



One Hundred Seventeenth Congress
Committee on Homeland Security
U.S. House of Representatives
Washington, DC 20515

February 02, 2021

Dr. Marcella Nunez-Smith
COVID-19 Equity Task Force Chair
Executive Office of the President
1650 Pennsylvania Ave. NW
Washington, DC 20502

Dear Dr. Nunez-Smith:

We write to draw greater attention to recent reporting regarding the lack of equitable distribution and administration of Coronavirus Disease 2019 (COVID-19) vaccines.

On April 29, 2020, I, along with the Democratic Members of the Committee, sent a letter to the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG), expressing concern regarding racial, ethnic, and socioeconomic healthcare disparities in COVID-19 treatment and outcomes. As we stated then, despite thorough reporting and awareness within HHS and amongst Federal health officials of the existence of such disparities in our country's healthcare system, the prior Administration's unfocused approach to the COVID-19 pandemic has further exacerbated these disparities.¹

African Americans, Indigenous Americans, and Hispanic Americans are dying from COVID-19 at more than twice the rate of white Americans.² Previous reporting placed the rate even higher, with death from COVID-19 occurring amongst the same groups at nearly three times the rate of white Americans, according to information published by the Centers for Disease Control and Prevention (CDC).³

Despite the grim statistical reality, early reporting from a Kaiser Family Foundation (KFF) report based on an analysis of data from 17 states indicates that while white Americans are receiving available

¹ Letter from Congressman Bennie G. Thompson, Chairman of the House Committee on Homeland Security, and the Democratic Members of the Committee, to the Honorable Christi Grimm, Principal Deputy Inspector General, U.S. Department of Health and Human Services Office of Inspector General (Apr. 29, 2020) (<https://bit.ly/3rikvJv>); also see U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Healthcare Quality and Disparities Reports (bit.ly/2VtXCEs) (accessed Apr. 15, 2020).

² Executive Office of the President, The White House, *Press Briefing by White House COVID-19 Response Team and Public Health Officials* (Feb. 1, 2021) (<https://bit.ly/2YxzXor>).

³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *COVID-19 Hospitalization and Death by Race/Ethnicity* (<https://bit.ly/2YwMzMR>) (accessed Feb. 1, 2021).

COVID-19 vaccines in proportions roughly equal to their share of the population, vaccination rates for African Americans are dramatically lower. The report adds the following: “Based on vaccinations with known race/ethnicity, the share of vaccinations among Black people is smaller than their share of cases in ... 16 reporting states and smaller than their share of deaths in 15 states.” Hispanics also account for a smaller share of vaccinations when compared to their share of cases and deaths in most of the reporting states; however, data gaps make it difficult to accurately determine the share of vaccinations Hispanic Americans and Indigenous Americans receive.⁴ Additionally, local officials may be seeing examples of disparities in vaccine distribution amongst economically disadvantaged urban and rural areas.⁵

Furthermore, the state-by-state analysis of available information indicate glaring disparities in vaccination rates by race and ethnicity. In Mississippi, for example, while African Americans represent roughly 38.3% of COVID-19 cases and 41.5% of deaths in the state, African Americans account for only 15.3% of vaccinations. Similarly, in Florida, African Americans represent roughly 14.6% of cases and 16.5% of deaths in the state, but only 5.7% of vaccinations. Hispanics in Mississippi also have lower rates of COVID-19 vaccination, and in Florida, Hispanics represent roughly 37.3% of cases and 24.6% of deaths in the state, but only 15.4% of vaccinations.⁶

Like other healthcare access disparities, the inequitable distribution of COVID-19 vaccines reflects systemic injustices that existed long before the COVID-19 pandemic. These deficiencies were exacerbated by the inaction of the Trump Administration. In its most recent report on the Federal government’s response to the pandemic, the U.S. Government Accountability Office (GAO) expressed deep concern about the “lack of sufficient federal action on critical gaps identified and by the lack of clear plans to address these gaps,” including the Trump Administration’s lack of a clear and comprehensive plan for testing and vaccine distribution.⁷ Additionally, recent reporting found Trump

