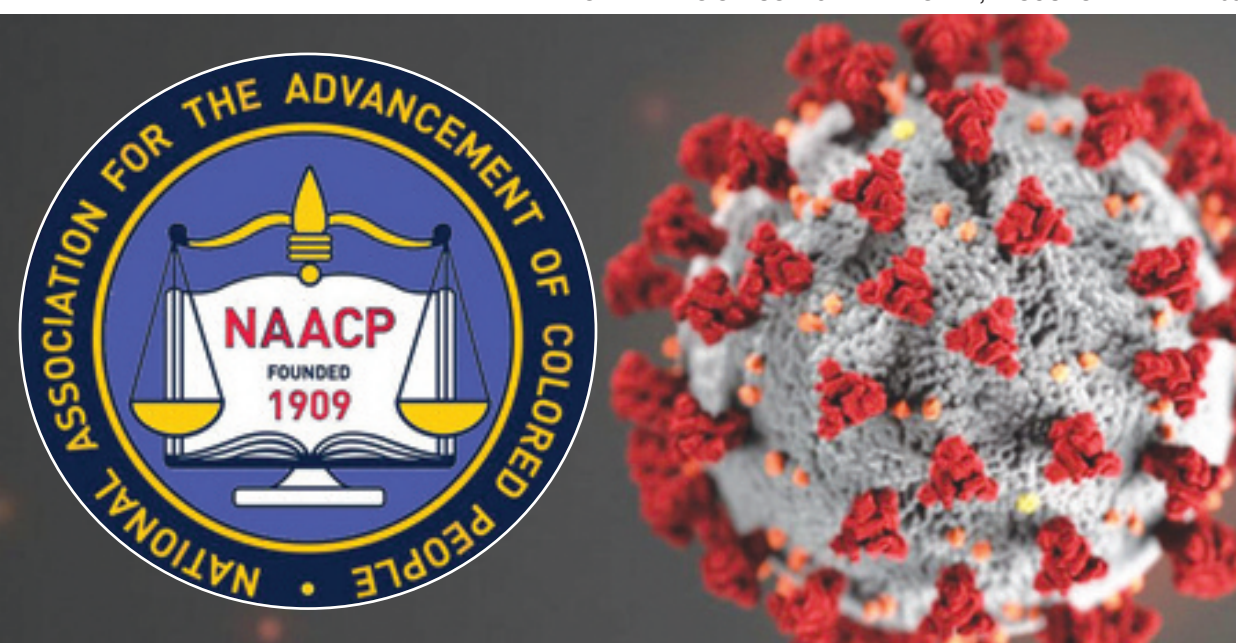


# WEEKEND EDITION

VOL. XXXVIV NO.7 MAY 1, 2020 50 CENTS

BULK RATE U.S. POSTAGE MILWAUKEE, WISCONSIN PERMIT 4668



## STATE NAACP CONFERENCE OF BRANCHES WANTS CITY, COUNTY ACTION ON RACISM IN THE MIDST OF PANDEMIC

The mission of the National Association for the Advancement of Colored People (NAACP) is to secure the political, educational, social, and economic equality of rights to eliminate race-based discrimination and ensure the health and well-being of all persons.

In Milwaukee, approximately half of Milwaukee County's 2,612 cases of COVID-19 reported as of Saturday evening (April 25), and 53 percent of its 149 deaths were African American.

Although the county's population is only 26 percent Black, areas where black and brown families reside have become "hot spots" for positive COVID-19 cases in Milwaukee.

Recently, the Latino community living in the 53215 zip code area has experienced a spike in new COVID-19 cases that has superseded the other zip codes in the city.

Due to the nature of COVID-19 community spread and testing, the number of positive cases is much higher than listed as a result of unreported or untested cases in our community.

The NAACP Wisconsin State Conference of Branches calls for an immediate COVID-19 response in the city and county of Milwaukee that takes into account the pervasive racial injustices within the area. This effort must include consideration of those that impacted by:

- Shared living spaces,
- Limited access to neighborhood commerce,
- Over-priced convenience goods,
- Neighborhood congestion,
- Limited public transportation,
- Cash-based economies,
- Racial discrimination and bias
- Mental health, and
- Economic trauma

The NAACP Wisconsin Conference of

Branches stresses the following actions in response to the COVID-19 pandemic:

### 1. TEMPORARY SHELTER ACCESS:

- Provide access to hotels for individuals who are homeless, and to those who are not able to live in their existing housing as a result of the coronavirus.

