

**Testimony of** 

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Presented to the New York City Council Committee on Oversight and Investigations Hearing on Disparate Impacts of COVID-19 on Communities of Color

## COMMITTEE ON OVERSIGHT AND INVESTIGATIONS CHAIR – HON. RITCHIE TORRES

## April 30, 2020 at 1:00 P.M.

Good evening, Chairperson Torres, and Council members. My name is Brian Romero (I use he/him/his pronouns) and I am a Policy Associate at the Gay Men's Health Crisis (GMHC), the world's first community-based organization founded to respond to the HIV/AIDS epidemic in the nation.

GMHC serves 10,000 clients in our various programs and in 2019 about 70% of our clients selfidentified as people of color. Nearly 85% live below the federal poverty line; nearly half are age 50 and older; and 75% identify as lesbian, gay, bisexual, or transgender. GMHC serves clients who live throughout NYC, including in many of the neighborhoods most impacted communities by COVID19.

As the coronavirus pandemic evolved and we transitioned our programming into virtual and telephonic based programming, we learned quickly through practice what we would expected we would eventually learn in data – the coronavirus is disproportionately affecting black and brown communities in every way we can imagine. As we know in many other social determinants of health, place matters, and so it has been no surprise to see which areas of our city have been most affected. It is now well known that 62% of all confirmed deaths are among Black and Latinx New Yorkers. Most confirmed cases of COVID19 in New York City for people who have died are Black New Yorkers. Two days ago, New York State released data from a state-wide antibody study that found that 32% of Latinos in New York tested positive while only making up about 18% of the state's total population.

While GMHC has successfully transitioned some of our programming to be provided virtually or by phone we continue to hear that our clients and communities have great need. 15% of our clients who have received pantry bag or voucher meals via our new GMHC on the Go program had not attempted to access our food programs in the past 12 months. 44% of clients referred to mental health services from our Wellness Checks were not previously enrolled in any of GMHC mental health programs. We are continuously thinking of creative ways to provide relief to our clients including our LGBT youth of color and older adults. Both groups have shared that while they may want to participate in virtual groups, they do not all have the same level of technological literacy as many of us do, may not have internet or own computers. Frankly, as a psychotherapist myself I am also concerned about the vicarious trauma they must be experiencing. Our substance use counselors express concern that as needle exchange programs have closed their doors, people may be sharing used needles when using drugs making the possibility of transmitting HIV more likely, particularly in our communities of color and our LGBT communities of color.

In our ongoing advocacy, we have learned that 40% of food pantries have shut down and as immunocompromised communities must continue to stay home and self-quarantine, we have seen the demand for meals go up. This is particularly troubling as we are aware that communities of color are more likely to experience food insecurity and more than 55% of New Yorkers with HIV are food insecure. Before COVID, GMHC already had a waitlist for our pantry program and that has only increased since the beginning of the pandemic and while we are proud to have created a meal delivery program, GMHC on the go, the demand for delivery of meals as gone up to 250 more clients requesting meals. Overall, our clients who access our food and nutrition services are people of color over the age of 50. All the clients who access our food and nutrition services are living at or below the federal poverty level, and many are homeless or unstably housed.

COVID19 has not been a great equalizer. It has however exposed the inequities of our city and our responses moving forward must center a racial equity analysis.

Thank you for the opportunity to testify before you today.