



ONE YEAR UNDER COVID-19



What Hoosiers Faced and the Indiana General Assembly's Response

2021 MARCH

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Introduction and Overview

On March 23, 2020 Governor Eric Holcomb issued an executive order shutting down all but essential activities to stop the spread of COVID-19. Businesses shuttered and children were kept home from school as Hoosiers transformed their lives to protect their own health and the health of their neighbors. Many Hoosiers already struggled to make ends meet, but they found ways to support one another during a year like none other. This should have been a call for our leaders to recognize and honor our suffering and to take bold action to create a better future. But for too many lawmakers, the pandemic provided cover to ignore their constituents while favoring powerful, monied interests. This report details the struggles Hoosiers have faced over the last year, the failure of the legislature to advance bills to support everyday Hoosiers, and how we can move forward toward a brighter future for all people in Indiana.

As of March 2021, nearly 13,000 Hoosiers have died from COVID-19, and the pandemic has intensified the very real challenges that Indiana already faced. During the past year, Hoosiers have lost loved ones to COVID-19 and to deaths of despair. They have lost their jobs, their homes, and many of their small businesses. They have lost their hopes, their dreams, and their sense of security. The pandemic triggered a year of instability, isolation, and loss across our state.

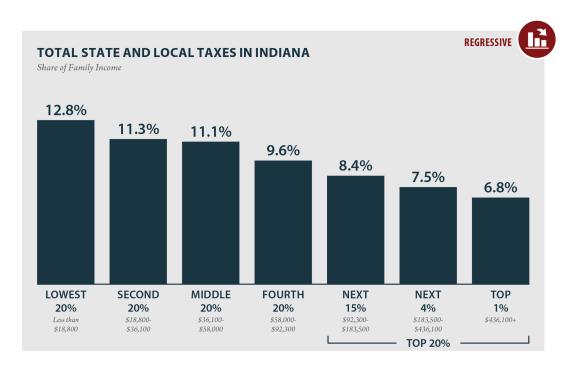


Figure 1 Total state and local taxes in Indiana based on share of family income from Institute on Taxation and Economic Policy

Even before the pandemic, low-income Hoosiers disproportionately funded our state's roads, schools, and essential public infrastructure, but the values and voices of these Hoosiers were seldom heard or listened to at our statehouse. Corporate special interests and their lobbyists, however, have a robust presence at our capitol and significantly impact our legislative process, despite contributing a mere 5.25% of their profits to funding Indiana.

This report demonstrates how the COVID-19 pandemic and its economic fallout has exacerbated the challenges facing Hoosiers, especially those already struggling to make ends meet. It looks at three key categories in our state and the actions of the indiana General Assembly during the 2021 session:

- Health
- Quality of Life
- Justice & Democracy

While the pandemic has increased inequalities in Indiana, Indiana's legislative session is not yet over. There is still time for everyday Hoosiers to impact the legislative process and hold their elected officials accountable to their values and needs. The suffering endured by Hoosiers this past year was not inevitable and it does not have to be a blueprint for the future of Indiana.

Health

Public Health & Access to Care

Since the onset of the pandemic, Indiana has suffered nearly 13,000 deaths from COVID-19. That is more than 1,900 deaths per million people, **making Indiana the 13**th **most lethal state for COVID-19 mortality.**¹ Indiana's deaths came in two waves. In the first wave, Black Hoosiers got sick and died at higher rates than other Hoosiers. The second more lethal wave of infections began in the fall of 2020 and extended into 2021 and primarily impacted rural and white Hoosiers. According to an analysis by the Indy Star, during the initial surge in April more than twice as many Black Hoosiers than white Hoosiers got COVID-19. In November, as cases peaked again, the numbers shifted and for every two Black Hoosiers, there were three white Hoosiers who contracted the virus.²

In each case, the causes of the disparities lie not with individual behaviors as much as with the structural factors. Black Hoosiers initially got sick and died at higher rates because they are more likely to be confined to dangerous jobs that cannot be done from home, were denied proper protective equipment, and face barriers to adequate treatment and care. Rural communities, where the second wave hit, often lack resources to get and stay healthy, living in communities with limited access to medical care.

