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November 10, 2020

Dr. Robert Redfield  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, Georgia 30329

Dear Dr. Redfield:

I write to request clarification on the Centers for Disease Control and Prevention (CDC)'s public communication about coronavirus disease 2019 (COVID-19) mortality as it relates to race, ethnicity, and age. Institutionalized racism and its adverse health effects have compounded the risks of COVID-19 for communities of color, resulting in a disproportionate share of infections and fatalities. In the United States, age, race, and ethnicity are intertwined; people of color are, on average, significantly younger than non-Hispanic white Americans<sup>1</sup>—an interaction the CDC has largely ignored in its communication about COVID-19 mortality rates. By failing to adjust COVID-19 mortality rates by age in its public data releases, the CDC may not be providing an accurate assessment of the increased risk of death and serious illness for communities of color relative to white Americans of the same age. Therefore, I urge the CDC to begin including age adjustments in its publications on COVID-19 mortality.

COVID-19 has laid bare the systemic racial and ethnic inequities embedded in the U.S. health care system. Over 9.8 million Americans have been infected by COVID-19 and more than 236,000 Americans have died.<sup>2</sup> Beginning in March 2020, I advocated for public disclosure of race and ethnicity demographic data,<sup>3</sup> the release of which has made clear that COVID-19 disproportionately affects communities of color.<sup>4</sup> The CDC has identified “many inequities in social determinants of health that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19,” including: discrimination, less healthcare access and

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<sup>1</sup> Pew Research Center, "The most common age among whites in U.S. is 58 – more than double that of racial and ethnic minorities," Katherine Schaeffer, July 30, 2019, <https://www.pewresearch.org/fact-tank/2019/07/30/most-common-age-among-us-racial-ethnic-groups/>.

<sup>2</sup> CDC, "CDC COVID Data Tracker," Updated November 8, 2020, <https://covid.cdc.gov/covid-data-tracker/#cases>.

<sup>3</sup> Letter from Senator Elizabeth Warren, Rep. Ayanna Pressley, Rep. Robin L. Kelly, Sen. Kamala D. Harris, and Sen. Cory A. Booker to Secretary Alex M. Azar II, March 27, 2020, <https://www.warren.senate.gov/imo/media/doc/2020.03.27%20Letter%20to%20HHS%20re%20racial%20disparities%20in%20COVID%20response.pdf>.

<sup>4</sup> CDC, "Disparities in Incidence of COVID-19 Among Underrepresented Racial/Ethnic Groups in Counties Identified as Hotspots During June 5–18, 2020 — 22 States, February–June 2020," Jazmyn T. Moore, MSc, MPH, et al, August 21, 2020, <http://dx.doi.org/10.15585/mmwr.mm6933e1>.

utilization, disproportionate representation in jobs classified as “essential workers,” higher likelihood of living in crowded housing, and higher poverty rates.<sup>5</sup>

Another factor driving the risk of mortality from COVID-19 is age—8 out of 10 COVID-19 deaths have been among Americans over the age of 65.<sup>6</sup> Those at the absolute greatest risk for severe illness from COVID-19 are those aged 85 or older; compared to the comparison group aged 18-29, they have a hospitalization risk that is 13 times higher and a mortality rate that is 630 times higher.<sup>7</sup>

If the age distribution of different racial and ethnic groups in the U.S. were identical, analysis by either age or race and ethnicity alone would be sufficient to accurately capture the risk of hospitalization and death among COVID-19 patients. But because demographic differences fall along racial and ethnic lines in the U.S., the CDC must account for these differences in order to correctly characterize the risk for different groups of COVID-19 hospitalization and mortality.<sup>8</sup> In the U.S., non-Hispanic white Americans are, on average, much older than other racial and ethnic groups.<sup>9</sup> According to an analysis of demographic data of median ages in 2019 and most common ages in 2018, the median age for non-Hispanic white Americans was 43.7, and the most common age was 58.<sup>10</sup> In comparison, the median age for Black Americans was 34.6, and the most common age was 27; the median age among Latino Americans was 29.8, and the most common age was 11; and the median age for multi-racial Americans was 20.9, with the most common age being 3.<sup>11</sup>

When populations have different age distributions, adjusting for these differences is a standard epidemiological technique.<sup>12</sup> As the CDC has itself explained in the past, “the crude rate does not

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<sup>5</sup> CDC, “Health Equity Considerations & Racial & Ethnic Minority Groups,” July 24, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; The Journal of the American Medical Association Network, “Assessment of Community-Level Disparities in Coronavirus Disease 2019 (COVID-19) Infections and Deaths in Large US Metropolitan Areas,” Samrachana Adhikari, PhD, et al., July 28, 2020, <http://doi.org/10.1001/jamanetworkopen.2020.16938>.

<sup>6</sup> CDC, “Older Adults and COVID-19,” September 11, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

<sup>7</sup> *Id.*, CDC, “COVID-19 Hospitalization and Death by Age,” August 18, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>.

<sup>8</sup> Quartz, “One metric shows that race in America is about to experience a dramatic shift,” Dan Kopf, June 27, 2017, <https://qz.com/1013714/one-metric-shows-that-race-in-america-is-about-to-experience-a-dramatic-shift/>; National Center for Health Statistics, “Direct Standardization (Age-Adjusted Death Rates),” Lester R. Curtin, Ph.D. and Richard J. Klein, M.P.H., March 1995, <https://www.cdc.gov/nchs/data/statnt/statnt06rv.pdf>.

