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July 28, 2020

By Email and United States Mail

The Honorable Alex M. Azar II, Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Secretary@HHS.gov

Dear Secretary Azar,

We write to urge you to immediately withdraw your directive¹ that hospitals stop reporting COVID-19 data to the Centers for Disease Control (CDC) and to restore the CDC to its rightful role as the primary repository for and source of information about the nation's public health data. Your abrupt decision to bypass the CDC in this national crisis – made without public input and apparently without planning by public health and hospital experts – harms the nation's ability to track and respond to the pandemic, hampers state and local public health authorities' efforts to address the crisis in their communities, risks compromising the health data of millions of Americans, and undermines public confidence in any reports about COVID-19 coming from the federal government.

The CDC is the nation's authority on infectious disease. Its National Healthcare Safety Network (NHSN) has been a key national public health data resource for fifteen years. Trained experts at the CDC lead the analysis and reporting of that data, protect its accuracy and guard against its misuse. Hospitals and nursing homes across the country have invested in systems to report COVID-19 data to the NHSN. State and local public health authorities and researchers rely on CDC data sources for responding to the pandemic in their communities and informing the science that will help us understand and eventually vanquish the disease. Importantly, disaggregated data provided by the CDC has revealed the disparate impact of COVID-19 on communities of color and informed efforts to address racial and ethnic health inequities.

Any challenges with data reporting, analysis and tracking should be addressed by increasing support for the CDC and investing in its systems – not by circumventing our nation's top public health experts. The CARES Act included \$500 million for the CDC Modernization

¹ COVID-19 Guidance for Hospital Reporting, <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>

Initiative for just this purpose.² Instead, the new system you have put into place puts hospital data in an entirely separate system than nursing home data and places critical information about hospitals, patients, and the spread of COVID-19 in the hands of private contractors without the assurance that it will be protected and that public health authorities and researchers will have full access to the complete data they need to continue their vital work. Moreover, hospitals and state public health departments are incurring substantial costs and operational challenges in trying to respond to the new data requests and reporting system. This sudden disruption threatens to further undermine the nation's already chaotic response to the pandemic.

An effective COVID-19 response depends on transparency and collaboration with clinical and public health experts. Relying on private contractors without expertise in epidemiological analysis or government accountability to manage the national data about the pandemic will result in rapid deterioration in public confidence in any reports from or actions by the federal government concerning COVID-19.³ Public confidence in government leaders and the guidance they issue is the most important and effective tool available to control this pandemic.

We strongly urge you to rescind the July 10, 2020 data reporting directive, to restore the CDC as the primary repository for public health data, and to collaborate with hospital leaders, as well as national, state and local public health authorities in crafting data reporting requirements.

The COVID-19 pandemic is a public health crisis the likes of which Americans have not experienced in our lifetimes. The health and safety of all Americans depend on the analysis and guidance of experts, effective government leadership, transparency and effective communication. Please act quickly to restore confidence that your agency will uphold those vital aspects of a national response to the pandemic.

² CARES Act, Pub.L. 116–136, Title VIII.

³ The architect of the system, Palantir, is primarily known, not for public health expertise, but for building data systems for military intelligence and for Immigration and Customs Enforcement. Members of Congress and others have raised serious concerns about how data collected pursuant to this directive might be misused for purposes other than combating the COVID-19 Pandemic. *See* Reed Albergotti, Lawmakers Call for More Transparency In Health Agency's Pandemic Data Collection Practices, Washington Post July 21, 2020, <https://www.washingtonpost.com/technology/2020/07/01/warren-hhs-data-collection/>; Sara Morrison, Everything You Need To Know About Palantir, The Secretive Company Coming For All Your Data, Vox/Recode July 16, 2020, <https://www.vox.com/recode/2020/7/16/21323458/palantir-ipo-hhs-protect-peter-thiel-cia-intelligence>.

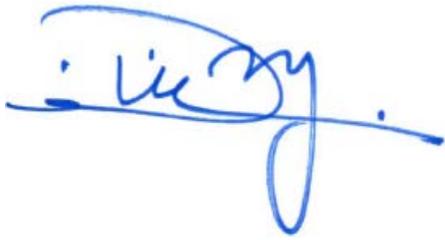
Sincerely,



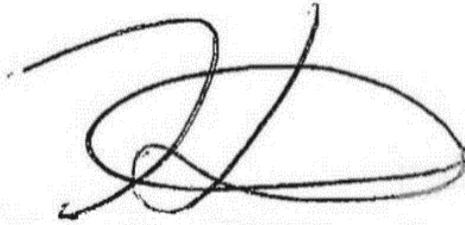
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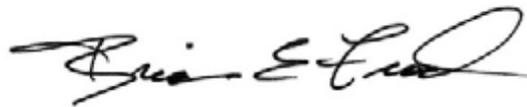
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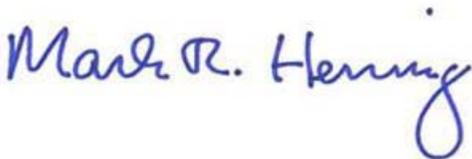
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