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April 21, 2020

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The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Dear Secretary Azar,

The American Psychiatric Association (APA) appreciates the work the U.S. Department of Health and Human Services (HHS) has done thus far to ensure access to vital health services during this public health emergency. While much has been done to provide support to allow our health care system to respond to the crisis, we also need to better understand the impact on vulnerable populations. As racial/ethnic groups of color are disproportionately impacted by the pandemic novel coronavirus, COVID-19, more data is necessary to meet the needs of people and communities most at risk. We urge the HHS to collect, analyze, and make available to the public, explicit, comprehensive, standardized data on race, ethnicity related to the testing status, hospitalization, and mortality associated with COVID-19.

Data released by the Centers for Disease Control and Prevention show COVID-19 is exacerbating health disparities in communities of color. For example, in the District of Columbia, Black people make up 45% of the total population, but accounted for 59% of deaths as of April 6, 2020. In New Mexico, data released shows Native Americans make up 10% of the population but 37% of the people who contracted the virus are Native American. Data from New York City, as of April 16, 2020, shows that while Latinos consist of 29% of the city's population, they represent 39% of those who have succumbed to COVID-19.

These higher rates of infection and fatality are linked to existing inequities among these communities, such as higher rates of poverty, incarceration, barriers to care, and comorbidities such as diabetes and hypertension (both of which lead to higher mortality rates for COVID-19). Also, communities of color are less likely to have the ability to work remotely or have access to (paid or unpaid) sick leave while living in crowded homes and apartment complexes, adding to their risk of exposure to COVID-19 infection.

Communities of color, also, often bear a disproportionately high burden of disability resulting from mental disorders. In addition, these populations are less likely to receive mental health or health care due to lack of insurance or underinsurance, stigma, lack of diversity among clinicians and distrust in the health care system. For

example, in 2015, among adults with any mental illness, 48% of Whites received mental health services, compared with 31% of Blacks and Hispanics, and 22% of Asians.

We are concerned these mental illness burdens will be compounded by the traumas caused by the health and economic effects of COVID-19. We urge you to act quickly to ensure information is collected and released so we can fully understand the impact on racial/ethnic communities of color and ensure the availability of resources to meet their treatment needs.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, MD, MPA". The signature is written in a cursive, flowing style.

Saul M. Levin, M.D., M.P.A., FRCP-E
CEO and Medical Director