Crowded prisons and jails also created a "public health catastrophe." At Indiana's Rockville Correctional Facility for women, more than a quarter of inmates and staff tested positive for the virus. Testing positivity hit 72% at the Wabash Valley Correctional Center. There is evidence that high levels of infection within prisons contributes to high infection rates in the community as well. To relieve prison crowding, neighboring states released inmates who were near the end of their sentences for low-level offenses, but Governor Holcomb took no such action.

The pandemic hit Hoosiers especially hard because public health was already poor.

Indiana's per capita public health spending has historically been among the lowest in the country. Indiana ranked near the very bottom on infant and maternal mortality, besity, and smoking. In addition, access to healthcare and percentage of people without healthcare insurance was worse than neighboring states. Before COVID-19, 8.8% of Hoosiers had no health insurance and 53.3% had insurance through their employers. The high percentage of Hoosiers getting insurance through employers increased their vulnerability to losing healthcare with the loss of employment.

New research by Families USA shows a very strong correlation between health insurance and COVID disease prevalence and deaths.¹² The research looked at the percentage of county residents who lacked health insurance and found that a 10% increase in the residents without health insurance translated to a 70% increase in COVID-19 infection and 48% increase in deaths. Communities with high percentages of uninsured suffered

the ravages of COVID in disproportionate numbers. This same study found that 32% of Indiana's deaths were associated with health insurance gaps.

During the past year, Indiana's Medicaid programs, especially those expanded under the Affordable Care Act, have provided essential care to an increasing number of Hoosiers, acting as a vital safety net during a conjoined economic and health crisis. Since March 2020, enrollments in Hoosier

Healthwise, a Medicaid plan for low-income Hoosier children, and the Healthy Indiana Plan have swelled total Medicaid coverage to 1.8 million people or more than 25% of the Indiana's population.¹³ The graph shows the increase in Medicaid enrollment since the beginning of the pandemic.¹⁴ This coincides with the period of greatest increases in applications for unemployment (these peaked at the beginning of May).15

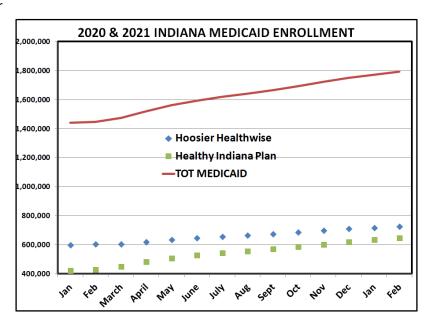


Figure 2 2020 and 2021 Indiana Medicaid Enrollment

The decision by the state not to involuntarily remove anyone from Medicaid rolls during the pandemic undoubtedly helped to save lives and slow the spread of the disease. However, the legislature took no substantive action to broadly alleviate adverse health impacts from the pandemic or improve access or quality of healthcare for Hoosiers.

Instead, The Indiana General Assembly has responded to this public health crisis by attempting to remove regulatory authority from the Executive Branch for healthcare emergencies. HB 1123, for instance, would limit the power of the Governor to extend the duration of health care emergencies. SB 5 would enact a process to enable businesses to appeal local health emergency shutdowns if a business suffers adverse economic impacts. As of March, both of these bills have passed through their house of origin. The impact of these bills would be to restrict public health protections to favor private profits.

Maternal and Infant Health

Indiana's high infant mortality rate has improved in recent years; we are now ranked 36th (coming up from 43rd in 2016). Indiana's maternal mortality rate, however, is the 3rd highest in the country.¹⁷ Indiana's Maternal Mortality Review Committee found that 87% of the pregnancy-deaths were preventable. 18 Although Governor Eric Holcomb has

publicly made improving our infant and maternal mortality rates one of his top priorities, once again this year's legislature again failed to address the health of mothers and babies in any meaningful way.

In the same way that COVID-19 infections varied across race and class due to structural issues, Black mothers and rural women are disproportionately sick and dying. Black mothers are more likely to be uninsured and to be unable to obtain proper pre- and postnatal healthcare. Wealth status or poverty has also been shown to correlate strongly with infant mortality in Indiana. The challenges of the COVID-19 pandemic and its economic fallout has clearly increased the stress levels that women are experiencing in pregnancy, making mental health coverage more critical than ever. The coverage more critical than ever.

