April 21, 2020

Sent to the following recipients via e-mail:

Governor Tim Walz, tim.walz@state.mn.us
Commissioner Jan Malcolm, jan.malcolm@state.mn.us

Dear Governor Walz and Commissioner Malcolm,

On behalf of the American Civil Liberties Union and the American Civil Liberties Union of Minnesota, I write to thank your office for collecting race/ethnicity and other demographic data showing COVID-19 infections and deaths rates. I also urge you to share additional data, to the extent privacy laws allow, so Minnesotans can better understand any racial disparities that may exist. As other jurisdictions release racial data about COVID-19 infections and deaths, it is becoming increasingly urgent that Minnesota identifies communities that are in particular need of support and makes sure they are protected, to save as many lives as possible.

At least 15 states (including Minnesota) and Washington, D.C., have begun releasing racial breakdowns of COVID-19 in their jurisdictions.1 According to the data released so far,

Black people are dying at disturbingly disproportionate rates. For example, Black people represent 43% of COVID-19 deaths in Illinois, but make up only 14% of the state’s population. In Louisiana, Black people make up 32% of the state but represent more than 70% of COVID-19-related deaths. In Mississippi, Black people make up 38% of the population but represent 52% of COVID-19 cases and 71% of reported deaths. The disparities are battering cities with larger Black and Latino communities, too. In Milwaukee, Black people make up 67% of people who have died from COVID-19, while making up only 39% of the city’s population. In New York City, which now has more confirmed cases than anywhere else in the world, Latinos make up 29% of the population but 34% of COVID-19 deaths, and Black people make up 22% of the population but 28% of deaths.

On its website, the Minnesota Department of Health is sharing information about infection rates and death rates for race and ethnicity. While we appreciate the release of this data, which is essential and should continue, it is not sufficient to provide the full picture of any disparities we are experiencing here. An analysis of race and ethnicity should be added to all of the categories listed on the COVID-19 Dashboard and Department of Health website. It is important to know the racial breakout for the additional data released, not just on a state level, but also by county, exposure type, hospital cases, testing, and age.

Based on currently available data, it is difficult to determine the extent of any disparities that exist in Minnesota. For example, Black people represent 13% of confirmed cases, but only 7% of the state’s population, so without greater geographic breakouts, one cannot determine the extent of any disparities. In addition, the Dashboard says that race is unknown for 18% of those with reported cases, which could mask even more disparities. Finally, data should be released on the race and ethnicity of who is being tested. This data will help track disparities in access to testing, and ensure information on confirmed cases is not skewed by unequal access to testing.

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*See race and ethnicity data table [here](https://www.health.state.mn.us/diseases/coronavirus/situation.html#raceeth1)*
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% of Black workers and 16% of Latino workers are able to work from home.8 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, which put people at higher risk from COVID-19.9 Black and Latina women are overrepresented as essential workers, with Latina women making up 22% of women grocery store workers and Black women making up 27% of women home health aid workers.10 In addition, people of color are overrepresented in industries that are rapidly laying off workers, leaving many uninsured.11

Given the vast disparities across the country, it is likely that Black people and other communities of color are dying disproportionately in Minnesota, too. To effectively address this pandemic by directing resources to 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 state, 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 PPE and ventilators.

We urge your office to collect and release this data to the extent consistent with privacy laws so that we may better protect all communities and identify those who are in particular need of support.

Sincerely,

John Gordon
Executive Director
jgordon@aclu-mn.org

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11 See Dan Burns, How The Coronavirus Job Cuts Played Out by Sector and Demographics, Reuters (April 4, 2020), https://www.reuters.com/article/us-health-coronavirus-usa-jobs/how-the-coronavirus-job-cuts-played-out-by-sector-and-demographics-idUSKBN21M0EL (showing that Asians and Latinos faced the highest rate of increase of unemployment and that the rate of unemployment for Black people is now 65% higher than the rate of unemployment for white people).