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A SHOT AT NORMALCY:

BUILDING COVID-19 VACCINE CONFIDENCE

WEDNESDAY, MAY 26, 2021

House of Representatives,

Subcommittee on Oversight and Investigations,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 11:00 a.m. via Webex, Hon. Diana DeGette, [chairwoman of the subcommittee] presiding.

Present: Representatives DeGette, Kuster, Rice, Schakowsky, Tonko, Ruiz, Peters, Schrier, Trahan, Pallone (ex officio); Griffith, Burgess, McKinley, Long, Joyce, Palmer, and Rodgers (ex officio).

Also present: Representatives Bilirakis and Carter.

Staff Present: Joe Banez, Professional Staff Member; Jeff Carroll, Staff Director; Austin Flack, Policy Analyst;

Waverly Gordon, General Counsel; Tiffany Guarascio, Deputy Staff Director; Perry Hamilton, Deputy Chief Clerk; Rebekah Jones, Counsel; Chris Knauer, Oversight Staff Director; Mackenzie Kuhl, Press Assistant; Kaitlyn Peel, Digital Director; Peter Rechter, Counsel; Tim Robinson, Chief Counsel; Chloe Rodriguez, Deputy Chief Clerk; Caroline Wood, Staff Assistant; C.J. Young, Deputy Communications Director; Sarah Burke, Minority Deputy Staff Director; Diane Cutler, Minority Detailee, O&I; Theresa Gambo, Minority Financial and Office Administrator; Marissa Gervasi, Minority Counsel, O&I; Brittany Havens, Minority Professional Staff Member, O&I; Nate Hodson, Minority Staff Director; Olivia Shields, Minority Communications Director; Peter Kielty, Minority General Counsel; Emily King, Minority Member Services Director; Bijan Koohmaraie, Minority Chief Counsel; Clare Paoletta, Minority Policy Analyst, Health; Alan Slobodin, Minority Chief Investigative Counsel, O&I; Michael Taggart, Minority Policy Director; and Everett Winnick, Minority Director of Information Technology.

*Ms. DeGette. The Subcommittee on Oversight and Investigations hearing will now come to order.

Today the hearing -- the committee is holding a hearing entitled, "A Shot at Normalcy: Building COVID-19 Vaccine Confidence.''

Today's hearing will explore strategies for increasing confidence in and uptake of COVID-19 vaccines.

Due to the health emergency, as I noted, today's hearing is being held remotely. All witnesses, members, and staff will be participating via video conferencing.

And, as usual for our proceeding, microphones will be set on mute for the purposes of eliminating inadvertent background noise. Members and witnesses, don't forget you will need to unmute each time you wish to speak.

Now, if at any time I am unable to continue as chair, which has happened because of technology, the vice chair of the subcommittee, Mr. Peters, will serve as chair until I am able to return.

Documents for the record can be sent to Austin Flack at the email address that all of the staff has. And all of the documents will be entered into the record at the conclusion of the hearing.

The chair now recognizes herself for an opening statement.

Today we continue our oversight of the nation's COVID-19

response efforts.

Throughout the pandemic, this subcommittee has conducted robust oversight over a range of critical issues, including vaccine development and distribution --

[Audio malfunction.]

*Ms. DeGette. -- enter a new phase of the pandemic, today's hearing addresses one of the most consequential COVID-19 issues that this subcommittee has examined: the pressing need to increase COVID-19 vaccine confidence and uptake in the United States. And it is simple, why. If not enough people get vaccinated, the massive investments that we have made to develop the vaccines, and the extraordinary efforts that we have made to make them widely available will never reach their full potential.

Now, fortunately, we are making significant progress. In just 5 months, more than 160 million Americans have received at least 1 COVID-19 vaccine. And over 85 percent of seniors have received at least 1 dose. In the two weeks since the FDA authorized Pfizer's vaccine for children ages 12 to 15, more than 2 million children in this age group received their first dose.

Thanks to the millions of Americans who have chosen to get a safe and effective COVID-19 vaccine, we do have a shot at returning to normalcy. So, if you want to take off your masks, if you want to get together with friends and family

safely, if you want to go on vacation, then join the millions of Americans who have done it, and get vaccinated.

Here is the bad news, though. We are not out of the woods yet. Although it is easier to get a vaccine, millions of Americans remain unvaccinated, and immunization rates in many places remain alarmingly low. In some states, less than 30 percent of the population has received even -- I am sorry, less than 40 percent of the population has received even a single dose. And since peaking in mid-April, we have seen a decline in the number of daily doses administered across the country.

This is worrying. And, frankly, it is going to take a collective push to get to the Biden Administration's goal of 70 percent of American adults having at least 1 shot by the Fourth of July. That is why this subcommittee is working tirelessly to support vaccination efforts, nationwide, including today's hearing, which explores why some people so far haven't gotten vaccinated.

So that is the big question: Why haven't some people gotten vaccinated?

Polling indicates that many unvaccinated Americans have safety concerns, or unanswered questions about how the vaccines work. Compounding these problems, rampant misinformation and outright lies are spreading on social media platforms, in many cases igniting viral hoaxes and

fueling vaccine hesitancy.

