

April 21, 2020

Governor Tom Wolf
Office of the Governor
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Harrisburg, PA 17120

Dr. Rachel L. Levine MD
Pennsylvania Department of Health
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Dear Governor Wolf and Secretary Levine:

On behalf of the American Civil Liberties Union of Pennsylvania, I write to urge you to collect and release race/ethnicity and other demographic data of COVID-19 infections and deaths to the extent consistent with medical and health privacy laws. As other jurisdictions release racial data of COVID-19 infection and death, it is becoming increasingly urgent to protect all communities and identify communities that are particularly in need of support. In order to protect everyone in the state and to save as many lives as possible, we are urging you to begin collecting and releasing this data.

Because of the lack of this data in Pennsylvania, it is difficult to fully understand COVID-19's impact on Black and brown Pennsylvanians. At this time, the Department of Health acknowledges that little data is available on ethnicity—for [nearly 75 percent](#) of Pennsylvania's COVID-19 cases, the race of the individual affected is unknown. In Allegheny County, nearly [one-third](#) of cases do not have race/ethnic information available. [Montgomery County](#) only provides racial/ethnic demographic data for deaths, while [Chester](#) and [Delaware](#) counties provide *no* racial/ethnic demographic data. This is unacceptable. Pennsylvanians deserve to know the full impact of COVID-19 on their families, friends and communities.

In those states where racial breakdowns of COVID-19 cases are available, the data released so far has shown that Black people are dying at disturbingly disproportionate rates. For example, Black people [represent 43 percent of COVID-19 deaths in Illinois](#), but make up only 14 percent of the state's population. In Louisiana, Black people make up 32 percent of the state but represent [over 70 percent of COVID-19 related deaths](#). Similarly alarming, in Mississippi, Black people make up 38 percent of the population but represent [52 percent of COVID-19 cases and 71 percent of reported deaths](#).

Cities with larger Black and Latino communities are especially seeing the inequities in COVID-19 cases and deaths. In Milwaukee, Black people make up [67 percent of people who have died from COVID-19](#), while making up only [39 percent](#) of the city's population. In Philadelphia, Black people make up [42 percent](#) of the population, but already represent [54 percent of the COVID-19 deaths](#)—and 7 percent of the deaths have yet to be attributed to any racial or ethnic group. In Allegheny County, Black people make up [13 percent of the population](#), but account for [21 percent of COVID-19 hospitalizations, 18 percent of ICU admissions, and 10 percent of deaths](#).

Existing health disparities and other social and economic inequalities make Black and brown people particularly vulnerable to contracting and dying from COVID-19. While public health officials recommend working from home to stop the spread of the virus, only [20 percent of Black workers and 16 percent of Latino workers](#) are able to work from home. Black people are also more likely to be [uninsured and live in communities without access to quality healthcare facilities](#), leading to disproportionate rates of chronic diseases such as asthma, hypertension, and diabetes. Black and brown people in Pennsylvania already [faced barriers in accessing insurance and healthcare before the COVID-19 pandemic](#). In Pennsylvania, Black adults have a [higher prevalence of chronic health conditions](#), including 18% higher for asthma, 15% for high blood pressure, and 19% for diabetes.

The Pennsylvania Department of Health has acknowledged that, throughout Pennsylvania, [racism and discrimination have contributed to health disparities](#). [Black and Latino women are overrepresented as essential workers](#), with Latino women making up 22 percent of women grocery store workers and Black women making up 27 percent of women home health aide workers. People of color are overrepresented in industries that are [rapidly laying off workers](#), leaving many uninsured. Finally, researchers have found that increased exposure to air pollution can lead to more severe outcomes in COVID-19 cases. Black communities will bear the severe consequences of long-term environmental racism, especially in communities like Clairton where low-income children and elderly people have [some of the highest rates of asthma in the nation](#) and air pollution continues largely unabated. Allegheny County's [first COVID-19 death was a Clairton resident](#).

Given the vast disparities across the country, it is likely that Black people and other communities of color are dying disproportionately in Pennsylvania, too. In order to effectively address this pandemic and direct resources where they are most needed, government officials and entities must standardize, collect, and release race and ethnicity data surrounding COVID-19. Without knowing the breadth of how COVID-19 is affecting communities in the commonwealth, public health officials, advocates, and affected members of the public will not have the tools necessary to tackle the inequalities this pandemic is exacerbating. Government entities must also provide adequate protections for all essential workers, especially those most vulnerable to the threat posed by COVID-19, including ensuring the equitable distribution of personal protective equipment (PPE) and ventilators. [Governor Wolf's Executive Order](#) allowing targeted distribution of PPE and critical supplies is a good first step, but all redistributions must ensure that racial and ethnic health disparities will be better addressed, not exacerbated.

All data collection and dissemination, however, must be done in such a way that Pennsylvanians' privacy rights are not sacrificed. We are concerned by [recent reporting by the Tribune-Review](#) that the Department of Health will be releasing addresses of those who test positive to county emergency management officials. While we understand that emergencies require extraordinary measures, public health requirements do not justify sharing patient addresses with first responders. Absent universal testing, we cannot know who has the virus and who does not. Most people who carry the virus have not been tested, either because they cannot access the testing or because they are asymptomatic. We cannot give our first responders a false sense of security by providing a limited list of addresses. Our first responders *must* use all of the PPE that is available to them when interacting with members of the public, both for their own protection *and* for the protection of our communities. The expansion of the surveillance state, too, will disproportionately impact Black Pennsylvanians, who are already subject to excessive surveillance and high levels of contact with law enforcement.

We urge your office to collect and release race/ethnicity and other demographic data of COVID-19 infections and deaths so that we may better protect all communities and identify those that are in particular need of support, while respecting the privacy rights of all Pennsylvanians.

Sincerely,



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