



One Hundred Sixteenth Congress
Committee on Homeland Security
U.S. House of Representatives
Washington, DC 20515

April 29, 2020

The Honorable Christi Grimm
Principal Deputy Inspector General
Office of Inspector General
U.S. Department of Health and Human Services
330 Independence Ave. SW
Washington, DC 20201

Dear Principal Deputy Inspector General Grimm:

Annually, the U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality releases the *National Healthcare Quality and Disparities Report*.¹ The report chronicles the progress and opportunities for enhancing the quality of healthcare and lowering healthcare disparities.² Despite the thorough reporting and awareness within HHS and amongst Federal health officials of racial, ethnic, and socioeconomic healthcare disparities, these disparities continue to plague our country's healthcare system.³ Our country's response to the coronavirus (COVID-19) pandemic further exposes this problem.

COVID-19 continues to devastate communities across the country, and data from the Centers for Disease Control and Prevention (CDC), state health departments, and public reporting indicate the devastation has been particularly severe within minority and economically disadvantaged communities.⁴ On April

¹ See U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Healthcare Quality and Disparities Reports (bit.ly/2VtXCEs) (accessed Apr. 15, 2020).

² See U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Healthcare Quality and Disparities Report (No. 19-0070-EF) (Sept. 2019) (bit.ly/3cjJeFE).

³ See U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Healthcare Quality and Disparities Reports (bit.ly/2VtXCEs) (accessed Apr. 15, 2020); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities* (No. 2016-1232) (May 2016); and Director of the National Institute of Allergy and Infectious Diseases and member of the White House Coronavirus Task Force, Dr. Anthony S. Fauci, M.D., April 7, 2020 statement: "[H]ealth disparities have always existed for the African American community. But here again, with the crisis how [sic] it's shining a bright light on how unacceptable that is. Because, yet again, when you have a situation like the coronavirus, they are suffering disproportionately... So, when all this is over — and, as we've said, it will end — we will get over coronavirus, but there will still be health disparities, which we really do need to address." Press Conference by President, Vice President, and Members of the Coronavirus Task Force (Apr. 7, 2020) (bit.ly/3edxztQ).

⁴ See U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), *Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed*

8, 2020, the CDC released an analysis of COVID-19-Associated Hospitalization Surveillance Network (COVID-NET) data showing 59% of the COVID-NET catchment population are white residents, 18% are black, and 14% are Hispanic. Among those hospitalized within that same population, approximately 45% are white, 33% are black, and 8% are Hispanic, suggesting, as the CDC states in the analysis, “black populations might be disproportionately affected by COVID-19.”⁵ The CDC’s findings are consistent with state data and public reporting.

Similarly, the Associated Press (AP) found, based on data through April 18, 2020, “that of the more than 21,500 victims whose demographic data was known and disclosed by officials, more than 6,350 were black, a rate of nearly 30%.”⁶ The AP report went further to state, “African Americans account for 14.2% of the 241 million people who live in the areas covered by the analysis, which encompasses data from 24 states and the cities of Washington D.C., Houston, Memphis, Pittsburgh and Philadelphia.”⁷ In Mississippi, a state with close to 3 million residents, 37.8% black, 59.1% white, the racial disparity is no less glaring.⁸ As of April 26, 2020, of Mississippians diagnosed with COVID-19, 52% are black, while 33.4% are white, and of Mississippians that have died from complications related to COVID-19, 60.7% were black and 38.9% were white.⁹ In New Jersey, a state with close to 9 million residents, 15.0% black, 20.6% Hispanic, 72.0% white, disparities are also present.¹⁰ As of April 26, 2020, of New Jerseyans diagnosed with COVID-19, 19.1% are black, 28.6% are Hispanic, and 35.6% are white, and of New Jerseyans that have died from complications related to COVID-19, 20.4% were black, 16.2% were Hispanic, and 53.2% were white.¹¹

Coronavirus Disease 2019 – COVID-NET, 14 States, March 1-30, 2020 (April 8, 2020) (bit.ly/3cb6PIG); Aaron Morrison, *Democratic bills call for racial breakdown of COVID-19 cases*, Associated Press (Apr. 14, 2020) (bit.ly/3afgZX3); Jeffery C. Mays and Andy Newman, *Virus is Twice as Deadly for Black and Latino People than Whites in N.Y.C.*, The New York Times (Published Apr. 8, 2020; Updated Apr. 14, 2020) (nyti.ms/2RG5ou2); Kay Stafford, Meghan Hoyer, and Aaron Morrison, *Outcry over racial data grows as virus slams black Americans*, PBS NewsHour, from the Associated Press (Apr. 8, 2020) (to.pbs.org/2RvJaun); and Akilah Johnson and Talia Buford, *Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate*, ProPublica (Apr. 3, 2020) (bit.ly/3aXg2nA).