But low vaccine confidence isn't the only reason for the slow uptake. Some unvaccinated Americans, especially in rural areas and communities of color, still confront access challenges, like the inability to take off of work, or to get a vaccine from a trusted source.

Additionally, far too many Americans -- in particular, young adults -- they just don't have the urgency or motivation to get vaccinated. They don't understand that, while they are likely to have a mild case, they could get a serious case, or even die. And worse, infect others who are at risk.

Clearly, this is not a one-size-fits-all solution. It often takes the right message, from the right source, delivered at the right time. We are going to need a variety of strategies and incentives to overcome the range of reasons keeping unvaccinated Americans on the fence.

I believe that our witnesses today can shed light on these challenges, and I want to thank every single one of them for being with us. I look forward to discussing, at the end, what is working and what needs to be done.

And so I just want to say a few things, in conclusion.

If you are worried about the vaccine's safety, you should know millions of doses have been administered throughout the country and around the world. The data is in.

The vaccines are safe.

If you are unsure about the vaccine's efficacy, you should know extensive, real-world data is available, and it shows the vaccines are extremely effective. They present -- they prevent hospitalization and severe illness, and they save lives.

And if you question the benefit of getting vaccinated, you should know that fully vaccinated Americans can resume their pre-vaccine lives, and go around without wearing a mask or physical distancing. So you can get back to your normal life. I was at a press conference yesterday at the state legislature, and everybody had a vaccine, and nobody had a mask, and it was wonderful.

The facts are not in dispute. The only question is how can we help unvaccinated Americans get their shots. I know, if we work together in a bipartisan fashion, we can do just that, and that is why I am so pleased again to have our witnesses.

[The prepared statement of Ms. DeGette follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. And I am also pleased to now yield five minutes to the ranking member, Mr. Griffith, for an opening statement.

We have got some background noise somewhere. Everybody needs to make sure they are muted.

*Mr. Griffith. Thank you, Madam Chair. I appreciate that. If I may take a brief moment of personal privilege, and just say that all of us in Virginia are warning -- are mourning the passing of former Senator John Warner, who served Virginia ably, and was a very nice man. And so we are mourning his passing overnight.

That being said, I do appreciate you holding this hearing on building COVID-19 vaccine confidence.

I also want to thank the witnesses for taking the time to join us today, especially Dr. Karen Shelton, who is from the 9th district of Virginia, and doing some great work to serve all of the people in southwestern Virginia.

We have come a long way since the first confirmed case of COVID, as far as CoV-2, which causes COVID, and that was diagnosed in January of 2020. Today we have three safe and effective vaccines with enough supply for every American aged 12 and up who wants one. So far, over 61 percent of the U.S. population have received at least one dose. While we are well on our way to returning to normalcy, we still have to work to reach the higher rates of vaccinations necessary to

eliminate the virus. The virus is a significant threat to our public health.

At the beginning of the national vaccination campaign, demand exceeded supply. Now the U.S. faces the opposite problem: the vaccine supply is plentiful, and exceeds the number of people in line to be vaccinated. The current unvaccinated population varies in its demographics, intentions, and concerns about the COVID-19 vaccines.

There are about 13 percent of individuals who say they will definitely not receive the COVID-19 vaccine, yet there is a slightly larger share of individuals, 15 percent, who are waiting to see how the COVID-19 vaccine is working on other people before they receive their shot. These individuals could be persuaded to get COVID-19 vaccines by receiving answers to their questions and concerns. The leading concerns that contribute to vaccine hesitancy are that COVID-19 vaccines are not safe, as they are said -- are not as safe as they are said to be, and that individuals will experience side effects following vaccination.

Individuals are also concerned about what is actually misinformation about infertility and other possible long-term effects from getting the COVID-19 vaccines. Trusted messengers need to meet these Americans where they are, by listening to their concerns and asking permission to share accurate information to help them reach the right decision

for each individual, while reinforcing their safety, dignity, choice, and autonomy.

My home district is a region of rural communities. The Centers for Disease Control and Prevention released a study last week that people in rural areas are receiving the COVID-19 vaccines at a lower rate than those in urban areas. My district is actually doing fairly well, but this study demonstrates a need to identify the barriers in many rural communities, and to find solutions to remove them.

Additionally, I have heard from my district on reasons why there are lower rates of vaccination. Two common factors contributing to the lower rates are a lack of information on the technology of the COVID-19 vaccines, as well as a lack of access to receive the vaccine. The good part about these barriers is that they can be removed. We can provide accurate information on the decades of development for the mRNA technology in two of the vaccines, and that there were no cuts in safety requirements, just cuts in red tape.

We find innovative ways -- we can find innovative ways to bring vaccines to the people through mobile vaccination clinics. Public health practitioners should continue collaborating with health care providers, pharmacies, employers, faith leaders, and other community partners to identify and address barriers to COVID-19 vaccination in rural areas and other communities.

