

Congress of the United States
Washington, DC 20515

April 21, 2020

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

Dear Secretary Azar:

In light of recent nationwide studies analyzing the correlation between existing racial disparities, long-standing environmental inequities, and vulnerability to COVID-19, we urge the U.S. Department of Health and Human Services (HHS) and its sub-agencies, including the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, and U.S. Food and Drug Administration, to monitor and address racial disparities in our nation's response to the coronavirus. The legacy of racism and inequality has made communities of color and low-income communities especially vulnerable to the virus; without resources and dedicated, publicly available data, we will not be able to effectively respond to the impact of coronavirus on these communities. While we are pleased that several states have begun releasing preliminary data, it is imperative that HHS work with states, localities, and private labs to collect comprehensive data on racial health disparities, and reallocate federal resources necessary to urgently address these disparities.

Recent reports have demonstrated that COVID-19 is disproportionately impacting communities of color across our nation.¹ Data from Milwaukee, Wisconsin shows that although African-Americans make up less than a third of the county's population, they account for seventy percent of coronavirus deaths; in Chicago, Illinois, African-Americans make up thirty percent of the city's population, but seventy-two percent of the coronavirus deaths; in Louisiana, African-Americans make up thirty-two percent of the state's population, but seventy percent of coronavirus deaths; and in Richmond, Virginia, all eight individuals who have died from the coronavirus were African-American.² Emerging research has also illustrated a disturbing link between air pollution and higher coronavirus mortality rates. A report from the Harvard University T.H. Chan School of Public Health found that, "a person living for decades in a county with high levels of fine particulate matter is 15 percent more likely to die from the coronavirus than someone in a region with one unit less of the fine particulate pollution."³

While this data is disturbing and shocking, it should come as no surprise. For decades, environmental justice communities – including communities of color, low-income communities, and Tribal and indigenous communities across the U.S. and U.S. territories – have suffered disproportionately from cumulative exposure to multiple pollutants, often without the necessary resources to respond to the impacts nor influence in the political process to promote equitable outcomes. Environmental justice

¹ <https://abcnews.go.com/Politics/cdc-releases-data-debate-grows-racial-disparities-coronavirus/story?id=70041803>

² <https://vpm.org/news/articles/12538/african-americans-make-up-all-of-richmond-coronavirus-deaths>

³ <https://www.nytimes.com/2020/04/07/climate/air-pollution-coronavirus-covid.html?auth=login-email&login=email>

communities live on the frontlines of our climate crisis and the ‘fenceline’ of industries and transportation corridors, often residing in areas with higher levels of lethal pollution.⁴ Consequently, these communities are more likely to suffer from chronic health conditions caused in part by this persistent pollution – such as high blood pressure, heart disease, diabetes, hypertension, obesity, and asthma – which only further exacerbate the deadly effects of COVID-19.

In addition, as Americans are under orders to shelter in place to combat the spread of COVID-19, members of environmental justice communities are experiencing adverse indoor health conditions, including exposure to mold and poor ventilation in low-income housing. Further threatening their health and safety, these same communities often lack access to clean water, a necessity during this public health crisis. These factors all combine to accelerate susceptibility of environmental justice communities to severe COVID-19 outcomes.

Despite the clear vulnerability of these communities, comprehensive demographic data on the race and ethnicity of the individuals tested or treated for COVID-19 does not exist.⁵ HHS must immediately establish and collect this comprehensive demographic data, and reallocate the federal resources necessary to address racial health disparities. Not only will these actions better assist policymakers as they work to address disparities in health outcomes and inequalities in access to coronavirus testing and treatment, but it will also help public health officials track and contain COVID-19 in areas with the highest risk of continued spread, including in areas with high levels of fine particulate matter.

As coronavirus continues to decimate our country and ravage the most vulnerable among us, it is critical that we collect this vital information and allocate the resources necessary to ensure all Americans, especially members of environmental justice communities, receive the treatment they need.

Thank you for your consideration of this urgent matter.

Sincerely,



A. Donald McEachin
Member of Congress



Raúl M. Grijalva
Member of Congress

⁴ <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304297?journalCode=ajph>

⁵ <https://www.buzzfeednews.com/article/nidhiprakash/coronavirus-tests-covid-19-black>