- Create field hospitals in the Sherman Park, Brown Deer, and 53215 zip code neighborhoods to provide out-of-the-home treatment for COVID-19 sufferers in the community.

### 2. ESTABLISHMENT OF TESTING FACILITIES:

- Fund and coordinate strategic testing efforts for areas located on Milwaukee's Northside.

- Establish a door-to-door testing option for residents located in "hot spot" neighborhoods.

- Make efforts towards 100% testing capability in Milwaukee's central city by August 1, 2020.

### 3. PROTECTIVE EQUIPMENT DISTRIBUTION:

- Provide a regular supply of face masks, gloves, and hand sanitizer to individuals who reside within the "hot spots" – Milwaukee's Central City, Brown Deer locations, and 53215 zip-codes.

- Provide routine daily cleaning of common areas, doorknobs, surfaces, elevator buttons, etc. at all public housing locations.

### 4. FOOD DELIVERY:

- Provide for the coordinated delivery of frozen and hot meals to residents in "hot spot" locations within the city.

### 5. PRICE GAUGING WATCH:

- Protect central city residents from price

(continued on page 7)

# SPECIAL FOCUS COPING WITH COVID-19

## Senator KAMALA HARRIS Announces Legislation to Establish Task Force to Combat Racial and Ethnic Disparities in COVID-19



Sen. Harris

WASHINGTON, D.C. – U.S. Senator Kamala D.

Harris (D-CA) recently announced the COVID-19 Racial and Ethnic Disparities Task Force Act, legislation to bring together health care and other policy experts, community-based organizations, and federal, state, local, tribal, and territorial leaders to confront the racial and ethnic disparities of the coronavirus pandemic head on.

The COVID-19 pandemic has heightened the urgent need to address long-standing inequities in our health care system. Representative Robin Kelly (D-IL-02), Chair of the Congressional Black Caucus Health Braintrust, will introduce companion legislation in the House of Representatives.

"People of color are being infected and dying from coronavirus at astounding rates," said Sen. Harris. "This is in part due to persistent lack of access to health care, bias in our health care system, systematic barriers to equal pay and housing, and environmental injustice. It is critical that the federal government proactively work to right historical wrongs that have led to racial inequities for generations.

The COVID-19 Racial and Ethnic Disparities Task Force Act is a necessary step to fully understand the impact of this virus in the hardest hit communities, and make targeted investments that correspond with their unique needs."

"We know that COVID-19 is already taking an oversized toll

(continued on page 2)



# Harris Announces Legislation to Establish Task Force to Combat Racial and Ethnic Disparities in COVID-19

(continued from cover page)

on communities of color,” said Rep. Kelly. “It’s critical that we examine these disparities at the highest possible levels of our government and develop solutions to address, reduce and end them. Fundamentally, we need this analysis to give us hard, in-your-face proof of what we’ve known for generations to drive policy change.”

Along with Harris and Kelly, this legislation is co-sponsored by Senators Cory Booker (D-NJ), Michael Bennet (D-CO), Sherrod Brown (D-OH), Dick Durbin (D-IL), Mazie Hirono (D-HI), Doug Jones (D-AL), Amy Klobuchar (D-MN), Ed Markey (D-MA), Jeff Merkley (D-OR), Gary Peters (D-MI), Bernie Sanders (I-VT), Tina Smith (D-MN), Debbie Stabenow (D-MI), Chris Van Hollen (D-MD), Elizabeth Warren (D-MA), and Sheldon Whitehouse (D-RI).

The bill would require the Department of Health and Human Services (HHS) to establish an interagency task force of policy experts, community leaders, and government officials to make data-driven recommendations to federal agencies about directing crucial resources—like testing kits, testing supplies, and personal protective equipment (PPE)—to communities with racial and ethnic disparities in COVID-19 infection, hospitalization and death rates. The task force’s work would guide a more equitable government response to the COVID-19 pandemic and future public health crises.