Improving Indiana's maternal and infant health crisis by passing commonsense workplace accommodations for pregnant workers and new mothers has been a top priority for Hoosier Action, other advocacy organizations, responsible Indiana corporations, and Governor Holcomb for the past two years. Modelled after accommodations passed in 30 other states, legislators have authored bills that proposed simple, low-cost workplace accommodations for pregnant workers, particularly those in low-wage, no-benefit, high-risk jobs. Accommodations might include providing more frequent bathroom, water, and snack breaks, chairs for workers who stand all day, and accommodations to minimize physical risks.

In 2020, a strong pregnancy accommodations bill progressed out of committee and to the Senate floor. However, the Indiana Manufacturers Association and the State Chamber of Commerce opposed the bill, which was gutted on the Senate floor by an amendment that turned it into a study committee. The study committee was never convened.

In 2021, after years of mounting public pressure, four different pregnancy accommodation bills were put forward by legislators: SB246, HB1215, HB1358, and HB 1309. Unfortunately the only bill to even get a hearing this session was HB 1309, a pregnancy accommodation bill in name only. HB 1309, which is supported by the Indiana Manufacturers Association and Indiana Chamber of Commerce, allows a pregnant worker to request accommodation, something she was always allowed to do, but the bill does not require an employer to provide accommodations. As of March, HB 1309 has passed the House, and is anticipated to pass the Senate.

Several other bills were filed this session by legislators to address our on-going maternal-infant health crisis. Prominent among these is a repeat of a bill that was introduced in 2020, but was not heard in committee, HB 1155, to provide Medicaid coverage for the duration of pregnancies and for one year postpartum (current postpartum coverage is for 60 days only). There are also two bills this session that would provide screenings for newborns, each of which would provide the earliest possible detection, one for a rare genetic disorder (HB 1443, Fabry disease) and the other for a more common, dangerous infection (HB 1362, Cytomegalovirus [commonly called CMV]). One more bill that is critical for maternal-child health was HB 1350, which would have

established insurance coverage for doulas (trained professionals who provide physical, emotional and informational support to mothers before, during and after childbirth). **None of these bills received a hearing in committee.**

Mental Health, Substance Use & Deaths of Despair

COVID-19 and its economic fallout have had a devastating impact on mental health and substance use across Indiana. The pandemic has contributed to social isolation and loneliness, exacerbated depression and anxiety in people of all ages and created barriers to effective treatment for new and previously existing medical conditions.

Data and anecdotal accounts provide compelling evidence that the pandemic has contributed to a rise in "deaths of despair," the term that scholars have given to deaths from drug overdoses, suicide and alcoholic liver disease. Such deaths have increased alarmingly since 2000, in Indiana and across the U.S. Nationally, the pandemic and recession have been associated with 10% to 60% increases in these deaths.²²

A recent report by the Kaiser Family Foundation showed that over 40% of adults in the U.S. have experienced mental health disorders during the pandemic.²³ Prior to the pandemic Indiana's mental health profile was generally similar to the nation's. However, in some areas, notably opioid overdose death rates and overall suicide rates, Indiana's performance was substantially worse.²⁴

During the pandemic, according to survey data presented by Dr. Jennifer Sullivan, the head of Family and Social Services Administration (FSSA), mental health disorders increased dramatically in Indiana in the past year. As of January 2021, over 25,000 Hoosiers had completed BeWellIndiana.org mental health self-assessments and over three-quarters of the respondents reported symptoms of mental health disorders. Sullivan said 57% had new mental health conditions and were not receiving any form of treatment. Over half of the screenings confirmed moderate to severe depression, bipolar disorder or anxiety, the top mental health issues related to suicide.²⁵

In spite of the abundant compelling evidence of a greater need for mental health and addiction services, the current state budget proposal, HB 1001 does not increase funding for these critical services.

