

United States Senate

WASHINGTON, DC 20510

March 11, 2020

VIA ELECTRONIC DELIVERY

Dr. Marcella Nunez-Smith, MD, MHS
Chair
Biden-Harris COVID-19 Health Equity Task Force
1600 Pennsylvania Ave NW
Washington, D.C. 20500

Dear Dr. Nunez-Smith:

We write to respectfully request that the Biden-Harris COVID-19 Health Equity Task Force (the Task Force) provide guidance and recommendations to States, localities, territories and Tribes on best practices to address disparities and eliminate inequities in COVID-19 vaccinations. We are encouraged by the actions that the Biden administration has taken thus far in addressing this devastating public health crisis, which has killed more than 528,000 Americans. We look forward to continuing to work with you on behalf of the many communities that continue to be underserved and face disproportionate impacts from COVID-19.

The COVID-19 pandemic has wreaked havoc on millions of individuals and families across the country, but it has highlighted longstanding disparities in our healthcare and economic systems. With respect to COVID-19 hospitalizations and deaths, Black people in this country are about three times as likely to be hospitalized from illness caused by the virus SARS-CoV-2 compared to white Americans, and twice as likely to die. These disparities are even worse for Hispanic/LatinX and American Indian / Alaska Native people. Older adults and people with disabilities are also more likely to become severely ill and die from COVID-19. For example, people with intellectual and developmental disabilities are three times more likely to die from COVID-19 when compared with all other patients with COVID-19.

Given these data, which provide only a small glimpse into the overall disparate impacts that the pandemic has had on underserved communities, it is important that policymakers, public health officials and providers work together with—and are informed by—the impacted communities so that the COVID-19 vaccine rollout is equitable. President Biden and Vice President Harris took an important step towards this goal by establishing the COVID-19 Health Equity Task Force, to “help ensure an equitable response to the pandemic.” The Task Force is only one facet of the administration’s COVID-19 response, which also includes (among other things) improving data collection and reporting and providing COVID-19 vaccines directly to community health centers.

However, gaps in data reporting remain, and people in underserved communities continue to face hurdles in getting vaccinated. As of March 1, 2021, race and ethnicity data were available for about 54 percent of people who had received at least one dose of a COVID-19 vaccine. Further, of this group, only 7 percent of people were Black, and 9 percent were Hispanic, despite having a disproportionate number of COVID-19 cases and deaths compared to white people. Nonelderly

people with disabilities in particular, many of who live in congregate settings and receive long-term services and supports, continue to be left out of many States' vaccination prioritization plans, despite being disproportionately impacted by COVID-19.

There have also been several barriers to getting the vaccine for many Americans at the State, local, territorial, Tribal and vaccination site level, which are contributing to these disparities. Such barriers include:

- vaccination misinformation campaigns targeting communities of color;
- online-only appointment signups being inaccessible for people who do not have computer or internet access;
- appointment signups requiring hours in one's schedule to spend in a "virtual waiting room";
- websites being incompatible with text-to-speech software for individuals who are blind or low-vision;
- language barriers online, on the phone and in person; and
- difficulty getting to and from appointments due to lack of transportation, not being able to take off work or vaccination sites being open for limited hours, especially as local clinics and providers have struggled to gain access to the vaccine due to supply limitations.

It is important to note that systemic and structural racism have created, and continue to exacerbate, these and other challenges.

Currently, there is a confusing patchwork of recommendations, guidance and practices across States, localities, territories and Tribes regarding who should get the vaccine when, how to sign up, where to get vaccinated and what to bring to the appointment. Further, recognizing the need to ensure an equitable distribution process that centers the hardest-hit communities, many States and other jurisdictions have been implementing certain policies, only to find that these solutions themselves can perpetuate inequity.

Mounting a coordinated, equitable response to address this historic public health crisis has been, and continues to be, a challenge for stakeholders at all levels, from policymakers to frontline workers. However, public health departments at the State, local, territorial and Tribal level are particularly essential in coordinating that response. We therefore respectfully request that the Task Force engage communities of color, people with disabilities and other disproportionately impacted groups and provide guidance and recommendations to States, localities, territories and Tribes on best practices to eliminate inequities in COVID-19 vaccinations. Such guidance and recommendations should take into account, at minimum, the following:

1. How should vaccine administrators report race, ethnicity and disability data regarding COVID-19 vaccinations?
 - a. What specific steps should they take to provide as complete a picture as possible on who is getting vaccinated?
 - b. Are there barriers to collecting and reporting this information, such as privacy concerns, lack of provider training, workforce capacity or legal limitations, which may contribute to gaps in data reporting? If so, how can they be overcome?

2. How should States, localities, territories and Tribes prioritize nonelderly people with disabilities in their vaccination prioritization plans? What factors should be taken into account?
3. What information should or should not be collected when a patient makes or arrives at an appointment to get vaccinated?
 - a. Should vaccination sites or providers avoid collecting information from individuals, such as Social Security numbers, proof of residence or identification requirements, which would pose a unique barrier for certain communities?
4. What programs and services can State, local, territorial and Tribal governments provide to help individuals arrange to be vaccinated, especially those who do not have a computer, smartphone or internet, or who face other barriers with the current vaccination signup systems?
5. What actions should State, local, territorial and Tribal governments take to make vaccine information and appointment signups accessible for people with disabilities and people with Limited English Proficiency (LEP)?
6. What steps should be taken to ensure that people in underserved communities, who may not have the resources or ability to travel far from home, are able to get vaccinated?
 - a. Particularly as our vaccine supply increases, how can State, local, territorial and Tribal governments ensure that vaccination sites are located in the communities that have been most impacted by COVID-19?
7. What steps should be taken to provide transportation to and from vaccination sites, and how should such transportation be paid for?
8. How should leaders and trusted members of the community be identified and engaged in partnership to dispel misinformation, encourage and, as appropriate, administer vaccinations?
9. How should individuals and communities be informed about the vaccine being provided at no cost?
10. How should States, localities, territories and Tribes balance equity and speed to ensure that no vaccine is wasted, such as when there are leftover doses at the end of the day?

We further urge the Biden administration to take concrete steps to ensure that public health officials at the State, local, territorial and Tribal level have all the data and information they need to make decisions regarding the equitable allocation and distribution of vaccines. Further, the administration should continue to make available Federal resources and funding opportunities to facilitate partnerships and collaboration between health departments, State and local agencies, healthcare providers and other vaccine administrators and community-based organizations. We also ask that you provide an update to Congress on the development of the aforementioned guidance and recommendations.

While an increase in vaccine supply—which we also strongly urge the administration to quickly provide—will help in getting our country back on its feet, we are concerned that inequities will continue to grow unless we take specific and concrete steps to address them right now. We appreciate your efforts and your timely response to this request.

Sincerely,



Tammy Duckworth
United States Senator



Cory A. Booker
United States Senator



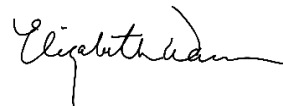
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Richard Blumenthal
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/s/ Tina Smith

Tina Smith
United States Senator

/s/ Alex Padilla

Alex Padilla
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