

# **COMMITTEE ON WAYS AND MEANS**

## **U.S. HOUSE OF REPRESENTATIVES**

**WASHINGTON, DC 20515**

June 8, 2020

The Honorable Alex M. Azar II  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: Follow-up to Racial and Ethnic Disparities Letter to Ranking Member Brady

Dear Secretary Azar:

I write seeking additional information about efforts the Department of Health and Human Services (HHS or Department) is taking to assist racial and ethnic minority groups disproportionately affected by COVID-19. While I continue to await responses to prior Committee inquiries into HHS's pandemic response and recovery activities, recent correspondence about ongoing Department actions raises concerns related to the mission, transparency and accountability of the HHS Office of Minority Health (OMH) in addressing the current public health emergency.

During the recent historic hearing conducted in this Committee, Ranking Member Brady submitted into the record a letter dated May 27, 2020, from the HHS Assistant Secretary of Legislation. I appreciate the willingness of HHS to contribute to the dialogue examining the root causes of longstanding racial and ethnic health disparities highlighted by the COVID-19 pandemic.

In acknowledging the alarming nature of the COVID-19 related racial disparities data being reported from across the country, the HHS letter notes "our scientists are racing to understand why." Given our current national discourse, however, I worry that this statement suggests the Department is neglecting important previous work it has conducted regarding this matter.

The Department's exploration into the root causes of disparities began in earnest 34 years ago, and although HHS has not submitted a Report to Congress on OMH since 2015, the same year, the Department issued the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* which states:

Individuals, families and communities that have *systematically experienced social and economic disadvantage face greater obstacles to optimal health*. Characteristics such as race or ethnicity, religion, SES [socioeconomic status], gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or *other characteristics historically linked to exclusion or discrimination are known to influence health status*.<sup>1</sup>

This statement evidences full awareness within HHS of the role systemic racism and discrimination have on the health of people of color.

In the fiscal year 2021 budget, HHS describes OMH as “the lead office for coordinating efforts across the government to address and to eliminate health disparities,” which is reflected in the first initiative outlined in HHS’s letter to Ranking Member Brady. And as described in the letter, OMH is making available up to \$40 million for “the development and coordination of a strategic network or national, state, territorial, tribal and local organizations to deliver important COVID-19-related information to racial and ethnic minority, rural and socially vulnerable communities hardest hit by the pandemic.”

I am encouraged that there is funding available, but I am profoundly disappointed in the broad scope and level of this funding, particularly because of the urgently needed focus on communities of color. This *one* award for \$40 million to be allocated over a three-year period could be used for initiatives focused on communities of color, or rural populations and the unfortunately broad category for the socially vulnerable. In the U.S., racial and ethnic groups represent almost 40 percent the 328 million Americans – one \$40 million award appears to be inadequate for the magnitude of the task of addressing the disproportionate impact of COVID-19 on these communities. While people of color and people in rural areas both experience disparities, the focus of the hearing and this inquiry was on racial and ethnic groups. This cursory response is an unacceptable return on taxpayers’ investment in OMH and is wholly inadequate to even begin to address the real plight of our family, friends, neighbors, and colleagues who are also members of communities of color.

As such, I request you provide detailed responses to the following by **June 19, 2020**:

1. Since 2017, much of OMH’s work has been reprogrammed to prioritize focus and resources on rural health, and the recent implementation of the National Advisory Committee on Rural Health and Human Services is the latest proof of this shift. I applaud this Administration’s commitment to address disparities within rural communities; however, as noted above, OMH’s mission extends to disparities seen across America, including in our cities and suburban areas. Given this deliberate shift toward a rural focus, against the backdrop of half of rural counties having fewer residents now than in 2000, I am concerned about how this decision has impacted OMH’s core mission to seek solutions to all health disparities. There is no hierarchy of need that justifies prioritizing disparities impacting 60 million rural residents over the disparities impacting

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<sup>1</sup> HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care, *U.S. Department of Health and Human Services*, (2015). *Emphases added*.

more than 130 million people who are members of racial and ethnic groups and live in rural, urban, and suburban communities. Please provide context by:

- a. Describing how the priority focus on rural health incorporates the lessons learned through almost four decades of focus on racial inequities.
  - b. Describing efforts to ensure a comparable degree of focus and intentional policy development related to eliminating racial disparities regardless of geography.
2. Please describe how OMH is engaged across HHS and within the coronavirus task forces to fulfill its mission to “improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities” particularly during this pandemic that so evidently has a disproportionate impact on communities of color. Please detail the following for the funding announcement, “National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities:”
  - a. Why is there one national award rather than several awards to meet such a wide goal? Are future awards planned?
  - b. Given the OMH mission is focused on racial and ethnic minority populations, please explain the rationale for expanding the focus of this OMH funding opportunity to include “rural” and the “socially vulnerable.”
  - c. How does OMH define “socially vulnerable?”
  - d. Given the application period has closed, how many applicants sought funding, who are these applicants, and against what criteria are their applications being reviewed/ranked?
3. Most of the experts at the hearing noted the need for data disaggregated by race, making this issue one of the most important in terms of COVID-19 response and recovery. The Centers for Disease Control and Prevention (CDC) submitted a Report to Congress on *Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing* in May that provides additional insight into the efforts referenced in the letter.<sup>2</sup> In that report, CDC states that it, “continues to work with states, localities, territories, and tribal organizations to collect public health, clinical, and commercial laboratory testing data disaggregated by race, ethnicity, age, sex, geographic region, and other relevant factors. Revisions to the [Case Report Form] (CRF) reflect one of the ways that CDC’s data collection will continue to be improved and refined over time.” Accordingly:

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<sup>2</sup> Report to Congress on Paycheck Protection Program and Health Care Enhancement Act Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing, *Centers for Disease Control and Prevention, U.S. Department of Health and Human Services*, (2020).

- a. Please provide information on the frequency and scope of coordination with states, localities, territories, and tribal organizations (including the number of such entities CDC is currently and actively engaging) and a detailed timeline for the revisions to the CRF described in the Report to Congress on testing.
  - b. Describe barriers common among states, localities, territories, and tribal organizations that impede data reporting and integrity efforts. If small sample size is a challenge for collecting data for certain groups, please describe HHS's methodological approach for collecting and publicly reporting these data.
  - c. As data are intended to help CDC manage response and any occurrences of resurgence, provide a timeline on the planned translation of data into tools for clinical management, health education, and resource allocation.
4. The National Institutes of Health (NIH) is responsible for ensuring the nation's clinical science supports vaccine development, the National Institute on Minority Health and Health Disparities acknowledged the need for research on the impact of the pandemic on NIH-designated health disparity populations, and the Secretary agrees that vaccines must be accessible and affordable. What specific efforts is the Department taking to ensure drug development and clinical trials demonstrate the efficacy of potential vaccines across racial and ethnic groups, many of whom have been traditionally excluded from clinical trials? How will HHS work to ensure the vaccine is widely and equally available to all residents, without regard to means?

If you have questions about this letter, contact Orriel Richardson of the Majority Staff of the Committee on Ways and Means at (202) 225-3625. I also urge you to accept our outstanding invitation to testify before the Committee so that we can discuss these and other pressing matters in greater detail. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard E. Neal", with a stylized flourish at the end.

Richard E. Neal  
Chairman  
Committee on Ways and Means