

Congress of the United States
Washington, DC 20510

April 29, 2020

Vice President Michael Pence
The White House
1600 Pennsylvania Avenue N.W.
Washington, D.C. 20050

Dear Vice President Pence:

We write to urge the White House Coronavirus Task Force (the Task Force) to take immediate steps to address the racial and other demographic disparities in coronavirus disease 2019 (COVID-19) cases and fatalities. Congress has recognized the importance of revealing and understanding these inequities by requiring the Centers for Disease Control and Prevention (CDC) to collect and disclose COVID-19 demographic data, including race and ethnicity.¹ As we continue to gain a greater understanding of these deep-seated inequities, we strongly urge you to respond accordingly by prioritizing the communities with the highest need in the federal government's response to the COVID-19 pandemic.

We have repeatedly called for more transparency about the unequal impact of the COVID-19 pandemic on communities of color.² As a result, the *Paycheck Protection Program and Health Care Enhancement Act*, which passed Congress and was signed by the President just last week, requires the Department of Health and Human Services (HHS) to issue a report within 21 days, and every 30 days thereafter, disclosing demographic breakdowns by "race, ethnicity, age, sex, geographic region, and other relevant factors of individuals tested for or diagnosed with COVID-19," COVID-19 hospitalizations, and deaths.³ The CDC began disclosing some of this data, including race and ethnicity breakdowns for cases and hospitalizations, on April 17, 2020.⁴ The CDC's data show that Black patients are being disproportionately affected by the pandemic,

¹ *Paycheck Protection Program and Health Care Enhancement Act*, Title I, Public Health and Social Services Emergency Fund, <https://www.congress.gov/116/bills/hr266/BILLS-116hr266eas.pdf>.

² "Lawmakers Urge HHS to Address Racial Disparities in Access to Testing and Treatment during the Coronavirus Pandemic," March 30, 2020, <https://www.warren.senate.gov/oversight/letters/lawmakers-urge-hhs-to-address-racial-disparities-in-access-to-testing-and-treatment-during-the-coronavirus-pandemic> ; "Warren, Markey, Pressley Call on CMS to Release Demographic Data of Medicare Beneficiaries Treated for COVID-19," April 10, 2020, <https://www.warren.senate.gov/oversight/letters/warren-markey-pressley-call-on-cms-to-release-demographic-data-of-medicare-beneficiaries-treated-for-covid-19> ; "Senator Warren Introducing Bicameral Legislation to Require Federal Government to Collect and Report Coronavirus Demographic Data – Including Race and Ethnicity," April 14, 2020, <https://www.warren.senate.gov/newsroom/press-releases/senator-warren-introducing-bicameral-legislation-to-require-federal-government-to-collect-and-report-coronavirus-demographic-data--including-race-and-ethnicity>.

³ *Paycheck Protection Program and Health Care Enhancement Act*, Title I, Public Health and Social Services Emergency Fund, <https://www.congress.gov/116/bills/hr266/BILLS-116hr266eas.pdf>.

⁴ Centers for Disease Control and Prevention, "COVIDView," April 17, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>.

accounting for about 30% of cases,⁵ despite being only around 13% of the population.⁶ This aligns with state and local data on the race and ethnicity of COVID-19 patients, which show that Black and Hispanic communities are bearing the brunt of cases and fatalities.⁷

As we learn more about the inequities in how different communities are experiencing this pandemic, the White House Coronavirus Task Force has a responsibility to mobilize a whole of government response to direct support, information, and resources to the communities that are being hit the hardest.

We strongly urge you to work with the CDC and other relevant agencies and community leaders to launch patient-centered and culturally and linguistically appropriate public information campaigns that speak to the specific needs of communities of color, Native communities, and other marginalized communities. Given the history of mistrust of the medical system in many communities of color, often stemming from generations of mistreatment, it is essential to enlist trusted messengers to communicate the importance of taking appropriate preventative measures and seeking treatment.⁸ In doing so, the federal government should heed its own advice from its H1N1 pandemic retrospective: HHS recommended partnering and leveraging “community-based, faith-based, and grassroots organizations” in order “to reach hard-to-reach populations such as racial and ethnic minorities.”⁹ It should also involve the Indian Health Service in these efforts, meaningfully engage with Native communities and tribal leaders, and provide tribal leaders, tribal health departments, and urban Indian health programs with equal access to COVID-19 related information that their state and local counterparts receive—as my colleagues and I have called for before.¹⁰ As we begin to prepare for future COVID-19 treatments and vaccines, now is the time to lay the groundwork for effective public health and vaccination campaigns that protect the people who are most at risk.