⁵ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR), Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 – COVID-NET, 14 States, March 1-30, 2020* (April 8, 2020) (bit.ly/3cb6PIG).

⁶ Kat Stafford, Meghan Hoyer, and Aaron Morrison, *Racial toll of virus grows even starker as more data emerges*, Associated Press (Apr. 18, 2020) (bit.ly/3aJjGj).

⁷ See Aaron Morrison, *Democratic bills call for racial breakdown of COVID-19 cases*, Associated Press (Apr. 14, 2020) (bit.ly/3afgZX3) stating: “The cities were included separately because they are in states that lack comprehensive statewide demographic COVID-19 death data. The AP’s analysis was one of the first attempts to examine the racial disparities of COVID-19 cases and deaths nationwide.”

⁸ See U.S. Department of Commerce, Census Bureau, *QuickFacts: Mississippi* (bit.ly/2K329Zm) (accessed Apr. 13, 2020); and Emily Wagster Pettus, *Mississippi shows wide racial gap in impact of coronavirus*, Associated Press (Apr. 8, 2020) (bit.ly/3b6buve).

⁹ Mississippi State Department of Health, *COVID-19 in Mississippi and the U.S.* (bit.ly/3c9kYWD) (accessed Apr. 27, 2020); Mississippi State data regarding Hispanic cases and outcomes was not available, *see id.*

¹⁰ See U.S. Department of Commerce, Census Bureau, *QuickFacts: New Jersey* (bit.ly/2yWZCzk) (accessed Apr. 15, 2020).

¹¹ New Jersey Department of Health, *COVID-19 Confirmed Case Summary* (bit.ly/2z23JIx) (accessed Apr. 27, 2020).

In New York City, a city with nearly 18% of all COVID-19 cases in the United States, similar disparities exist.¹² As of April 22, 2020, according to data from the New York City Department of Health and Mental Hygiene, the age adjusted rate of fatal lab confirmed COVID-19 cases per 100,000 by race/ethnicity group for African Americans is 127.1 per 100,000, for Hispanics, the rate is 114.0 per 100,000, compared to 63.5 per 100,000 for whites, and 51.6 per 100,000 for Asians.¹³ Additionally, early data from New York City provides an example of the economic disparity in the spread of the virus.¹⁴ A TIME analysis of COVID-19 ZIP code data, released by New York City officials, found that the “ZIP codes in the bottom 25% of average incomes represent 36% of all cases of the disease, while the wealthiest 25% account for under 10%.”¹⁵

While the Patient Protection and Affordable Care Act made crucial improvements to the healthcare system by expanding coverage to millions of Americans, African Americans, Indigenous Americans, and Latinx Americans are still less likely to have health insurance.¹⁶ Further, minority communities are more likely to work in essential workforce positions and are less likely than employed people overall to work in professional and business service jobs, limiting telecommuting (i.e. social distancing) opportunities.¹⁷ Additionally, historical, environmental, socioeconomical, and political disadvantages limit access to quality health care, and place communities of color and economically disadvantaged populations at greater risk for pre-existing medical conditions that increase the likelihood of adverse outcomes for individuals with COVID-19.¹⁸

¹² See Chris Wilson, *New York City Exposes the Stark Disparity in How COVID-19 Affects Low-Income Communities*, TIME (Apr. 15, 2020) (bit.ly/2Vw5CEZ).

¹³ See New York City Department of Health and Mental Hygiene, *Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and persons known to have died per 100,000 by race/ethnicity group* (Apr. 24, 2020) (on.nyc.gov/2SaMFXJ); and Jeffery C. Mays and Andy Newman, *Virus is Twice as Deadly for Black and Latino People than Whites in N.Y.C.*, The New York Times (Published Apr. 8, 2020; Updated Apr. 14, 2020) (nyti.ms/2RG5ou2).

¹⁴ See Chris Wilson, *New York City Exposes the Stark Disparity in How COVID-19 Affects Low-Income Communities*, TIME (Apr. 15, 2020) (bit.ly/2Vw5CEZ).

