



March 30, 2021

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Via Email - Secretary@HHS.gov

Director Rochelle P. Walensky, MD, MPH
Centers for Disease Control and Prevention
1600 Clifton Road Atlanta, GA 30333
Via Email - CDC-INFO@cdc.gov

Dr. Marcella Nunez-Smith, Chair
COVID-19 Health Equity Task Force
Office of Minority Health
U.S. Department of Health and Human Services
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Via Email - COVID19HETF@hhs.gov

Dear Secretary Becerra, Director Walensky, and Chairperson Nunez-Smith:

The Lawyers' Committee for Civil Rights Under Law writes to express grave concern about the incomplete and non-disaggregated race and ethnicity data that the Centers for Disease Control and Prevention (CDC) has collected and released related to COVID-19 tests, infections, hospitalizations, deaths, and vaccinations and urge you to take immediate action to rectify this oversight.

Going back to the Department of Health and Human Services's (HHS) 1985 landmark [Report of the Secretary's Task Force on Black and Minority Health](#), the health community has recognized that robust race and ethnicity data collection is a critical component of addressing health equity issues: "Reliable data ... are the key to ... recognizing both sources of and solutions to problems; identifying health disparities between segments of the population; and targeting efforts directly to specific needs." HHS again took aim at these issues in its [2011 guidance](#) implementing Section 4302 of the Affordable Care Act, [noting](#) "the importance of timely and reliable data to assist in identifying racial and ethnic health disparities, in understanding the causes and correlates of disparities, and in monitoring progress in reducing them." That same guidance set forth standards on how to collect disaggregated race and ethnicity data, including tracking data for Asian and Latinx subgroups.

At the outset of the pandemic, the Lawyers' Committee identified the importance of this issue when we wrote state and [federal officials in spring 2020](#) about the critical need to collect complete race and ethnicity data related to COVID-19 in response to a dearth of such data in early governmental reporting. Though our efforts and those of others led to more data reporting, it has remained incomplete and inadequate.

The Lawyers' Committee was encouraged by President Biden's early recognition of the importance of the health equity crisis related to COVID-19 when he issued Executive Order 13995, entitled "[Ensuring an Equitable Pandemic and Recovery](#)" on the second day of his administration. The beginning of Section 1 of that Executive Order clearly and powerfully acknowledged how poor data collection has contributed to the COVID-19 health equity crisis:

Section 1. Purpose. The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America. For instance, people of color experience systemic and structural racism in many facets of our society and are more likely to become sick and die from COVID-19. The lack of complete data, disaggregated by race and ethnicity, on COVID-19 infection, hospitalization, and mortality rates, as well as underlying health and social vulnerabilities, has further hampered efforts to ensure an equitable pandemic response.

Section 2 of the Executive Order established the COVID-19 Health Equity Task Force within HHS and Section 2(c) of the Executive Order charges the Task Force with "address[ing] the data shortfalls." Section 3(a) of the Executive Order further directs the heads of pertinent federal agencies to "consult with the Task Force to strengthen equity data collection, reporting, and use related to COVID-19."

Despite this clear charge from President Biden more than two months ago, substantial gaps in data reporting persist. And, the pandemic continues to disproportionately impact communities of color while these same communities are vaccinated at lower rates. Though limited, the currently available data reveals that Black and other systemically marginalized communities have experienced disproportionately high COVID-19 infection and death rates. Despite these severe realities, people in these communities are not being vaccinated at rates needed to effectively protect their communities. For example, Black people make up [13.4% of the U.S. population](#), but account for only [7.1% of those fully vaccinated](#), while Hispanic people account for [18.5% of the population](#), but merely [7.4% of those who are completely vaccinated](#). Data for Asian and Indigenous communities is too broad to accurately capture the impact on these groups. Though the available data is woefully incomplete, it tells the beginnings of a devastating story for communities of color. But there is still an important, yet untold, part of the story that only data can unlock. Public health officials need comprehensive, disaggregated data to be able to develop effective strategies to address the impacts of the pandemic and appropriately allocate resources to the communities most in need.

We therefore call upon HHS and its relevant sub-agencies, including the CDC and the Centers for Medicare and Medicaid Services (CMS) to take the following steps immediately:

- (1) Issue **national guidance mandating** that all federal, state, local and private vaccine providers collect racial and ethnic data according to the standards detailed in [HHS's 4302 implementing guidance](#);¹
- (2) **Publicly report this disaggregated data on the CDC's platforms**, including key state and national trends;
- (3) **Require states to report disaggregated racial and ethnic demographic data** on tests, infections, hospitalization, fatalities, and vaccinations on state COVID-19 dashboards; and
- (4) **Update data collection and reporting requirements for federal programs** like [V-Safe](#), [VAERS](#), FEMA-operated vaccination sites, and COVID-19 response funding programs such as the [National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities](#).

We urge you to coordinate with relevant agencies to immediately begin collecting and publishing disaggregated race and ethnicity demographic data for COVID-19 vaccine administrations, and to issue national guidance asking states to do the same. Failing to do so would mean squandering a critical opportunity to advance HHS's long-standing goal of addressing racial health disparities.

In the coming weeks we plan to publish a comprehensive report highlighting the issues noted throughout this letter and further suggesting best practices for ensuring these gaps are addressed. If you have any questions, please contact Natasha Chabria, Associate Counsel, Economic Justice and Special Litigation at nchabria@lawyerscommittee.org. Thank you for your consideration of this critically important matter.

Signed,

Natasha Chabria

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¹ Though all participants in the [CDC COVID-19 Vaccination Program](#) are required to report racial and ethnic data regarding vaccine administrations, the government has failed to [require that data be collected to Section 4302 standards](#).