The COVID-19 Racial and Ethnic Disparities Task Force Act is endorsed by the Association of Asian Pacific Community Health Organizations, Asian & Pacific Islander American Health Forum, California Rural Indian Health Board, Center for American Progress, Center for Law and Social Policy (CLASP), Color of Change, National Asian Pacific American Women’s Forum (NAPAWF), National Council of Asian Pacific Americans, National Indian Health Board, National Hispanic Medical Association, National Medical Association, National Urban League, Third Way, and UnidosUS.

“Our country has long faced racial and ethnic disparities in virtually every facet of American life. COVID-19 has not only shed a light on these disparities but exacerbated them.

Senator Harris’s legislation will not only address the current inequities we see in the response to COVID-19, but it will begin to address the structural issues causing these disparities that have persisted for generations,” said Danyelle Solomon, vice president of Race and Ethnicity Policy at the Center for American Progress.

“The novel coronavirus pandemic has sickened and killed Black and Latino people at disparate rates, and equitable support is not reaching the nation’s hardest hit regions,” said Marc Morial, president and CEO, National Urban League.

“We need to convene health care and policy experts with local leaders in order to allocate the necessary resources to meet everyone’s needs -- especially in communities that have historically suffered from unfair and insufficient response from the government during times of crisis.

“The National Urban League is proud to support this legislation that will deliver much-needed federal support to our communities during these challenging times.”

“A federal task-force on racial disparities in the COVID-19 pan-

dem is essential for Black and Brown communities that are dying at alarming rates across the country. This pandemic makes it more clear than ever before that inequality in communities of color threatens stability for communities of every color nationwide. Identifying ways to specifically support and flatten the curve in our communities will serve as a protection for the entire country,” said Rashad Robinson, president, Color Of Change, the largest online racial justice organization in the country.

“I applaud Senator Harris and her colleagues for this proposal. Without comprehensive data on health outcomes and racial disparities, we are flying blind in our response to the pandemic.

“Early data from the CDC already shows that, among those with ethnicity specified, Latinos account for a quarter of overall confirmed COVID-19 cases in the U.S. and a shocking 40% of all cases among those under the age of 18,” said Janet Murguía, President and CEO of UnidosUS. “That’s why the task force proposed in this bill is so critical to protecting public health and stopping the spread of the virus.

“It will ensure that we don’t turn a blind eye to the racial disparities revealed by the more robust data collection mandated by Congress and compel the federal government to target and surge resources to hot spots and communities at risk and save precious lives.”

## The COVID-19 Racial and Ethnic Disparities Task Force would:

- Provide weekly resource allocation recommendations to FEMA and Congress including:
  - o Data on patient outcomes including hospitalizations, ventilation, and mortality disaggregated by race and ethnicity.
  - o Identification of communities that have high levels of racial and ethnic disparities in COVID-19 infection, hospitalization, and death rates.
  - o Recommendations to FEMA about how best to allocate critical COVID-19 resources like PPE, ventilators, testing kits, testing supplies, vaccinations

(continued on page 4)



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**WEEKEND EDITION**

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# Maternal deaths and coronavirus

HOUSTON — In an effort to better understand how COVID-19 affects pregnant women, researchers at Baylor College of Medicine and Texas Children’s Hospital studied the outcomes among pregnant women with severe COVID-19 disease in Iran, which was one of the countries outside of China to report disease as early as mid-February.

Their findings were published in The American Journal of Obstetrics & Gynecology. Cases were not selected by any form of systematic surveillance, but rather arose through a voluntary reporting of maternal cases with morbidity (occurrences of severe illness) or mortality (death) suspected to be attributable to COVID-19. The resulting case series from Iran was limited to a 30-day period in which women with known severe morbidity or death were voluntarily reported to the Iranian Perinatal Society from one of seven major hospitals or centers through a secure reporting structure. These cases were then reviewed by a team of obstetrical investigators based at Baylor and Texas Children’s, who then summarized their findings. In order to provide a comparison group, the team of investigators obtained self-verified data from members of the patients’ family or household that they lived with at the

time. Among the nine pregnant women in their case series with severe COVID-19 disease, seven died, one remains critically ill and ventilator-dependent, and one recovered after prolonged hospitalization. They compared the outcomes of the pregnant women to their familial/household members (a total of 33 people), and in each and every instance, the maternal outcomes were more severe. This study is the first to document the unfortunate death of pregnant women due to COVID-19 and should serve as a caution and reminder to not rush estimates of proportionate risk in pregnancy, according to Dr. Kjersti Aagaard, professor of obstetrics and gynecology at Baylor and Texas Children’s and corresponding author of the study. “Until rigorously collected surveillance data emerges, it is prudent to be aware of the potential for maternal death among pregnant women diagnosed with COVID-19 disease in their second and third trimester,” Aagaard said. “In the months and years to come, data being collected from surveillance cohorts will provide us with reliable estimates as to whether risk of COVID-19 severe disease and death in pregnancy is the same, less, or greater than that of others.