We also urge you to direct the Task Force and other executive department agencies to prioritize marginalized communities when distributing federal resources, including personal protective equipment (PPE), testing material, funding, and staffing. During this public health emergency, inadequate resources will cost lives, but communities across the country are experiencing shortages of essential medical supplies. As you develop the strategic plan for

⁵ Centers for Disease Control and Prevention, “[Cases in the U.S.](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html),” updated April 24, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

⁶ Census Bureau, “Quick Facts,” <https://www.census.gov/quickfacts/fact/table/US/PST045219>.

⁷ Washington Post, “The coronavirus is infecting and killing black Americans at an alarmingly high rate,” Reis Thebault, Andrew Ba Tran, and Vanessa Williams, April 7, 2020, <https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true>; Boston Globe, “Boston releases coronavirus data that point to stark racial disparities among those infected,” Kay Lazar, April 9, 2020, <https://www.bostonglobe.com/2020/04/09/nation/boston-releases-coronavirus-data-that-point-stark-racial-disparities-among-those-infected/>.

⁸ Politico, “Trump coronavirus response feeds distrust in black and Latino communities,” Laura Barron-Lopez, April 21, 2020, <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>.

⁹ U.S. Department of Health and Human Services, “An HHS Retrospective on the 2009 H1N1 Influenza Pandemic to Advance All Hazards Preparedness,” Revised June 15, 2012, pp 57, <https://www.phe.gov/Preparedness/mcm/h1n1-retrospective/Documents/h1n1-retrospective.pdf>.

¹⁰ Letter from Senator Tom Udall et al. to Vice President Michael Pence, March 5, 2020, [https://www.warren.senate.gov/imo/media/doc/2020-03-05%20LETTER%20VP%20Pence%20COVID-19%20Response%20Tribes%20\(signed\).pdf](https://www.warren.senate.gov/imo/media/doc/2020-03-05%20LETTER%20VP%20Pence%20COVID-19%20Response%20Tribes%20(signed).pdf).

testing and containment that the *Paycheck Protection Program and Health Care Enhancements Act* requires,¹¹ we urge you to prioritize making testing easily accessible in under-served communities, including by setting up mobile testing centers in communities experiencing outbreaks, and providing adequate funding and materials to conduct rapid and timely testing for anyone who needs it. In addition, the Task Force’s efforts to boost contact tracing efforts in states should ensure that the federal government is prioritizing the deployment of diverse, culturally competent, and linguistically fluent staff to areas in need.¹² Communities of color and Native communities often face shortages of health care providers and resources under normal circumstances,¹³ and the pandemic response should aim to alleviate those concerns, not exacerbate them.

We know that the disparities in our society did not begin with the COVID-19 pandemic, but this crisis has exposed the deep inequality in the health and economic security of our communities. It is therefore essential to use all available data to identify its disproportionate impact on marginalized communities, to let this data guide our response, and to mobilize resources to the communities that are most in need. We strongly urge you and the other members of the Task Force to bring all the resources of the federal government to bear on this crisis. To help us understand how the Task Force plans to address racial and other demographic disparities in health outcomes, we request answers to the following questions by May 13, 2020:

1. What public health campaign efforts has the federal government undertaken aimed at specific communities of color?
2. What grassroots organizations and advocacy groups has the White House consulted or enlisted to guide its response in addressing racial disparities in health outcomes? What experts has it consulted with in this regard?
3. How does the federal government factor in racial disparities in how it determines “COVID-19 hotspots,” which is then used to inform the distribution of supplies?
4. How else is the Task Force planning to address racial disparities in COVID-19 outcomes?

Thank you for your attention to this urgent matter.

Sincerely,

Elizabeth Warren
United States Senator

Ayanna Pressley
Member of Congress

¹¹ *Paycheck Protection Program and Health Care Enhancement Act*, Title I, Public Health and Social Services Emergency Fund, <https://www.congress.gov/116/bills/hr266/BILLS-116hr266eas.pdf>.

¹² ABC News, “CDC will boost states’ coronavirus contact tracing efforts, Pence says,” Katherine Faulders and Benjamin Siegel, April 20, 2020, <https://abcnews.go.com/Health/cdc-boost-states-coronavirus-contact-tracing-efforts-pence/story?id=70254805>.

¹³ 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/>.

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