

Congress of the United States
Washington, DC 20510

March 27, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

We write to call on the U.S. Department of Health and Human Services (HHS) and its sub-agencies, such as the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), the Agency for Healthcare Research and Quality (AHRQ), and other relevant agencies, to monitor and address racial disparities in our nation's response to the coronavirus disease 2019 (COVID-19) public health emergency. During this unprecedented global pandemic, affordable and equitable access to care and treatment is essential to saving lives and slowing the spread of the coronavirus. It is critical that the federal government make a concerted effort to account for existing racial disparities in health care access and how persistent inequities may exacerbate these disparities in the weeks and months to come as our nation responds to this global health pandemic. We urge HHS to work with states, localities, and private labs to better collect data on health disparities as we continue to respond to this pandemic.

To start, the CDC is currently failing to collect and publicly report on the racial and ethnic demographic information of patients tested for and affected by COVID-19.¹ Our concerns echo those from some physicians: that decisions to test individuals for the novel coronavirus may be “more vulnerable to the implicit biases that every patient and medical professional carry around with them,” potentially causing “black communities and other underserved groups ...[to] disproportionately mis[s] out on getting tested for COVID-19.”² Without demographic data, policy makers and researchers will have no way to identify and address ongoing disparities and health inequities that risk accelerating the impact of the novel coronavirus and the respiratory disease it causes.

Although COVID-19 does not discriminate along racial or ethnic lines, existing racial disparities and inequities in health outcomes and health care access may mean that the nation's response to preventing and mitigating its harms will not be felt equally in every community. Low-income people are more likely to have many of the chronic health conditions that experts

¹ BuzzFeed News, “Doctors Are Concerned That Black Communities Might Not Be Getting Access To Coronavirus Tests,” Nidhi Prakash, March 22, 2020, <https://www.buzzfeednews.com/article/nidhiprakash/coronavirus-tests-covid-19-black>.

² *id.*

have identified as risk factors for complications from COVID-19.³ For example, Black and Hispanic adults are more likely to suffer from obesity and diabetes than non-Hispanic white adults.⁴ Asthma is also more prevalent among Black and Hispanic adults and children.⁵ People of color and immigrants are also less likely to be insured,⁶ and many communities of color have shortages of quality health care providers, making it difficult to access appropriate and timely care.⁷ Furthermore, a history of discrimination and marginalization has left some people of color distrustful of the medical system, making them less likely to seek out timely care.⁸

In addition, socioeconomic factors may further contribute to racial disparities in COVID-19 outcomes. In the United States, Hispanic workers are less likely to have paid time off from work,⁹ which would allow them to stay home and seek appropriate medical care if they or a family member become ill. People of color are more likely to work in low-wage jobs that cannot be done remotely¹⁰ and to have fewer financial resources to draw on in the event of health problems or economic disruption.¹¹ According to the Census Bureau, poverty is also concentrated in communities of color, particularly among people with disabilities and the elderly.¹² Moreover, unemployment, food insecurity and unstable or substandard housing conditions may further perpetuate disparities in health outcomes for people infected by the coronavirus, most specifically among low-income communities of color.¹³

These factors may all combine to accelerate the effects of the outbreak in the most vulnerable communities. A CDC study found that hospitalizations for seasonal influenza were

³ New York Times, “As Coronavirus Deepens Inequality, Inequality Worsens Its Spread,” Max Fisher and Emma Bubola, March 16, 2020, <https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>; Centers for Disease Control and Prevention, “Coronavirus Disease 2019 (COVID-19): People Who are at a Higher Risk,” <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>.

⁴ Centers for Disease Control and Prevention, “Health, United States Spotlight: Racial and Ethnic Disparities in Heart Disease,” April 2019, https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf.

⁵ American Journal of Respiratory and Critical Care Medicine, “Health Disparities in Asthma,” Erik Forno, May 2012, <https://www.atsjournals.org/doi/full/10.1164/rccm.201202-0350ED>.

⁶ Kaiser Family Foundation, “Changes in Health Coverage by Race and Ethnicity Since the ACA, 2010-2018,” Samantha Artiga, Kendal Orgera, and Anthony Damico, March 5, 2020, <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>.