¹⁵ *Id.*

¹⁶ See Patient Protection and Affordable Care Act, Pub. L. 111-148 (2010); and Kaiser Family Foundation, *Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018* (Mar. 5, 2020) (bit.ly/3b8l3tN).

¹⁷ See U.S. Bureau of Labor Statistics, *Spotlight on Statistics: Labor Market Activity of Blacks in the United States* (Feb. 2020) (bit.ly/3a9IPp5); U.S. Bureau of Labor Statistics, *Spotlight on Statistics: Hispanics in the United States: Celebrating National Hispanic Heritage Month* (Oct. 2017) (bit.ly/2XCfMh2); U.S. Department of Homeland Security, Cybersecurity and Infrastructure Security Agency, *Guidance on the Essential Critical Infrastructure Workforce* (Mar. 28, 2020) (bit.ly/3eoEZKE); and Sujata Gupta, *Why African-Americans may be especially vulnerable to COVID-19*, ScienceNews (Apr. 10, 2020) (bit.ly/2XCfMh2).

¹⁸ See U.S. Department of Health and Human Services Office of Minority Health, Profile: Black/African Americans (bit.ly/3a6y99y) (accessed Apr. 14, 2020); U.S. Department of Health and Human Services Office of Minority Health, Profile: Hispanic/Latino Americans (bit.ly/3botqS9) (accessed Apr. 15, 2020); Isaac Chotiner, *The Interwoven Threads of Inequality and Health*, The New Yorker (Apr. 14, 2020) (bit.ly/3cdlW44); Lois Parshley, *The deadly mix of Covid-19, air pollution, and inequality, explained*, Vox (Apr. 11, 2020) (bit.ly/3bcm1Fn). Akilah Johnson and Talia Buford, *Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate*, ProPublica (Apr. 3, 2020) (bit.ly/3aXg2nA); and Sujata Gupta, *Why African-Americans may be especially vulnerable to COVID-19*, ScienceNews (Apr. 10, 2020) (bit.ly/2XCfMh2); Alice Miranda Ollstein and Beatrice Jin, *Coronavirus hot spots erupt in nation's high-risk communities*, Politico (Apr. 10, 2020) (politi.co/3aXbCgu).

Examining the work HHS undertook prior to the COVID-19 pandemic to eliminate racial, ethnic, and socioeconomic disparities must be a component of our country's emergency response to this public health emergency and planning in the event of future emergencies. Such an examination should include recommendations on how HHS, and its partners can improve health outcomes, eliminate disparities, and bolster our country's ability to respond in the event of future public health emergencies. Therefore, we respectfully request that HHS OIG examine HHS's efforts prior to the COVID-19 pandemic to eliminate racial, ethnic, and socioeconomic health disparities, and recommend ways in which HHS independently, and in collaboration with other agencies, can improve efforts to lessen the effects of health disparities in the event of future public health emergencies. Please include the following in your review:

- a review of the work HHS undertook prior to the COVID-19 pandemic to eliminate disparities and prepare for the effects of potential health pandemics on minority and economically disadvantaged communities;
- a review of the work HHS is currently undertaking to respond to racial, ethnic, and socioeconomic disparities in COVID-19 cases and outcomes; and
- recommendations for HHS and its partners to lessen the effects of health disparities and support the recovery of communities disproportionately affected by COVID-19.

We thank you in advance for your attention to this matter.

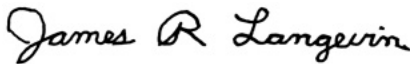
Sincerely,



BENNIE G. THOMPSON
Chairman



SHEILA JACKSON LEE
Member of Congress



JAMES LANGEVIN
Member of Congress



CEDRIC RICHMOND
Member of Congress



DONALD M. PAYNE, JR.
Member of Congress



KATHLEEN RICE
Member of Congress



LOU CORREA
Member of Congress



XOCHITL TORRES SMALL
Member of Congress



MAX ROSE
Member of Congress



LAUREN UNDERWOOD
Member of Congress



ELISSA SLOTKIN
Member of Congress



EMANUEL CLEAVER
Member of Congress



AL GREEN
Member of Congress



YVETTE D. CLARKE
Member of Congress



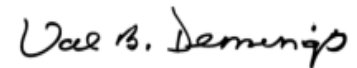
DINA TITUS
Member of Congress



BONNIE WATSON COLEMAN
Member of Congress



NANETTE BARRAGAN
Member of Congress



VAL DEMINGS
Member of Congress