“We need to understand if COVID-19 is the exception to the rule that, in general, pregnant women do much worse with severe lower respiratory infections and are proportionately more likely to suffer severe disease and death,” she said. “We simply don’t have a reliable answer today. Surveillance data will ultimately define the impact of pregnancy among women who died or experienced severe morbidity attributed to COVID-19 disease.” Aagaard added that estimating rates of severe disease and death during an outbreak or pandemic often are prone to some degree of reporting bias and right censoring error. Censoring errors occur when outcomes, such as death or severe disease, are only partially known at the time of reporting. Right censoring errors can underestimate the case fatality rate or risk of death or severe disease in situations where more time is needed in order to include all the missing data, such as with pregnancy. “We acknowledge that our series is limited by lack of surveillance data, and we are not attempting to use our data to quantify risk in pregnancy and explicitly discourage others from doing so,” Aagaard said. “The work of our team of investigators carefully describing these unfortunate outcomes demonstrates that deaths due to COVID-19 disease among pregnant women have occurred. In contrast to other earlier reports, the maternal mortality rate due to COVID-19 is not zero. It is our hope that our study will encourage collaboration among scientists and obstetrical providers, continue to inspire caution against complacency, and guide restraint in rushing estimates of relative or attributable risk with pregnancy.” This study is a collaboration between Baylor College of Medicine, Texas Children’s Hospital, Tehran University of Medical Sciences, Shahid Beheshti University of Medical Sciences, Baqiyatallah University of Medical Sciences, Zanjan University of Medical Sciences and Qom University of Medical Science. This study was supported in part by NIH grants R01-HD091731, R21-ES029462, R01-DK089201 to KMA. KMA holds the Henry & Emma Meyer Endowed Chair at Baylor College of Medicine. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.



## If I could do one thing, I’d make sure we stay healthy.

If you could do one thing for your community, what would it be? More walk-in clinics? More funding for health services closer to home? Completing the 2020 Census is a safe and easy way to inform billions in funding for hundreds of services and programs in your community. **Respond online, by phone, or by mail.**

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**COMMENTARY:**  
**Congressional**  
**Black Caucus:**  
**Prioritize**  
**Black**  
**People**  
**First! Word!**

**By Thomas Muhammad, Texas Metro News**

As a person who's been on the front lines of protests advocating for Black folks for media job hiring, slavery reparations and more Black history teaching in public schools, just to name a few.

I've witnessed for decades how my work was being translated by news reports as "working on behalf of minorities!"

Nothing could have been further from the truth.

But unfortunately, it's how White leadership has seen Black protesters and the sad commentary is, it's been primarily a narrative pushed by Black leadership in their need, it appears, to be

loved by everybody in the world.

However, the people primarily hurt by this compromise has been the voiceless masses.

It seems that finally there appears to be some powerful help on the horizon in the name of a group of activists known as the Black Business Empowerment (BBE). This movement is made up of a crossbreed of business owners, community organizations, religious leaders and grassroots groups that decided to come together to show unity and to pool their strengths to advocate for Black people.

The groups all agree that the consistent use of labeling their causes under the word "minority" has many times weakened their abilities to assist Black people.

And it is those Black people who through nearly 210 years of forced slave labor and an

(continued on page 6)

# Harris Announces Legislation to Establish Task Force to Combat Racial and Ethnic Disparities in COVID-19

(continued from page 2)

(when available), staffing, and funding to these communities.

o Best practices when communities are able to effectively reduce racial and ethnic disparities.

• **Provide oversight and recommendations to federal agencies about how to disburse COVID-19 relief funds**—for instance, the Education Stabilization Fund and the Paycheck Protection Program created under the CARES Act—to address racial and ethnic disparities with respect to the COVID-19 pandemic.