Prior to the pandemic, some state officials thought Indiana had turned the corner toward recovering from an epidemic of opioid use and drug overdoses. **But in 2020, Indiana experienced an increase in preventable overdoses that reflected a nationwide trend.** According to the Centers for Disease Control and Prevention, fatal drug overdoses surged by at least 20% during the pandemic and killed more than 81,000 people nationwide in the 12 months leading to May 2020, with deaths in the calendar year likely to top 100,000. Research suggests Black Americans are suffering the heaviest toll.²⁶

According to Doug Huntsinger, Indiana's drug policy director, Indiana experienced a 79% increase in overdose events at hospital emergency departments and a 63% increase in emergency use of the overdose reversal drug naloxone in 2020.27 The most recent official data for Indiana aren't yet available, but in 2018 the state had a preventable overdose death rate of 25.6 per 100,000 population, near the top tier of states.²⁸

Data from the Addictions Crisis Grand Challenge program at Indiana University showed that overdose deaths nearly doubled in the state between 2010 and 2017, costing the lives of almost 4,000 people. One in 12 Hoosiers, nearly a half million people, meet the criteria for having a substance use disorder.²⁹ With the COVID-19 pandemic, limits on in-person gatherings made it more difficult to participate in recovery programs and forced active users to use alone; as a result, if they overdosed, no one was present to administer naloxone or call for help.

Quality of Life

Jobs and the Economy

Indiana has seen worker wages and protections decline steadily in the past few decades. During the COVID-19 pandemic, front-line, essential workers, who are more likely to be people of color, and women of all professions have been disproportionately been exposed to the deadly virus and borne the brunt of the new recession. The crisis has demonstrated how ensuring safe working conditions for individual workers is essential to protecting public health for all.

Indiana ranks 36th in the country in per-person income, and, more damningly, 46th in income growth over the last 20 years. As wages stagnated, working conditions have worsened across the state. Meanwhile, the average worker's age has risen steadily over the last few decades as highly educated young people leave the state for better economic opportunities.³⁰ This is a crisis so noteworthy that a nonprofit launched a campaign in 2019 to convince skilled young Hoosiers who had moved away to return to their home state.³¹

Inequalities only escalated during the COVID-19 pandemic. While white-collar employees worked from home, hourly workers in retail, service, industry, the gig economy, and other low-wage sectors were forced to work in unsafe conditions. Many lost their jobs permanently as the small businesses that employed them were shuttered and had to rely on Indiana's troubled unemployment system for survival.³²

As schools were shuttered, working mothers were forced to choose between working and providing childcare. The disproportionate impact of the recession on women has been so stark, it has been dubbed a "she-cession." In December, 2020, for instance, women accounted for all of the documented job losses in the US.³³

Those who had no choice but to stay home due to comorbidities that put their lives at severe risk were unable to access unemployment benefits. As a consequence, income inequality, which was already on the rise across the state,³⁴ has shot up enormously: Employment increased by 1.2 percent for those who make over \$60,000 a year while it declined 4 percent for those who make between \$27,000 and \$60,000—and a startling 19 percent for those who make under \$27,000.³⁵

Housing Stability

Having a stable and safe place to live is a key factor in mental and physical health. Economic loss and poor mental health undermine a person's ability to maintain stable housing and the lack of stable housing causes further adverse impacts on mental

health.³⁶ The pandemic has made plain to everyone the connection between housing and health. Safe, stable housing is an essential deterrent to the spread of COVID-19 as shelters can contribute to the spread of the virus. This is why the pandemic prompted state and federal eviction moratoriums. And yet Indiana has seen more than 34,000 eviction filings since the pandemic began.³⁷

About 30% of Hoosiers, roughly 2 million people, rent their homes.³⁸ Prior to the pandemic there were approximately 6,000 evictions per month and 70,000 evictions per year in Indiana.³⁹ 40% of Indiana's evictions occurred in Marion County, and Indianapolis has the second-highest number of evictions in the country. 40 The state's evictions dropped to nearly zero under the stringent state eviction moratorium, but rose to approximately 4,000 per month under the less protective CDC moratorium.

In the 2020 legislative session the House and Senate passed SB 148, which prevented cities from taking their own actions on landlord tenant matters, and codified new forms of expedited evictions. This bill was advanced at the behest of commercial and real estate interests. As the pandemic unfolded in the spring of 2020, Governor Holcomb vetoed SB 148 citing concerns about the spread of the disease. In February 2021, the Indiana General Assembly overturned that veto, depriving thousands of the basic protections to keep them from losing their homes, and codifying seven new forms of eviction.

