February 2, 2021

The Centers for Disease Control and Prevention (“CDC”) directs vaccine providers to collect and report racial and ethnic demographic data related to the distribution of the COVID-19 vaccines.¹ Your state’s failure to do so is unacceptable and will exacerbate existing racial health inequities. The Lawyers’ Committee for Civil Rights Under Law² and 145 undersigned medical professionals write to express grave concern regarding your state’s failure to adequately record and publish this critical information.

As you are no doubt aware, health equity experts and relevant federal entities, such as the CDC, have urged states to collect and disseminate racial and ethnic demographic data related to COVID-19 since the beginning of the pandemic. Indeed, existing data³ reveals that communities of color have been disproportionately impacted by the pandemic by nearly every measure.⁴ Racial and ethnic demographic data related to testing, cases, and patient outcomes has proven to be an essential tool for highlighting racial disparities in the administration of healthcare services and prompting public health efforts to mitigate the impact of COVID-19 on communities of color.⁵

The same is true here. It is therefore deeply concerning that your state has failed to adequately collect and disseminate racial and ethnic demographic data related to the distribution of the vaccines. This is especially true in light of the egregiously low rates of people of color who have been vaccinated relative to their white counterparts, despite suffering from higher COVID-19 infection, hospitalization, ICU, and death rates.⁶

Of the limited state and local information that has been published regarding COVID-19 vaccine administration, the data indicates that African Americans and other racial minority groups are

² The Lawyers’ Committee is a nonpartisan, nonprofit organization formed in 1963 at the request of President John F. Kennedy to enlist the private bar’s leadership and resources in combating racial discrimination and vindicating the civil rights of African-Americans and other racial minorities.
³ See https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#footnote01 (providing race and ethnicity data related to COVID-19 hospitalizations and deaths that indicates that communities of color are more likely to be hospitalized or die of COVID-19 as compared to white, non-Hispanic persons).
⁴ https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state; https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/ (“Black, Hispanic and Native Americans are dying from COVID at nearly three times the rate of white Americans, according to a Centers for Disease Control and Prevention analysis. And non-Hispanic Black and Asian health care workers are more likely to contract COVID and to die from it than white workers.”)
being vaccinated at far lower rates than their white counterparts.\(^7\) One report revealed that, in Mississippi, only 15.3\% of COVID-19 vaccinations have been administered to Black recipients, despite the fact that they comprise 38.3\% of COVID-19 cases and 41.5\% of COVID related deaths.\(^8\) The same report found that Hispanic people received 15.4\% of vaccinations in Florida, despite accounting for 37.3\% of COVID-19 cases and 24.6\% of COVID related deaths.\(^9\) In Maryland, African Americans comprise 31\% of the state’s population, but received only 16\% of the state’s vaccinations as of January 24, 2021.\(^10\) And in Philadelphia, a city that is 42.1\% Black or African American,\(^11\) only 12.7\% of vaccines administered to women went to African American women and only 12\% of male recipients were African American men.\(^12\) Though early in the vaccine rollout, this data is indicative of unacceptable and preventable racial disparities in COVID-19 vaccination rates across the country.

To facilitate more effective data collection, we strongly encourage you to consider examples of collection efforts from sister states.\(^13\) For example, some states have mandated, through executive order\(^14\) or emergency rules,\(^15\) that vaccine providers report racial and ethnic demographic data to state health officials. Others have made enrollment in the state’s Immunization Information System automatic for all people receiving COVID-19 vaccinations, through which they collect and maintain records of all demographic data related to immunizations statewide.\(^16\) Moreover, multiple states collect racial and ethnic demographic data directly from recipients during registration for vaccination appointments or in written consent forms, rather than relying on healthcare providers to supply the information.\(^17\) This practice may help to ensure that each recipient is at least asked

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\(^9\) Id.


\(^11\) https://www.census.gov/quickfacts/philadelphia/pennsylvania


\(^13\) https://www.kff.org/policy-watch/early-state-vaccination-data-raise-warning-flags-racial-equity/ (“However, most states are not yet reporting these data, and the data that are reported are incomplete and inconsistent, limiting their usefulness.”); https://www.theadvocate.com/baton_rouge/news/coronavirus/article_489fdef4-5cd2-11eb-a610-e769a76184ca.html (“the majority of people who have received the shot have been marked “other” or “unknown” on forms that hospitals and pharmacies are required to submit to the Louisiana Department of Health.”); Virginia, https://www.nbc12.com/2021/01/25/virginia-lags-reporting-vaccine-race-ethnicity-data/ (“But the state’s COVID-19 website indicates that race and ethnicity data has not been reported for more than half of the roughly 475,000 people who have received at least one dose of the vaccine.”); Texas https://www.statesman.com/story/news/coronavirus/2021/01/23/texas-provides-murky-covid-19-vaccine-data-race-ethnicity/6662987002/.

\(^14\) AZ

\(^15\) FL

\(^16\) NJ.

\(^17\) NY; NJ; WV through VAMS; MD; AZ; AR.
to provide this critical information.¹⁸ We urge you to adopt one or more of these strategies to augment any existing data collection efforts.

The need for racial and ethnic demographic data relating to the administration of the COVID-19 vaccines is crucial. Black and other historically marginalized communities continue to get sicker and die at greater rates than their white counterparts.¹⁹ Put simply, equitable access to the vaccines is truly a matter of life and death.²⁰ To that end, we urge you to immediately begin collecting, analyzing, and publicly reporting racial and ethnic demographic data for COVID-19 vaccine administrations to: (1) better inform a robust public health response in Black and other historically marginalized communities; and (2) ensure COVID-19 vaccines are being distributed in an equitable manner.

We ask that you promptly begin collecting, analyzing, and reporting on racial and ethnic demographic data for COVID-19 vaccine administrations, and, to that end, request a written response no later than February 16, 2021. Please direct your response to Jonathan Ettinger, at LCCRCOVIDData@foleyhoag.com, at Foley Hoag LLP, who is representing the Lawyers’ Committee in this matter. I would appreciate being copied at dspence@lawyerscommittee.org. Thank you for your time and consideration.

Sincerely,

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¹⁸ Cf. https://www.statesman.com/story/news/coronavirus/2021/01/23/texas-provides-murky-covid-19-vaccine-data-race-ethnicity/6662987002/ (“In some cases, demographic data was not completed by the vaccine provider or the recipient was not asked by the provider.”) (emphasis added).
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