⁴ Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga, and Salem Mengistu, *Early State Vaccination Data Raise Warning Flags for Racial Equity*, Kaiser Family Foundation (Jan. 21, 2021) (<https://bit.ly/3cxfp84>); and see Hannah Recht and Lauren Weber, *Black Americans receiving Covid vaccines at lower rates than whites*, The Guardian (Jan. 29, 2021) (<https://bit.ly/2MG13Hs>); and Hannah Recht and Lauren Weber, *As Vaccine Rollout Expands, Black Americans Still Left Behind*, KHN (Jan. 29, 2021) (<https://bit.ly/3ricr1E>); and Nicquel Terry Ellis and Deidre McPhillips, *White people are getting vaccinated at higher rates than Black and Latino Americans*, CNN (Jan. 26, 2021) (<https://cnn.it/3rci18K>); and a similar report, Carla K. Johnson, Angeliki Kastanis, and Kat Stafford, *AP Analysis: Racial disparity seen in US vaccination drive*, Associated Press (Jan. 30, 2021) (<https://bit.ly/3j8bTlz>); and early release of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program — United States, December 14, 2020–January 14, 2021*, CDC (Feb. 1, 2021) (<https://bit.ly/2YDh4AQ>), stating: “During the first month of the U.S. COVID-19 vaccination program, 12,928,749 persons received at least 1 dose of COVID-19 vaccine. Vaccination was initiated by persons in all 64 jurisdictions and five federal entities reporting data to CDC ... Among 6,706,697 (51.9%) persons whose race/ethnicity was known, 60.4% were White and 39.6% represented racial and ethnic minorities, including 14.4% categorized as multiple or other race/ethnicity, 11.5% Hispanic/Latino, 6.0% Asian, 5.4% Black, 2.0% AI/AN, and 0.3% NH/PI. Race/ethnicity was unknown or not reported for 6,222,052 (48.1%) persons initiating vaccination ... Because persons who are Black, AI/AN, or Hispanic have been found to have more severe outcomes from COVID-19 than persons who are White, careful monitoring of vaccination by race/ethnicity is critical.”

⁵ See Meredith Deliso, *Racial disparities trouble COVID-19 vaccine rollout*, ABC News (Jan. 29, 2021) (<https://abcn.ws/2YClqb6>); and Nada Hassanein, *‘It’s not a pretty picture’: Why the lack of racial data around COVID vaccines is ‘massive barrier’ to better distribution*, USA Today (Feb. 1, 2021) (<https://bit.ly/39BD6dg>)

⁶ Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga, and Salem Mengistu, *Early State Vaccination Data Raise Warning Flags for Racial Equity*, Kaiser Family Foundation (Jan. 21, 2021) (<https://bit.ly/3cxfp84>).

⁷ U.S. Government Accountability Office, *COVID-19: Critical Vaccine Distribution, Supply Chain, Program Integrity, and Other Challenges Require Focused Federal Attention* (GAO-21-265) (Jan. 28, 2021) (<https://bit.ly/2YxIjg3>).

Administration officials, “actively lobbied Congress to deny state governments any extra funding for the COVID-19 vaccine rollout last fall—despite frantic warnings from state officials that they didn’t have the money they needed to ramp up a massive vaccination operation.”⁸

Equitably distributing vaccines across the country requires an affirmative effort to address historical inequities and repair the damage done by the inefficient and counterproductive actions of the Trump Administration.

We deeply appreciate the steps the Biden Administration has taken to address healthcare disparities, and specifically COVID-19 disparities, through actions like President Biden’s “Executive Order on Ensuring an Equitable Pandemic Response and Recovery,” and the American Rescue Plan.⁹ In addition to these steps and others the Biden Administration is taking, we urge the Administration to prioritize greater uniform data collection and reporting practices on testing and vaccine distribution that includes information on race, ethnicity, and socioeconomic status amongst State, Local, Territorial, and Tribal partners; enhance community vaccination outreach efforts; redouble access through internet alternatives, like traditional mail, to promote vaccine uptake and spread awareness about vaccine locations; and tackle transportation challenges that keep eligible people from accessing vaccination sites.

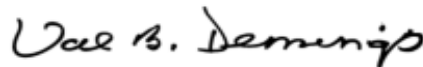
Eliminating vaccine distribution inequities will require a robust effort by the Federal government and State, Local, Territorial, and Tribal partners. We stand ready to partner with the Biden Administration to address disparities, increase equitable access to COVID-19 therapeutics and vaccines, and support equitable recovery efforts.

We thank you in advance for your attention to this matter.

Sincerely,



BENNIE G. THOMPSON
Chairman



VAL DEMINGS
Chairwoman
Subcommittee on Emergency Preparedness,
Response, & Recovery

⁸ Nicholas Florko, *Trump officials actively lobbied to deny states money for vaccine rollout last fall*, STAT (Jan. 31, 2021) (<https://bit.ly/3cxhbWs>).

⁹ Executive Office of the President, *Executive Order: Ensuring an Equitable Pandemic Response and Recovery* (Jan. 21, 2021) (<https://bit.ly/3aqaxP7>). Executive Office of the President, *President Biden Announces American Rescue Plan* (Jan. 20, 2021) (<https://bit.ly/39zZEct>).