is exacerbating existing mental health disparities among Blacks, Latinos, American Indians/Alaska Natives and Asian Americans. Yet mental health is frequently an unaddressed matter in racial and ethnic minority communities due in part to stigma, lack of access to a qualified mental health practitioner, or provider discrimination. As our nation recovers, equitable access to mental health services will be more essential than ever. Congress must ensure quality and affordable mental health diagnosis and treatment is available in hard hit low-income and minority communities, who also tend to be low-wage essential workers, where existing disparities in mental health care and treatment are already being exacerbated due to COVID-19.

Clearly, considerations for mental health are particularly vital to environmental justice communities at this moment. While Americans are beginning to gain a better understanding of climate change and its health impacts: heat-related stress; vector-borne, foodborne, and waterborne diseases; worsening asthma and allergies; and illness and injury related to storms, floods, and droughts, the connections with mental health are rarely part of the discussion.

The tolls of climate change on our mental health are far reaching. They include stress, depression, and anxiety; strained social and community relationships; and increases in aggression and violence. Moreover, the psychological responses to climate change – such as conflict avoidance, fatalism, fear, and helplessness – keep us, and our nation, from addressing the core causes of and solutions for climate change, and from building psychological and community resilience in the face of climate change and related pandemics and natural disasters.

The APA remains highly engaged in efforts to address climate change and its consequences. With ecoAmerica, APA produced a report on *Mental Health and Our Changing Climate: Impacts, Implications, and Guidance* that reviews the evidence in this area (including effects of heat) and offers solutions to be implemented by health and medical professionals, community and elected leaders, and the public. This article in APA's *Monitor on Psychology* describes the varied roles that psychologists are playing to combat climate change at the local, national, and international levels.

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Advocating for APA members and psychology

www.apaservices.org
www.apa.org



Please Recycle

Also, APA recently conducted a [survey](#) that showed that more than half of U.S. adults say that climate change is the most important issue facing society today and that they have begun to make changes, or are willing to make changes, in their personal behaviors to reduce climate change. This implies a significant opportunity to implement meaningful changes in public policies related to climate change.

To chart the next stage of work on the psychological, behavioral, and mental health dimensions of climate change, APA is establishing a task force of experts that will begin its work this fall. We look forward to keeping you informed of the task force's activities and recommendations.

The APA is the largest scientific and professional organization representing psychology in the United States, and works to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. Our membership includes more than 121,000 researchers, educators, clinicians, consultants, and students.

Again, we thank you for holding this hearing to explore the disproportionate impacts of extreme heat and COVID-19 on communities of color and low-income communities, and for considering the mental health and psychological aspects of climate change. If you have any questions or would like additional information, please contact Joseph Keller, PhD, of APA's Science Directorate. Dr. Keller can be reached by phone at 443-841-9900 or by email at jkeller@apa.org.

Sincerely,



Jaime L. Diaz-Granados, PhD
Deputy Chief Executive Officer, and
Acting Chief Science Officer

References:

- 1 Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, 57, 1152-1173.
- 2 Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Healthcare Disparities*. Smedley B.D., Stith, A.S., & Nelson, A.R. (Eds.). Washington, DC: National Academies Press
- 3 The Louisiana Department of Health. (2020). Coronavirus (COVID-19). Retrieved from <http://ldh.la.gov/Coronavirus/>
- 4 City of Chicago. (2020). CHICAGO COVID-19 UPDATE. Retrieved from <https://www.chicago.gov/city/en/sites/covid-19/home/latest-data.html> and <https://www.chicago.gov/content/dam/city/sites/covid/reports/2020-04-08/Chicago%20COVID19%20Update%20V2%204.8.2020.pdf>
- 5 United States Department of Health and Human Services, Centers for Disease Control and Prevention. (2020). Morbidity and Mortality Weekly Report: Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019 – COVID-NET, 14 States, March 1-30, 2020.