Eviction Lab data shows eviction filings by neighborhood demographics for the cities of Indianapolis and South Bend during the pandemic. Majority white and majority Black areas still have lower than average eviction filings, but majority Latinx areas have seen eviction filings often exceed the average. 41 With the economic losses suffered through the pandemic and unemployment still above pre-pandemic levels, eviction levels are very likely to increase above the pre-pandemic level.

Evictions particularly affect low-income women, especially women of color.⁴² These are exactly the people the pandemic has hit hardest. Job losses in women-dominated areas like hospitality, childcare, and service industries have been dramatic. Other women have had to quit their jobs because of the loss of child care and school closures.⁴³ The long-term impact of these hits to employment will be devastating for the most vulnerable Hoosier families.

The effects of being evicted go beyond just having to find a new place to live. Your possessions may be tossed out on the street or put into storage (requiring payment to get them back). Some landlords won't rent to someone with a record of eviction, so it can prevent you from getting a new place. The disruption of eviction can also cause job loss due to missed shifts or mistakes at work caused by the stressful process. "The evidence strongly indicates that eviction is not just a condition of poverty, it is a cause of it."44

Every corner of the state will suffer the consequences of these evictions and threatened evictions - across race and zip code, the fallout will affect schools, social service agencies, neighborhoods, and all levels of local government. And the impact will be felt

for generations, as families who have experienced eviction struggle with education, mental health issues, access to medical care.⁴⁶

Environment

Indiana has a history of allowing industries to pollute our environment. A recent study by US News and World report ranked Indiana as the nation's worst state in the discharge of toxic chemicals. The metric included emissions to air and water from manufacturing, mining, power plants and hazardous waste treatment.⁴⁷

The same study ranked Indiana as No. 37 among states for "long term, chronic human health effects of toxic chemical pollution," a list that includes birth defects, cancer, and asthma and breathing disorders. These health problems also make Hoosiers more vulnerable if they get sick due to COVID-19.

Communities of color, low-income communities and immigrant communities face a higher likelihood of these adverse health effects. Housing and other discrimination and the resulting lack of economic and political power meant that polluting industries are often located in these communities. Indiana's most egregious example is northern Lake County, home to the city of Gary. The area has hundreds of hazardous waste sites and some of the worst air quality in the nation.⁴⁸ Southern Indiana also has severe problems. Four of the nation's largest toxic air emitters are located within a 30-mile radius of Evansville, and citizens of Dale have been fighting the construction of the Riverview coal-to-diesel plant since 2017.⁴⁹

So when the pandemic hit in 2020 many Hoosiers were already suffering from pollution and its adverse health impacts, making them more susceptible to worse health outcomes should they contract COVID-19. And yet, Rep. Douglas Gutwein refused to hear a single House environmental bill, claiming that, "There was nothing that urgent in the House." One of the bills which was refused a hearing was HB 1559 which would have established a publicly available database of potentially contaminated properties to alert home-buyers and renters of contaminated sites. Hoosier Action leaders in Martinsville advocated for a contamination database because many of them had lived for years on a toxic Superfund site without knowing it.

SB 389, a bill to repeal state laws protecting wetlands, however, might pass into law this year. Wetlands make up 3.5% of land in Indiana today; in the 1700s nearly 25% of Indiana land was some type of wetland. Beyond their importance for wildlife, wetlands aid human life by acting as a buffer against floods and filtering water by absorbing excess nutrients and trapping pollutants. In this way wetlands improve water quality and protect Hoosier from the economic impacts of flood damage. The bill enables real estate developers and big agriculture to drain, fill, and exploit wetlands at will. Opposition to SB 389 is widespread, and includes hunters, bird-watchers, conservationists, stormwater managers, as well as Governor Holcomb. 151

Rather than moving legislation which would help protect Hoosiers health and improve the quality of life for Hoosiers and their children for generations to come by cleaning up dangerous toxic contamination, the Indiana General Assembly has ignored environmental legislation and risks doing even more harm by passing SB 389.

Justice and Democracy

Accessibility

Even during a typical year, following and meaningfully impacting the decision-making of the Indiana General Assembly is challenging for everyday Hoosiers. A working, single mother, for instance, cannot change everything in her schedule with just 24 hours notice to travel to the statehouse to testify in a committee hearing. Indiana's General Assembly is made-up of part-time citizen legislators who share legislative aides and who only meet for a few months of the year. Unfortunately, during the COVID-19 pandemic the barriers to participation in our democracy have only increased, making it even more difficult for everyday citizens to speak up and be heard during the legislative process.