• **Report to Congress on:**

o Structural inequalities preceding the COVID-19 pandemic and how they contributed to racial and ethnic disparities in infection, hospitalization, and death rates.

o The initial federal response to the COVID-19 pandemic and its impacts on racial and ethnic disparities in infection, hospitalization, and death rates.

o Recommendations to combat racial and ethnic disparities in future infectious disease response.

• **At the end of the COVID-19 public health crisis, establish a permanent Infectious Disease Racial and Ethnic Disparities Task Force** to continue to identify and address racial and ethnic disparities in our health care system and improve future infectious disease response.



## WORKING TOGETHER TO STAY APART

COVID-19 is serious and can be deadly. And within our African American communities, the impact seems to be greater. Let's take care of each other by staying home except for work and grocery shopping. If you have to go out, stay 6 feet away from others, wear a cloth mask and wash your hands often.

If you have questions or think you have symptoms, visit [aah.org/covid-19](https://aah.org/covid-19).

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#InThisTogether



# TOO MANY WASHINGTON POLITICIANS ARE PROTECTING **INSURANCE COMPANY PROFITS** OVER **BLACK HEALTH CARE**

Too often, insurance companies refuse to cover emergency services. Either patients are forced to pay bills they cannot afford, or hospitals are shuttering. Congress claims to be tackling this challenge, but until the Congressional Black Caucus got involved, Congress was focused on protecting insurer profits, not people. Let's join leaders like Rev. Al Sharpton, the Congressional Black Caucus, Southern Christian Leadership Conference, Black Women's Health Imperative, National Coalition of 100 Black Women, Dr. Benjamin F. Chavis, Jr. and Dr. Julianne Malveaux in working to ensure that insurance companies expand their networks and cover more emergency services. This will maintain access to care in hard-hit Black communities.

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**THE STATUS QUO MEANS HOSPITALS IN OUR COMMUNITIES CLOSE FIRST. WE CANNOT LET THIS HAPPEN.**

---

Emergency services are already hard to come by in our communities. Together, we can ensure that the old way of doing business - putting insurance company profits over people - **STOPS**.

## JOIN US AND SUPPORT THE CBC

**Help us work to make sure Congress passes a bill that keeps us healthy and alive - by allowing insurance networks to grow and cover lifesaving services.**



Dr. Benjamin F.  
Chavis Jr.

Dr. Julianne Malveaux

For more information, visit: <https://nationalactionnetwork.net/newnews/black-americans-and-healthcare>



# What Small Business Owners Can Do To Steer Their Way Through A Crisis

As the nation's economy continues to struggle because of the impact of COVID-19, small business owners and their leadership skills are being put to the test.

They face the task of adapting to the crisis and helping their employees adapt as well.

But just what steps can business leaders take to keep employee morale high, make sure

the business stays afloat, and manage their own concerns about the future?

One of the most important things is to be transparent with employees about where the business stands, says Adam Witty, ForbesBooks co-author of *Authority Marketing: Your Blueprint to Build Thought Leadership That Grows Business, Attracts Opportunity, and*

Makes Competition Irrelevant.

"Face the facts head on and don't try to sugarcoat it," says Witty, the founder and CEO of AdvantageForbesBooks ([www.advantagefamily.com](http://www.advantagefamily.com)).

"Share with your team, in calm and rational terms, what impacts you expect the virus to have on your business and what the business is doing to try to mitigate those negative impacts."

Witty suggests other steps business leaders need to take as they manage their way through the crisis:

Over communicate. With remote work, communicating is more important now than ever. In an office, much of the communication happens naturally as people drop by each other's offices or pass in the hallway.

With everyone spread out, communication can easily fall by the wayside so it needs to be more intentional.

Witty says it's critical to use video communication like Zoom or Google Hangouts whenever possible to interact with employees.

He also makes a point of sending at least three company-wide video messages a week. "In times of great uncertainty, communicate more not



less," he says. "In the absence of information, people tell themselves stories, and I can promise they are bad stories."

Project calm. When a leader is anxious and fearful, everyone will pick up on that and they, too, will become anxious and fearful.

"If your employees see that you are worried, they will begin to think it is all over," Witty says. That doesn't mean to fake it or to pretend the situation isn't bad.

"We can't control the situation we find ourselves in," he says. "But we can control how we react to the situation, and how we react will dictate our results."

Consider introducing new

products or services. Now is a good time to get innovative, Witty says, so brainstorm with your team about alternative ways to bring in revenue if your usual sources have been disrupted.