<sup>9</sup> Quartz, “One metric shows that race in America is about to experience a dramatic shift,” Dan Kopf, June 27, 2017, <https://qz.com/1013714/one-metric-shows-that-race-in-america-is-about-to-experience-a-dramatic-shift/>.

<sup>10</sup> Pew Research Center, “The most common age among whites in U.S. is 58 – more than double that of racial and ethnic minorities,” Katherine Schaeffer, July 30, 2019, <https://www.pewresearch.org/fact-tank/2019/07/30/most-common-age-among-us-racial-ethnic-groups/>; Brookings Report, “The nation is diversifying even faster than predicted, according to new census data,” William H. Frey, July 1, 2020, <https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/>.

<sup>11</sup> *Id.*

<sup>12</sup> National Center for Health Statistics, “Direct Standardization (Age-Adjusted Death Rates),” Lester R. Curtin, Ph.D., and Richard J. Klein, M.P.H., March 1995, <https://www.cdc.gov/nchs/data/statnt/statnt06rv.pdf>.

take into account the age distribution of the population. As such, it is not an appropriate measure for comparing differences between population groups.”<sup>13</sup>

The CDC has frequently used messaging and infographics about the higher risk of death due to COVID-19 for people of color that do not tell the full story. One key CDC infographic reported that mortality risk is 2.1 times higher for Black Americans, 1.1 times higher for Latino Americans, 1.4 times higher for American Indian or Alaska Native people, and the same for Asian Americans compared to non-Hispanic white Americans.<sup>14</sup> However, a recent analysis of COVID-19 mortality data adjusting for differences in age between racial and ethnic groups found significantly wider gaps in the overall mortality.<sup>15</sup> Using this age-adjusted race and ethnicity data, analysts observed mortality rates that were 3.2 times higher for Black Americans, 3.2 times higher for Latino Americans, 3.1 times higher for Native American and Alaska Native people, 2.4 times higher for Pacific Islanders, and 1.2 times higher for Asian Americans compared to non-Hispanic white Americans.<sup>16</sup> Similarly, a recently published comprehensive CDC review of race, ethnicity, and age trends in people who died from COVID-19 correctly identified ethnic and racial disparities – but did not contain a figure, table, or discussion of data that correctly indicated that age-adjusted disparities were even higher than they appeared at first glance.<sup>17</sup>

The analyses presented by the CDC should accurately represent the risks of COVID-19 for every American, regardless of their race, ethnicity, or age. Americans’ race and ethnicity are deeply intertwined with their risk both of contracting the disease and of surviving it. The CDC itself has stated, “Another important factor that can be adjusted for is age. As death due to COVID-19 varies by age, the distribution of deaths across race and ethnic groups will be affected by the age distribution of each of the groups.”<sup>18</sup> Dr. Joshua Sharfstein, a public health leader at Johns Hopkins University, has correctly concluded that “An apples to apples comparison recognizes that there is a much greater risk of death among people who are older.”<sup>19</sup>

The fact that the average age among communities of color is much younger than that of non-Hispanic white Americans makes the disproportionate number of deaths among communities of color all the more disturbing. This suggests that, even when the adjusted rates are correctly shown, they will understate the impact of COVID-19 on communities of color because the higher rates of disease in these groups are among younger individuals.<sup>20</sup> A separate analysis of

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<sup>13</sup> *Id.*

<sup>14</sup> CDC, “COVID-19 Hospitalization and Death by Race/Ethnicity,” August 18, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

<sup>15</sup> APM Research Lab, “The Color of Coronavirus: COVID-19 Deaths by Race and Ethnicity in the U.S.,” APM Research Lab Staff, October 15, 2020, <https://www.apmresearchlab.org/covid/deaths-by-race>.

<sup>16</sup> *Id.*

<sup>17</sup> CDC, “Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020,” Jeremy A.W. Gold, MD, et al., October 23, 2020, <http://doi.org/10.15585/mmwr.mm6942e1external.icon>.

<sup>18</sup> CDC, “COVID-19 Provisional Counts - Health Disparities,” October 28, 2020, [https://www.cdc.gov/nchs/nvss/vsrr/covid19/health\\_disparities.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm).

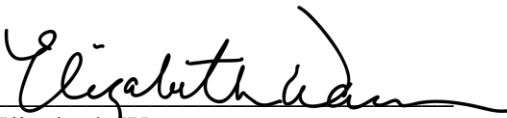
<sup>19</sup> Tweet by Joshua Sharfstein, October, 4 2020, <https://twitter.com/drJoshS/status/1312807401473662977>.

<sup>20</sup> CDC, “Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020,” July 17, 2020, [https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm?s\\_cid=mm6928e1\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm?s_cid=mm6928e1_w).

years of potential life lost should also be conducted by the CDC to demonstrate the relative impact of the pandemic on different groups.

To date, the CDC has not consistently articulated risks and has not provided full and complete information on the degree to which age and race or ethnicity interact to inflate the risk of COVID-19 mortality for communities of color. I ask that the CDC begin including an age adjustment in its publications on COVID-19 mortality among racial and ethnic minorities and more accurately describe COVID-19 racial disparities in its communications, publications, and public statements.

Sincerely,



Elizabeth Warren  
United States Senator