⁷ Academic Medicine: Journal of the Association of American Medical Colleges, “Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review,” Amelia Goodfellow et al., 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007145/>.

⁸ Mother Jones, “Big Outbreaks like the Coronavirus Actually Do Discriminate: Against the Poor and Most Needy,” Kiera Butler, February 7, 2020, <https://www.motherjones.com/environment/2020/02/these-groups-could-suffer-the-most-in-a-us-coronavirus-outbreak/>.

⁹ Institute for Women’s Policy Research, “Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings,” February 2016, <https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B356.pdf>.

¹⁰ Pew Research Center, “Before the coronavirus, telework was an optional benefit, mostly for the affluent few,” Drew Desilver, March 20, 2020, <https://www.pewresearch.org/fact-tank/2020/03/20/before-the-coronavirus-telework-was-an-optional-benefit-mostly-for-the-affluent-few/>.

¹¹ Pew Research Center, “Key findings on the rise in income inequality within America’s racial and ethnic groups,” Rakesh Kochhar and Anthony Cilluffo, July 12, 2018, <https://www.pewresearch.org/fact-tank/2018/07/12/key-findings-on-the-rise-in-income-inequality-within-americas-racial-and-ethnic-groups/>.

¹² Health Affairs, Health Justice Strategies To Combat COVID-19: Protecting Vulnerable Communities During A Pandemic,” March 16, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200319.757883/full/>.

¹³ *id.*

more common in high-poverty neighborhoods.¹⁴ Research on past infectious disease epidemics has found that inequality during a viral outbreak creates a vicious cycle: poverty is made worse by the health and economic consequences of the epidemic, but it can also accelerate the spread of the virus, by restricting access to health care and preventative measures.¹⁵ Any attempt to contain COVID-19 in the United States will have to address its potential spread in low-income communities of color, first and foremost to protect the lives of people in those communities, but also to slow the spread of the virus in the country as a whole.

Despite the clear vulnerability of people of color in this public health emergency, comprehensive demographic data on the racial and ethnic characteristics of people who are tested or treated for COVID-19 does not exist.¹⁶ Health care providers have begun to express their concerns that Black and Hispanic people are less likely to have access to testing, which is crucial to tracking and containing the virus within a community.¹⁷ They are also concerned that the CDC's subjective criteria for which patients should receive a test could result in health care providers directing tests toward more affluent patients.¹⁸

Without demographic data on the race and ethnicity of patients being tested, the rate of positive test results, and outcomes for those with COVID-19, it will be impossible for practitioners and policy makers to address disparities in health outcomes and inequities in access to testing and treatment as they emerge. This lack of information will exacerbate existing health disparities and result in the loss of lives in vulnerable communities. It will also hamper the efforts of public health officials to track and contain the novel coronavirus in the areas that are at the highest risk of continued spread.

As the number of COVID-19 cases in the United States continues to grow exponentially, we urge you not to delay collecting this vital information, and to take any additional necessary steps to ensure that all Americans have the access they need to COVID-19 testing and treatment.

Thank you for your consideration of this urgent matter.

Sincerely,

Elizabeth Warren
United States Senator

Ayanna Pressley
Member of Congress

¹⁴ U.S. Department of Health and Human Services Morbidity and Mortality Weekly Report, "Influenza-Related Hospitalizations and Poverty Levels, United States 2010-2012," James L. Hadler et al, February 12, 2016, <https://www.cdc.gov/mmwr/volumes/65/wr/mm6505a1.htm#suggestedcitation>.

¹⁵ New York Times, "As Coronavirus Deepens Inequality, Inequality Worsens Its Spread," Max Fisher and Emma Bubola, March 16, 2020, <https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>.

¹⁶ BuzzFeed News, "Doctors Are Concerned That Black Communities Might Not Be Getting Access To Coronavirus Tests," Nidhi Prakash, March 22, 2020, <https://www.buzzfeednews.com/article/nidhiprakash/coronavirus-tests-covid-19-black>.

¹⁷ *id.*

¹⁸ *id.*

Robin L. Kelly
Member of Congress

Kamala D. Harris
United States Senator

Cory A. Booker
United States Senator