Although the Indiana General Assembly has made some adjustments to existing rules in response to the pandemic, the structure, processes, and behavior of many members of our legislature have revealed certain elected officials to be more interested in preserving their own power and serving the profit interests of their corporate lobbyists than in legislating in the self-interest of their constituents. A recent AP survey found that Indiana was among the minority of states which did not allow people to testify remotely via phone or video during committee hearings.⁵²

The structural and process barriers to deliberate, open public participation in the 2021 legislative process include:

- Making last-minute meeting agenda changes.
- Requiring in-person committee testimony and not reading out written testimony during committee meetings.
- Limiting committee testimony, and not allowing testimony from all people present.⁵³ This was particularly egregious in the case of SB 389, the bill to repeal wetlands protections. Sen. Mark Messmer allowed only 3 of the 40 groups and individuals who sought to testify about the bill, and the committee voted immediately without being given time to read written testimony.
- The absence of a variety of hours, times, and places for participation in committee hearings.
- Failing to enforce the mask mandate at the statehouse for both legislators and lobbyists.⁵⁴
- Deciding to end the session one week early.
- Ignoring meeting requests and cancelling meetings with constituents.

High-risk Hoosiers, like those with disabilities and chronic illnesses, cannot safely be at the statehouse around people who refuse to take precautions to stop the spread of a deadly disease. Hoosier parents juggling virtual schooling generally can't find childcare to be able to travel to the capitol and testify. As a result of these barriers to participation, many legislators have only heard from the most privileged voices and corporate

lobbyists, and their outsize influence is reflected in the legislation which has moved during the 2021 session.

The failure of certain legislators to seek out or heed the voices of their own constituents can be partially attributed to gerrymandering in Indiana. In the 2020 general election only 15 of 100 house seats and two of 25 senate seats were remotely competitive. In the 2021 session, decisions have largely been made in caucuses behind closed doors because the Republican Supermajority does not require the consent of Democrat lawmakers to move bills.

Fuelling Divisions

In the midst of very real concerns for many Hoosiers about race and policing, some legislators are using this moment to increase racial and geographic divisions in the state. Several lawmakers have filed bills aimed at deterring protests, including attempts to criminalize certain types of assembly, increase criminal penalties for "rioting" and prevent cities and towns from reducing funding for police departments. They also took aim at local control of law enforcement with proposals to institute state control of the Indianapolis police department and bar local use-of-force restrictions.

A spate of laws intended to preempt the actions of Indianapolis decision-makers have also been put forward this session. From overriding the governor's veto of 2020's SB 148 to advancing a bill which would strip funding for public transportation in Indianapolis, these actions to undermine local governance disproportionately harm Black Hoosiers and reinforce the perception of a divide between urban and rural Hoosiers.

The disdain of certain white legislators for Black Hoosiers burst to the surface in February when they booed and shouted down Black colleagues on the floor of the House as Black representatives shared their experiences of racism. After the incident, two different legislators reported being further bullied and harassed in the bathroom and hallway after the incident.55

By fuelling racial divisions certain white legislators hope to divide and distract us, so that we'll blame Black people or people struggling to make ends meet for the damage their policies have caused us all. Rather than heed their constituents, these members of the General Assembly have revealed themselves to be willing to exploit the rules to silence our voices and hold onto power.

One notable exception this year has been the passage of HB 1006, a bill which requires de-escalation training for police and bans the use of chokeholds in certain circumstances. This bill had wide support across Indiana's smallest towns and biggest cities and is now on the Governor's desk.

Putting Corporate Profits Before Hoosier Lives and Values

The very first bill to become law from this session was SB 1, which gave businesses including nursing homes broad and retroactive immunity from liability. HB 1002, which would extend liability protections to healthcare providers, has moved rapidly through the house and into the senate. Both of these bills remove the ability of everyday Hoosiers to hold their employers, businesses or healthcare providers accountable for spreading a deadly disease. The fact that these bills were top priorities this session reveals who many members of the Indiana General Assembly actually serve: corporate profits, rather than workers, consumers or patients.