For example, some restaurants that were strictly sit-down establishments pivoted to offer takeout and delivery.

Witty's own company created new publishing and marketing products aimed at potential clients who may be more cost conscious during these tough economic times.

Finally, Witty says, have a plan.

"Hopefully, you already have a strategic plan for your business."

(continued on page 7)

## Congressional Black Caucus: Prioritize Black People First! Word!

(continued from page 4)

additional 100 years or more of Jim Crow laws; Black businesses should have been sectioned off with relief funds for Black people only!

After all, it's been Black businesses that have employed Black people in Black communities in America as White businesses and businesses owned by foreigners have exclusively discriminated against Blacks, even in majority Black neighborhoods.

So yeah, I'm pissed off to the highest pissivity over constantly sacrificing for other ethnic groups! It's time for others to take a hit for the damned team!

It's time for us to look out for us first!

It's like riding on an airplane and you're told to put on your mask first before you mask others. Black leadership needs to follow that example for Black people!

Don't get me wrong!

Sure, if brown, yellow, red or white folks benefitted from my work, okay that's fine! But my initial plan was for Black people, so the word minority should not even enter the conversation!

So now we're faced with the issue that the Small-Business Loan Program has run out of money! \$350 billion from the first Payroll Protection Program (PPP) has run out of money. You now see owners, like Denny Moe's Barbershop, in Harlem say, "I can probably last until May. But I don't want to think about that!"

Currently, Congress approved \$450 billion more in the PPP 2 bill. For this bill we need Black congressional leadership to sing the words, "Say It Loud I'm Black And I'm Proud!" And by the way James Brown was a Republican, so political partisanship should be put aside!

Think about these facts. The National Bureau on Economic Research (NBER) presented a working paper that found that the medium firm/business with expenses over \$10,000 per month has only enough cash on hand to last for two weeks.

Problem is that reference doesn't refer to the much smaller businesses like brother Denny Moe's mentioned and the many mom/pop businesses that only employ two to five people but have been in business for decades! I'm talking about your neighborhood cleaners, beauty salons, bakeries, t-shirt making shops, bookstores, and the list goes on. What about them?

Put that up against Ruth's Chris Steak House chain that grossed \$42 million last year but received a \$20 million forgivable loan and Potbelly and Shake Shack restaurant chains receiving \$10 million. Excuse me, but all I can say is, 'huh!'


Shake Shack and Ruth's Chris just recently announced they are returning the stimulus checks. I guess this proves they do have some scruples. But it also proves that they didn't need the f!:/@; money in the first place, don't you think?

Which brings me to this point, that if the CBC believe their job is to advocate for minority communities then maybe it's time Congress creates a Congressional "Ethic" Minority Caucus which should then allow CBC to advocate for Black people only. How about that for some clarity?

As for the BBE Movement we need Black people in all 50 states of America to come together and join this call of BBE to get Black congressional leadership to continue seeking federal funding to support Black businesses, which in return will employ Black families and help them survive America's white supremacy legacy!

A Lata Continua: The Struggle Continues...

Thomas Muhammad is Chairman of the National Black United Front (NBUF)-Dallas Texas Chapter.



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WITH SHOPPER'S CARD.\*  
More options available at [giftcards.kroger.com](https://giftcards.kroger.com)

**OFFER VALID 4/29 - 5/12**  
\*Limited Time offer. Restrictions apply. Redeem at BP or Amoco, see store for details.

**SNAP EBT CARDS NOW ACCEPTED AT PICKUP!**  
See our website or app for details.

**SAVE UP TO \$1 OFF**  
per gallon of BP or Amoco fuel!\*

**SALE DATES:**  
Thursday, April 30 through Tuesday, May 5, 2020

We reserve the right to limit quantities and correct all printed errors. Not all items and prices available at all locations unless otherwise noted. Prices subject to state and local taxes, if applicable. No sales to dealers. Purchase requirements exclude discounts, coupons, gift cards, lottery tickets, bus passes, alcohol, tobacco and use of Fresh Perks Card®. All prices "with card" are discounted by using your Fresh Perks Card®. \*Free promotion will be applied to item of least value.

**RESTRICTIONS APPLY:** See [PicknSave.com/fuel](https://PicknSave.com/fuel) for details.