



*Creating Assets, Savings and Hope*



April 17, 2020

Honorable Lawrence J. Hogan, Jr.  
Governor, State of Maryland  
100 State Circle  
Annapolis, MD 21401-1925

**Re: Urgent Actions Needed to Address Racial Disparities in Maryland's COVID-19 Infection and Death Rates**

Dear Governor Hogan:

The Public Justice Center and the undersigned organizations represent low-income Marylanders struggling to meet their basic needs. We appreciate the measures that your Administration and the Maryland Department of Health (MDH) have taken to prevent and respond to the COVID-19 pandemic, including collecting and reporting COVID-19 infections and deaths by race. However, we are concerned that Black Marylanders are contracting the virus and dying at higher rates than any other race in the state. More robust data collection and reporting is needed to aid public health professionals and advocates in developing racially equitable solutions to prevent COVID-19 infections and deaths in Maryland. There are also measures that the state could take now to disrupt the impact of COVID-19 in the Black community and other communities of color. We urge your Administration and MDH to take the following actions:

**Data Reporting**

1. **Stratify and report race data by county or zip code.** Prior to the COVID-19 pandemic, there were already significant disparities in healthcare access and health outcomes for Black Marylanders. People of color were already more likely to live in health care deserts,

have one or more disabilities, and experience poorer health outcomes compared to their white counterparts. COVID-19 has exacerbated existing health inequities: a person's zip code may determine their health outcome. While COVID-19 cases continue to rise in Maryland, we are seeing evidence of disproportionality. Prince George's county, where Black residents make up over 60% of the county's population, has emerged as the county with the highest disease burden. These numbers and the data showing that Black Marylanders are disproportionately contracting and dying from COVID-19 dictates that the state should be investing resources in determining whether the racial disparities exist at the county level. Knowing whether racial disparities exist at the county level would enable local governments, public health professionals, and advocates to develop local solutions to eliminate racial disparities in COVID-19 cases and prevent new infections.

2. **Collect and report data on whether a patient had Limited English Proficiency.** Maryland has a large population of people who speak a language other than English at home. In 2015, the U.S. Census Bureau reported that of Maryland's total population at the time of the survey (5,467,945 people), 16.7% (914,305) of people spoke a language other than English at home.<sup>1</sup> More specifically, 347,459 people of the total population spoke English less than "very well."<sup>2</sup> Given that Maryland's total population has risen since this survey, it is reasonable to believe that Maryland's LEP population has increased. The Administration did not begin translating Executive Orders until this week, and the delay in translation may have resulted in misinformation regarding COVID-19 containment measures and prevention recommendations circulating in Maryland's various LEP communities. As the state is not currently reporting data on the LEP population and COVID-19 infection and death rates, we cannot know whether there are disparities in this community. When vital information is not communicated in a linguistically and culturally appropriate manner to LEP populations, it could result in poor health outcomes, including undiagnosed or untreated illness and death. The state needs to collect data on infection and death rates for this population. Limited English proficiency status can be gathered during the contact tracing phase. Alternatively, if the individual is incapacitated or deceased, the information could also be gathered from family members or medical records maintained by the individual's medical provider.
3. **Collect and report data on whether care was sought by patients with COVID-19 symptoms and whether the provider refused to provide care.** Racial and implicit bias have long existed in our healthcare system and have negatively impacted the care received by people of color. Historically, people of color have been more likely to receive a lower quality of care than their white counterparts, often because [their pain and symptoms are not taken seriously](#). COVID-19 has amplified this longstanding inequity. For instance, Nashon Wooden died at the age of 50-years-old after being turned away from a New York hospital because his symptoms were found to be not serious enough to be admitted. We believe that the state would find that stories like these are not unique to New York. Now

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<sup>1</sup> 2009-2013 American Community Survey, U.S. Census Bureau (October 2015), <https://www2.census.gov/library/data/tables/2008/demo/language-use/2009-2013-acs-lang-tables-state.xls?#>.

<sup>2</sup> *Id.*

more than ever, it is critical that the state invest time in investigating the circumstances that led to the patient's death to better understand what role racism and implicit bias play in access to diagnosis and treatment of COVID-19.

#### **COVID-19 Prevention and Response Measures**

4. **Expand access to COVID-19 testing and treatment in Black communities across Maryland.** Because of structural and institutional racism, Black people are more likely to live in areas with less access to healthcare and more likely to have one or more disabilities and/or live with chronic health conditions. We urge the state to expand testing and treatment centers for COVID-19 in Black communities and predominantly Black neighborhoods in Maryland. This action could aid the state in driving down the racial disparities in COVID-19 infection and death rates for Black Marylanders. In doing so, we also urge the state to consider the accessibility of these care centers given that many low-income Black Marylanders live in areas that are disconnected from reliable transportation, including paratransit services.
  
5. **Distribute personal protective equipment and face coverings to Maryland's high-risk communities.** On Wednesday, April 15<sup>th</sup>, Governor Larry Hogan signed an executive order mandating that all Marylanders wear face coverings in retail and food establishments and on public transportation to prevent the spread of COVID-19 effective this Saturday, April 18<sup>th</sup> at 7 am. While research supports that masks and face coverings can help prevent the spread of this virus, this new mandate presents an equity issue for low-income people who cannot afford to purchase face coverings or do not have supplies at home to make their own face coverings, especially individuals who are unsheltered, and those with disabilities, who require assistance to do so. Without face coverings, low-income individuals would face significant barriers in obtaining essential items, like food and medicine, from retail businesses and pharmacies. We ask that your administration issue an executive order for the state to produce and distribute face coverings to individuals who are at high risk of a poor health outcome from COVID-19, especially seniors, individuals with underlying conditions, persons with disabilities, and Black communities. We also request guidance that retailers cannot discriminate against [people of color wearing protective wear](#). Recently, stories have come out from across the nation of people of color, Black people specifically, being turned away from stores because they were wearing bandanas on their faces to protect themselves from contracting the virus.

Thank you for your prompt attention to these urgent recommendations. Should you have any questions, or if anyone in your Administration would like to discuss these issues further, please contact Ashley Black at [blacka@publicjustice.org](mailto:blacka@publicjustice.org) or Dena Robinson at [robinsond@publicjustice.org](mailto:robinsond@publicjustice.org).

Sincerely,



Ashley Black  
Attorney, Public Justice Center



Dena Robinson  
Attorney, Public Justice Center

**Signatory Organizations:**

American Civil Liberties Union of Maryland

Baltimore Action Legal Team

CASH Campaign of Maryland

Disability Rights Maryland

Homeless Persons Representation Project, Inc.

Job Opportunities Task Force

Leni Preston, Health policy expert and consumer advocate

Maryland Citizens' Health Initiative

Public Justice Center

Cc: Secretary Robert R. Neall, Maryland Department of Health