Workers at meatpacking plants, warehouses and long term care facilities have been some of the invisible casualties of the pandemic. In nursing homes both patients and staff have been left vulnerable and unprotected. More than half of Indiana deaths from COVID-19 occurred in long-term care facilities or nursing homes. Indiana's long-term care facility death rate stands at 1.57 per 100 residents, one of the worst states in our country.⁵⁶

Prior to COVID-19, Indiana was already struggling to provide adequate care to Hoosier elders. A recent IndyStar investigation found that Indiana's nursing homes are among the most poorly staffed in the nation.⁵⁷ The Indiana State Department of Health has the responsibility for licensing and certifying long-term care facilities. In December, Governor Holcomb announced that long-term care facility reform would be one of his priorities during the 2021 legislative session.⁵⁸ The vast majority of Indiana's nursing homes are owned by the state's hospital corporations. Twenty-two county hospitals own 93% of Indiana's nursing homes. 59 The Health and Hospital Corporation of Marion County is the state's largest nursing home owner. 60 The Indiana Hospitals Association and their Political Action Committee (PAC), the Friends of Indiana Hospitals, are major campaign finance contributors and maintain a full time "legislative relations" team.

However, in 2021 the legislature did not move forward a single piece of legislation to improve long term care facility safety and protect our most vulnerable citizens. The Governor's promised reforms have not come to pass in any legislation.

SB 389, the bill to repeal protections from Indiana's wetlands is another example of certain legislators putting private profit interests before public good. Wetlands are not only important in maintaining our infrastructure and preventing flooding, they are directly connected to the quality of most Hoosiers' water supply.⁶¹ Since 2017 the Indiana Builders PAC and related groups donated more than \$230,000 to the bill's authors and 19 co-authors. The groups poured more than \$450,000 to the Republican caucus during the same period.⁶² Even more troubling: the bill's authors stand to potentially personally gain from it: they are real estate developers who might financially benefit by eliminating the cost of working within current wetlands protections.

In addition to pushing forward bills that increase profits to large corporations regardless of their impact on everyday Hoosiers health and quality of life, some members of the Indiana General Assembly are also attempting to consolidate their own power stripping away control from local governments and the Governor's office. Bills such as SB 48 which limits the ability of health departments to declare emergencies, SB 256 which limits Governor's use of executive orders, as well as HB 1123 and SB 407 all seek to limit the governor's ability to act independently of the legislature. Because the Indiana General Assembly only meets for part of the year, stripping power away from local elected officials and the Executive branch is not only potentially subverting democratic will, it also risks creating a less responsive state, as the General Assembly is unable to respond as quickly as the Governor's office or local health officials.

Conclusion

Every elected official in the Indiana General Assembly was elected by and represents Black, white, and brown Hoosiers across Indiana. They have a sacred duty and have taken an oath to fight for the best interests of the diverse people in their districts regardless of how much money they make. While there are some in the state legislature on both sides of the aisle who diligently work on the behalf of their constituents, this session has revealed that many members of the Indiana General Assembly are more interested in holding onto their own power and promoting the interests of the state's biggest corporate interests than serving their constituents.

During this session, when Hoosiers needed bold leadership more than ever, certain politicians and corporate lobbyists have used the rules and COVID-19 as an excuse to silence our voices and try to avoid accountability for their decisions. We have also seen certain white legislators fuel divisions in an attempt to blame the consequences of their own policy choices on some of the most underrepresented in our state: new immigrants, Black people or people struggling to make ends meet. We must resist these calls for division and instead see our neighbors as the solution to many challenges we face as a state. Instead of blaming our neighbors for our state's problems and failings we must hold accountable those who have the most power to fix them and who have a duty to represent us: our legislators at the statehouse.

To build a brighter future for Indiana--one where every one of us can have healthy, fulfilled lives--we must ensure Hoosiers of all backgrounds have a say in the decisions which impact our lives. Whether on the House floor or at your neighbor's front door, we must listen to and respect the lived experiences of Hoosiers across the state. In order to build that state we must speak out against those who seek to divide us and join together across our racial differences to make the future one where we all prosper.

About Hoosier Action Resource Center

Hoosier Action Resource Center is a non-partisan grassroots community organization based in Southern Indiana. We believe in an Indiana where all Hoosiers, Black, white, and brown, are able to shape the decisions which affect our lives.

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