April 7, 2020

Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30329-4027

Dear Director Redfield:

Communities of color continue to disproportionately suffer health inequities due to the history of racism and oppression in the United States. As chair of the Congressional Black Caucus and Congressional Black Caucus Health Braintrust, we respectfully request that the Centers for Disease Control and Prevention (CDC) publicly report all available racial and ethnic demographic data related to COVID-19 testing, hospitalizations, and mortality.

Last week, several members of the Congressional Black Caucus sent a bicameral letter to HHS urging the collection and public reporting of racial data in COVID-19 outcomes. HHS’ lack of willingness to collect and publicly disclose racial data has led some public health departments to fill the gap. The Illinois Department of Public Health recently released data showing a severe over-representation of COVID-19 cases among African Americans.\(^1\) In Milwaukee County, Wisconsin, African Americans account for 25% of the population, yet make up over half of the coronavirus cases and 80% of deaths.\(^2\) This is not an anomaly. There is strong evidence to suggest that the racial disparity in COVID-19 outcomes is likely occurring nationwide.

Although everyone is at risk, the history of structural racism, income inequality, and lack of resources in communities of color make these communities especially vulnerable to COVID-19. Black and brown communities are more likely to be lower-income, uninsured, lack access to quality care, and are more prone

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to chronic health conditions (such as diabetes, asthma, hypertension, kidney disease, and heart disease) that are serious risk factors for COVID-19. Moreover, communities of color are less likely to have the ability to work from home or have access to (paid or unpaid) sick leave, adding to their risk.³

When it comes to access to quality care, healthcare facilities that serve vulnerable populations are more likely to be under-resourced. Data collected from various states reveals that African Americans displaying symptoms of COVID-19 are less likely to be tested, possibly due to the unequal distribution of testing sites in underserved communities, testing that assumes a certain level of wealth, language barriers and implicit bias among health providers.⁴ The lack of testing and other medical resources undermines the health of already vulnerable populations in this pandemic.

In light of this data and communities of color’s heightened risk factors, the COVID-19 pandemic threatens to lay bare the already deep inequalities in our American health care system. Without dedicated, publicly available national data, we will not be able to accurately identify the threat among the most vulnerable populations nor find solutions to address associated health inequities. If we are unable to do so, inequalities will likely worsen, preventable deaths will occur, and our efforts to slow the pandemic will fail.

As coronavirus continues to spread, we urge you to prioritize the collection and reporting of this vital public health data and undertake all efforts to ensure that every person in America has equitable access to COVID-19 testing and treatment regardless of their race or ethnic background.

Sincerely,

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Hon. Robin L. Kelly
Chair
Congressional Black Caucus Health Braintrust
(IL-02)

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Hon. Karen Bass
Chair
Congressional Black Caucus
(CA-39)
