



1200 12th Avenue South, Suite 1200
Seattle, WA 98144

P 206.805.6100
F 206.805.6101

BuildingChanges.org

April 8, 2020

Secretary John Wiesman
Washington State Department of Health
101 Israel Road SE
Tumwater, WA 98501

Dear Secretary Wiesman,

Thank you for your leadership and guidance during this public health crisis. We greatly appreciate the work that you and your office are doing to protect Washingtonians through information sharing, data reporting, and transparency. While we are in this current crisis, however, it is critical that we do not exacerbate existing or create new inequities. It is often in times of crisis that protections and progress toward racial equity are eroded and racism is used as a weapon to unfairly blame, target, and harm others.

Through Building Changes' work to improve racial equity and social justice in the homeless response system, we know that racism, health, and housing are strongly interconnected. Racial disparities and disproportionalities are rampant in both health and housing systems. We know the importance of data in addressing these inequities. By using data disaggregated by race and ethnicity, we have been able to focus our resources and efforts on people and communities most impacted by homelessness and health issues, especially people of color.

As someone with a strong history of working in the health care field, you know of the many historical, institutionalized, and ongoing racial disparities and inequities that plague our health system. We ask that you keep Washington accountable in the fight against racial injustice and maintain transparency through disaggregating the COVID-19 data posted from your department by race and ethnicity.

A number of cities and states across the United States already disaggregate their COVID-19 data by race and ethnicity and they are finding disheartening statistics, especially for Black and African Americans. For example:

- In **Milwaukee** “[a]s of Friday morning, African Americans made up almost half of Milwaukee County’s 945 cases and 81% of its deaths in a county whose population is 26% black.”ⁱ
- In **Illinois**, as of this week, Black people made up 29.4% of the number of confirmed positive COVID-19 cases and 42.0% of its deaths,ⁱⁱ but only make up about 14.1% of Illinois’ total population.ⁱⁱⁱ Furthermore, American Indian and Alaska Native people made up 2.3% of COVID-19 deaths, but only make up .3% of Illinois’ total population.^{iv}
- Finally, for data available on race this week from **North Carolina**, Black people made up 37.0% of confirmed positive COVID-19 cases and 21.9% of deaths,^v but only make up 21.4% of North Carolina’s total population.^{vi}

It is important to disaggregate health data by race and ethnicity because racism is a social determinant of health and has large impacts on individuals' lives and public health as a whole. Research shows that racism leads to poor health outcomes, disparities in access to quality and affordable health care, and negative health care experiences. People of color also tend to face higher rates of certain critical medical conditions compared to White people such as asthma, diabetes, and heart disease.^{vii} Providing COVID-19 data disaggregated by race and ethnicity will ensure testing and other health services are provided equitably, without bias, and without other barriers. It will also help us target our responses and resources in effective ways by determining which populations are at higher risk for infection and death from COVID-19, as well as those facing the most discrimination and barriers to care. This is an urgent need and must be addressed immediately.

In times of crisis, we must uphold our values and continue to push for racial equity. It is equally important that we do not use data to place the blame on one racial group over another, but instead use it to drive equitable solutions that provide Washingtonians with the care and support they need to fight this illness and its long-term impacts.

Sincerely,



D'Artagnan Caliman
Executive Director

ⁱ Johnson, A., & Buford, T. (2020, April 3). Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate. *ProPublica*: <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>.

ⁱⁱ Illinois Department of Public Health. *COVID-19 Statistics*. Retrieved from Illinois Department of Public Health: <http://www.dph.illinois.gov/covid19/covid19-statistics>.

ⁱⁱⁱ United States Census Bureau. (2018). *2018 American Community Survey 1-Year Estimates: Illinois*. Retrieved from United States Census Bureau: https://data.census.gov/cedsci/table?q=illinois%20population&g=0400000US17&hidePreview=true&tid=ACSDP1Y2018.DP05&cid=DP05_0001E&vintage=2018.

^{iv} United States Census Bureau. (2018). *2018 American Community Survey 1-Year Estimates: Illinois*. Retrieved from United States Census Bureau: https://data.census.gov/cedsci/table?q=illinois%20population&g=0400000US17&hidePreview=true&tid=ACSDP1Y2018.DP05&cid=DP05_0001E&vintage=2018.

^v North Carolina Department of Health and Human Services. (2020, April 6). *COVID-19 North Carolina Dashboard*. Retrieved from North Carolina Department of Health and Human Services: <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count#by-race/ethnicity>.

^{vi} United States Census Bureau. (2018). *2018 American Community Survey 1-Year Estimates: North Carolina*. Retrieved from United States Census Bureau: https://data.census.gov/cedsci/table?q=north%20carolina%20population&g=0400000US37&hidePreview=true&tid=ACSDP1Y2018.DP05&cid=DP05_0001E&vintage=2018

^{vii} Artiga, S., Orgera, K., & Pham, O. (2020). *Disparities in Health and Health Care: Five Key Questions and Answers*. Kaiser Family Foundation: <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>.