April 28, 2020

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

Dear Secretary Azar:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 physicians and partners dedicated to advancing women’s health, thank you for the actions the Department of Health and Human Services (“HHS”) has taken to address the COVID-19 pandemic. The pandemic is putting pressure on our nation’s already stressed health care system and, most concerning, is exasperating existing racial inequities. We strongly urge HHS to prioritize efforts to mitigate the disproportionate impact of COVID-19 on communities of color and to standardize data collection and reporting for COVID-19, ensuring that race and ethnicity are uniformly collected and reported for all diagnostic tests, positive cases, and hospitalizations.

Obstetrician-gynecologists, as trusted women’s health physicians, are on the frontlines of responding to this global pandemic and witness firsthand how this crisis affects vulnerable populations. As we begin to grasp the short-term effects of COVID-19 on the public health, we urge HHS to act quickly to mitigate the pandemic’s disparate impacts on communities of color.

As an initial step, race and ethnicity data should be uniformly collected and standardized across all states in order to determine how and to what extent existing inequities are further exacerbated by the pandemic. Preliminary data indicate disproportionate COVID-19 infection, severe morbidity, and mortality rates among racial and ethnic minorities, specifically Black individuals when compared with their proportion in the population.1 For example, recent reports indicate that in Chicago Black persons accounted for nearly 75 percent of deaths due to COVID-19, while in Michigan and Maryland, Black persons accounted for 40 percent and 52 percent of deaths, respectively.2,3 Comorbidities that place individuals at higher risk of severe illness from COVID-19 are prevalent among communities of color, contributing to the inequitable impact of COVID-19 infection. Social determinants of health, current and historic inequities in access to health care and other resources, and other elements of structural racism contribute to these and other inequities. Accounting for existing structural inequities, including in access to health care, is critical as HHS works to mitigate the impacts of the pandemic in communities of color. To that end, we strongly urge HHS to delay or rescind regulations that would disproportionately impair access to health care for communities of color.

ACOG is especially concerned that the COVID-19 pandemic may exacerbate our Nation’s maternal mortality crisis. Black women are three times more likely to die from a pregnancy-related complication than non-Hispanic White women.4 COVID-19 has caused additional strain on Black women’s ability to access care and has also severely increased fear and anxiety in many pregnant and postpartum women about the safety of seeking risk-appropriate care in health care settings.

We urge you to ensure that HHS’s efforts to prevent, control, respond to, and treat the outbreak of COVID-19 consider the unique health needs of women, in particular pregnant and breastfeeding women and women of color. To that end, HHS should support clinical research on COVID-19 and
pregnancy and remove regulatory barriers to participation of pregnant individuals in clinical trials for the
development of a vaccine. It is also critical that maternity care, specifically labor and delivery units, be
prioritized for the purposes of distributing COVID-19 diagnostic tests. Reports indicate that some women
have tested positive for COVID-19 when presenting for delivery but were asymptomatic. The ability to
test laboring women is essential for the implementation of appropriate care plans that ensure the health
and safety of women, their infants, and all medical personnel.

The COVID-19 pandemic is testing the strength of our health care system, and the ability of the federal
government to meet the needs of all those living in the United States. We appreciate the work you are
already doing to address this public health crisis and look forward to our continued partnership to ensure
healthy outcomes for women and infants, especially those who face existing barriers to care.

We encourage you to use ACOG as a resource as HHS develops and implements mitigation strategies to
ensure that vulnerable populations do not disproportionally bear the burden of the COVID-19 pandemic.
Please contact Tatiana Calderon, Federal Affairs Manager, at tcalderon@acog.org with any questions.

Sincerely,

Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer
American College of Obstetricians and Gynecologists

\(^1\) Artiga S, Garfield R, Orgera K. “Communities of Color at Higher Risk for Health and Economic Challenges due to
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\(^2\) Moore, Natalie. “In Chicago, COVID-19 is Hitting the Black Community Hard.” NPR. 6 April 2020. Available at:
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\(^3\) Leins, Casey. “State, Local Officials Highlight Racial Disparities in Coronavirus Deaths.” U.S. News & World
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Delivery [Letter to the editor]. The New England Journal of Medicine. 13 April 2020. Available at: