

Congress of the United States
Washington, DC 20515

January 28, 2021

Mr. Norris Cochran IV
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Secretary Cochran:

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), the Indian Health Service (IHS), U.S. Food and Drug Administration (FDA), the Agency for Healthcare Research and Quality (AHRQ), and other relevant agencies, such as the Federal Bureau of Prisons (BOP), to monitor and address racial and other demographic disparities in our nation's COVID-19 vaccination deployment strategy. It is critical that the Black, Latinx, Indigenous, and immigrant communities that have been most impacted by this virus and have been more likely to contract, be hospitalized, and die from the disease have access to the vaccine.

Despite the clear vulnerability of people of color in this public health emergency, comprehensive data on the racial, ethnic, and other demographic characteristics of people who have been treated or vaccinated for COVID-19 does not exist. This lack of information will exacerbate existing health disparities and result in the loss of lives in our most vulnerable communities. Black and Latinx, Indigenous, and immigrant communities continue to experience a disproportionate burden of COVID-19 cases and deaths. Since the start of the pandemic, the death rates for Black individuals and American Indian and Native Alaskans have been nearly twice as high as the death rate of their white counterparts.¹ People of color are more likely to have many of the chronic health conditions that the CDC has identified as risk factors for complications from COVID-19.² Black, Latinx, and tribal communities have been at increased risk of hospitalization, face greater barriers to testing, and in many areas, make up the majority of frontline workers who are at risk for increased exposure to the virus.³

Free and equitable access to vaccines is essential to saving lives and slowing the spread of the coronavirus. The recent distribution of approved vaccines is a sign of hope that much needed

¹Kaiser Family Foundation, "Racial Disparities in COVID-19: Key Findings from Available Data and Analysis," Samantha Artiga, Bradley Corallo, Olivia Pham, August 17, 2020. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

²New 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>.

³Kaiser Family Foundation, "Racial Disparities in COVID-19: Key Findings from Available Data and Analysis," Samantha Artiga, Bradley Corallo, Olivia Pham, August 17, 2020. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>.

recovery from this pandemic is near. However, it is critical that the federal government's vaccine deployment campaign does not fail the communities that have been forced to shoulder the greatest burden. Early data from some states indicates that Black and Hispanic people are not receiving the COVID-19 vaccine in proportion to their share of the population or of COVID-19 cases and deaths.⁴ As states move through their vaccination phases and more populations become eligible to receive a vaccine in the coming weeks and months, hardest hit communities cannot be left behind as they so often are in our healthcare system.

In addition, health care falls within the federal government's trust and treaty obligations to tribal nations. It is important for tribal governments and Congress to know how vaccination efforts are progressing in Indian Country.

We urge HHS to work with states, localities, and private labs to collect and publish demographic data of vaccine recipients, in a way that protects personal identifiable information, in order to ensure policymakers can combat health disparities and ensure that resources are getting to communities hardest hit. In addition, we urge HHS, through IHS, to work with tribal governments and urban Indian health programs to avoid any shortages of vaccine doses.

Additionally, we urge the CDC to improve the collection and public reporting of racial, ethnic, and other demographic data for COVID-19 cases and build out reporting to ensure that our most vulnerable communities are not left behind in our national vaccination plans. This will require personal identifiable information to be properly safeguarded and shielded from law enforcement agencies. It will also require consultation and collaboration with IHS and tribal governments to ensure respect for tribal data sovereignty. Without robust demographic data, policymakers and researchers cannot fully address the disparate impact COVID-19 continues to have on communities of color or address vaccine hesitancy among communities that have had their trust broken by the medical system.

Robust data collection is a step in the process to rectify the centuries of medical neglect and dehumanization experienced by people of color. In particular, Black, Latinx, and Indigenous communities have been subjected to intentional malpractice, experimentation, and abuse in order to justify racist ideologies. Unethical research and exclusion from clinical trials has created an inequitable healthcare system at the expense of communities of color. Some members of communities of color have significant concerns about the COVID-19 vaccine and substantial distrust of medical officials who declare the vaccine safe and effective. A recent survey of Boston residents found that nearly half of Black respondents do not plan to accept a vaccine.⁵ The lack of transparency on who is receiving the vaccine only serves to foment greater distrust.

⁴ Kaiser Family Foundation, "Early State Vaccination Data Raise Warning Flags for Racial Equity," Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga, and Salem Mengistu, January 21, 2021, <https://www.kff.org/policy-watch/early-state-vaccination-data-raise-warning-flags-racial-equity/>.

⁵ Boston Public Health Commission, Northeastern University Boston Area Research Initiative, University of Massachusetts Boston Center for Survey Research, "Living in Boston During COVID-19: Vaccination Planning and

As new leadership at HHS formalizes a national vaccination strategy and provides clear guidance to states and localities, as well as continued collaboration with tribal governments and organizations through IHS, there must be an emphasis on robust data collection while also protecting privacy and respecting tribal data sovereignty. In order to reach community immunity in the United States and save lives, the concerns and experiences of low-income communities and communities of color must be prioritized. We urge HHS to partner with Community Health Centers, tribal organizations, urban Indian health organizations, and trusted community partners to disseminate accurate information about vaccine efficacy and accessibility to combat vaccine hesitancy and disinformation.

Last year, Members of Congress urged the Trump Administration to urgently collect and report demographic data on COVID-19 cases. The delayed action and political manipulation of this data denied policymakers at the local, state, and federal levels the ability to expeditiously and fully invest the necessary resources to reduce the spread of the disease, likely costing thousands of lives. With the signing of recent executive orders, we have an opportunity to reverse course and use these essential data to directly inform where resources and investments are sent once and for all.

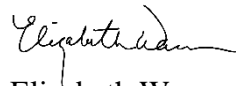
As you take the helm of HHS amidst continued COVID-19 surges across the country and a slow vaccination rollout, we urge you not to delay collecting this vital information, and to take any additional necessary steps to ensure that all Americans have the access they need to COVID-19 treatment and vaccination.

Thank you for your consideration of this urgent matter.

Sincerely,



Ayanna Pressley
Member of Congress



Elizabeth Warren
United States Senator



Edward J. Markey
United States Senator