July 17, 2020

The Honorable Mike Pence
The White House
Office of the Vice President
1600 Pennsylvania Avenue, NW
Washington, DC 20500

The Honorable Deborah Birx, MD
Coronavirus Task Force Response Coordinator
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

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

Dear Vice President Pence, Ambassador Birx and Secretary Azar:

The undersigned organizations write with urgency to strongly recommend that the administration immediately reverse its decision to bypass the Centers for Disease Control and Prevention (CDC) in the collection and analysis of COVID-19 patient data. Our organizations represent healthcare providers, public health professionals, researchers and scientists, other healthcare professionals and patient advocates who have been central in responding to the pandemic.

Maintain the integrity of COVID-19 data. The administration’s abrupt decision to establish a new data collection procedure that bypasses the CDC as a recipient of data on patients hospitalized with COVID-19 is alarming and will undermine efforts to control the pandemic at a time when COVID-19 cases and hospitalizations are surging across the country. A core function of the CDC is to collect and report public health data and this important work is led by trained experts with the infrastructure necessary to ensure the validity and accuracy of the data in addition to protecting data from misuse. Placing medical data collection outside of the CDC puts the quality and integrity of the data at risk threatening to seriously undermine our country’s response to COVID-19.

Keep public health data public. COVID-19 data collection and reporting must be done in a transparent manner and must not be politicized, as these data are essential to informing an effective response to the pandemic and to establishing public trust in the response. Data transparency is particularly critical in the midst of an unprecedented national health crisis that is disproportionately impacting certain segments of the U.S. population, including Black/African American, Latinx and Native American communities. Widely accessed COVID-19 tracking sites have already lost access to ICU hospitalization data – a key indicator for monitoring the state of the pandemic.

Invest in CDC data reporting. Rather than investing in a new data collection mechanism and reporting infrastructure, we strongly urge the administration to provide funding to enhance data collection and

Please contact the HIVMA Executive Director Andrea Weddle at aweddle@hivma.org or the Infectious Diseases Society of America Vice President of Public Policy and Government Relations at ajezek@idsociety.org regarding this letter.
strengthen the role of CDC to collect and report COVID-19 data by race and ethnicity, hospital and ICU capacity, total number of tests and percent positive, hospitalizations and deaths. This critical function belongs with our nation’s top public health agency.

**Data is critical to the state and local response.** The availability of accurate hospital data, coupled with other public health indicators, is essential for the state and local response. Jurisdictions need situational awareness about bed availability, shortages of supplies and personal protective equipment, and other healthcare needs in order to coordinate the response. Creating duplicate, siloed data reporting systems may make it harder for jurisdictions to get an accurate picture of the pandemic and limit visibility across neighboring states and localities.

Reliable, comprehensive and timely data are essential to monitor and evaluate the state of the pandemic and to inform an effective response, including the distribution of essential supplies and treatment. We urge you not to advance the new data collection plan any further and instead consult with the public health and healthcare communities to discuss effective strategies for ensuring the availability of the data we all need and want to bring the pandemic under control in the U.S.

Sincerely,

AcademyHealth
AIDS Alabama
American Academy of HIV Medicine
AIDS Foundation of Chicago
AIDS Research Consortium of Atlanta
AIDS United
Alabama Arise
American Association for Anatomy
American Association for the Advancement of Science
American Association for Dental Research
American Association of Geographers
American Association on Health and Disability
American Association of Immunologists
American College of Nuclear Medicine
American College of Physicians
American Educational Research Association
American Institute of Biological Sciences
American Lung Association
American Medical Informatics Association (AMIA)
American Psychological Association*
American Public Health Association
American Society for Microbiology
American Society of Pediatric Nephrology
American Society of Transplantation*
American Society of Tropical Medicine and Hygiene
American Sociological Association
American Statistical Association
American Thoracic Society
American Urological Association
amfAR, Foundation for AIDS Research
APIC – Association for Professionals in Infection Control and Epidemiology
Arab American Community Center for Economic and Social Services (ACCESS)*
Association for Prevention Teaching and Research
Association for Women in Mathematics
Association of Nurses in AIDS Care
Association of Population Centers
Association of Public Data Users
Association of Schools Advancing Health Professions
Association of Schools and Programs of Public Health
AVAC
Big Cities Health Coalition
Biophysical Society
Black AIDS Institute
Broom Center for Demography
Cascade AIDS Project
Center for Population Health and Aging
Center for Studies in Demography & Ecology, University of Washington
Centro de Comunidad y Justicia*
Community Catalyst*
Conference Board of the Mathematical Sciences
Consortium of Social Science Associations
Council of Professional Associations on Federal Statistics
CUNY Institute for Demographic Research, City University of New York
Duke Population Research Center
Endocrine Society
Entomological Society of America
Epilepsy Foundation
Every Texan
Georgians for a Healthy Future
GLMA: Health Professionals
  Advancing LGBTQ Equality
GO2 Foundation for Lung Cancer
HealthHIV
Health Care for All (Massachusetts)
HIV Medicine Association
Hoosier Action
Infectious Diseases Society of America
International & American Associations for Dental Research
IRMA - International Rectal Microbicide Advocates
Kentucky Voices for Health*
Lakeshore Foundation
Lambda Legal
Mathematical Association of America
MDRC
Medical Care Section – American Public Health Association
Mercy Care
Missouri Health Care For All*
National Association of State Emergency Medical Services Officials*
National Black Nurses Association
National Coalition of STD Directors*
Natural Science Collections Alliance
Neighborhood Health
New Mexico Center on Law & Poverty
North Carolina AIDS Action Network
Northwest Health Law Advocates
Oklahoma Policy Institute
Population Association of America
Prevent Blindness
Prevention Access Campaign
Prevention Institute
Protect Our Healthcare RI
Research!America
Ryan White Medical Providers Coalition
San Francisco AIDS Foundation
Social Science Research Institute, Duke*
University*
Society of General Internal Medicine
Society of Infectious Diseases Pharmacists
Southern AIDS Coalition
Spina Bifida Association
TB Alliance*
Tennessee Health Care Campaign
Tennessee Justice Center
Tennessee Primary Care Association
Texas Interfaith Center for Public Policy/
  Texas Impact
The AIDS Institute*
The Hopkins Population Center
The Society for Healthcare Epidemiology of America
The Society for Public Health Education
The Well Project
Thrive Alabama
Trust for America’s Health
University of Colorado Population Center
Utah Health Policy Project
UW Population Health Institute
WNAR, International Biometrics Society