Another key group of individuals who benefit from receiving the vaccine are children. Yes, COVID-19 is usually milder in children as compared to adults, but some children can get very sick and suffer complications from COVID-19. It is crucial to target messaging and provide accurate information and resources in this population so parents can make the best decisions for their children.

According to the CDC, more than a half-million children between ages 12 and 15 received a Pfizer vaccine just 1 week after it was approved for this age group. This is a great accomplishment, and I hope we can continue to work with advocacy groups to provide parents with the necessary information to make this decision, so they are confident in getting their children vaccinated. I look forward to hearing from our witnesses today on what messages and strategies work best to remove barriers to a much higher level of COVID-19 vaccination throughout the United States, so that we can all return to normalcy.

Thank you, Madam Chair, and I yield back.

[The prepared statement of Mr. Griffith follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. The gentleman yields back. The chair now recognizes the chair of the full committee, Mr. Pallone, for an opening statement for five minutes.

*The Chairman. Thank you, Chairwoman DeGette, and thanks for this continued effort of the Oversight and Investigations Subcommittee to do critical oversight of the COVID-19 vaccination campaign in our country.

I -- through the collective efforts of the American people over the past year, we have overcome the initial challenges of developing, producing, and distributing safe and effective vaccine. But now we face the more difficult task of reaching those Americans who have yet to embrace this important tool.

The fact is, vaccine doubts and fears are not new challenges. In fact, this committee has a history of addressing these issues in a bipartisan manner. In 2019, for example, we held a hearing on the measles outbreak, and renewed our efforts to provide resources to support vaccine confidence and uptake throughout the nation. And we followed that with bipartisan legislation led by Representative Schrier. It finally passed late last year. And that bill authorized a campaign to educate and inform Americans on the benefits of vaccine. Earlier in this year we significantly expanded upon those activities in the American Rescue Plan, which invested $160 billion in COVID-19 response efforts, and

that included $20 million in dedicated resources for vaccine distribution clinics, mobile units, and an awareness campaign.

So, while these issues of awareness and confidence are not new, the gravity of the challenges facing us today is unprecedented because of the pandemic. Millions are stricken ill, more than a half a million lives tragically lost, and the enormous toll on the mental and financial well-being of Americans.

But in the face of all this, we have risen to the occasion. We have worked together at a Federal, state, and local level through public and private partnerships, and across political lines to develop several safe and effective vaccines. And we have solved supply issues, and continue our work to ensure equitable distribution. And the result of this collective effort, if you are 12 years or older and you want a COVID vaccine, there is one waiting for you now.

So I just wanted to mention not only decisive action by Congress and the Biden Administration's leadership, now we have more than 116 million Americans who have received at least 1 dose of the vaccine, and more than 130 million of those are fully vaccinated.

So the number of New Delhi cases and deaths have fallen significantly since the start of the year. This is, obviously, cause for celebration. But we can't stop until

more Americans are protected from COVID-19, and that is what we are going to hear about today. What are the next steps?

We know so far is there is no single factor causing eligible unvaccinated Americans to sit on the sidelines. Some people are skeptical of the vaccine's safety, or worry about long-term effects. Some have been misled by bogus and misleading information. Still others have a distrust of the medical system, or the government's role in developing vaccines. And many Americans, particularly in rural communities and in communities of color, are open or even eager to be vaccinated, yet continue to face barriers to access. So this -- there is not one reason, Madam Chair, why some Americans remain unvaccinated, and there is no single solution.

But the encouraging news is that our efforts have been successful so far. Poll after poll shows increasing confidence in the COVID-19 vaccines. And that progress, though, did start to plateau relatively recently. So that is why we have to redouble our efforts to understand who could be reached and how best to reach them. We have so far to do a lot of hard work, really, to just go out and meet people where they are.

As we enter this vaccine campaign and its new aspects of it, I am pleased to be working alongside our Republican colleagues to encourage Americans to roll up their sleeves.

I think that if we really want to be -- go back to normalcy, we need every eligible American to make the right choice, get a shot, protect themselves, their community, and the nation.

So, again, I am just looking forward to the witnesses. I want to say to everyone -- they may already know -- that Chairwoman DeGette has been outspoken in continuing this oversight of the vaccine campaign, and today is a manifestation of that.

And I appreciate your prioritizing this in your subcommittee. It is very important.

And thanks to Morgan Griffith, as well.

I yield back.

[The prepared statement of The Chairman follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much, Mr. Chairman, and the chair is now pleased to recognize the ranking member of the full committee, Mrs. McMorris Rodgers, for five minutes for an opening statement.

*Mrs. Rodgers. Thank you, Madam Chair and Republican Leader Griffith. Thanks to the innovative work of the private sector, the Trump Administration, Operation Warp Speed, and the continued work of the Biden Administration, America has led the way with safe and effective vaccines. It is a historic and remarkable example of American innovation that is giving people the courage to dream again.

As we work to get a vaccine to every person who wants one, building trust and confidence is foundational. Our goal today is equip people with the information they need to make the best decisions for themselves, their children, and their families. That is the American way: to lead with trust, not fear.

So I want to thank our distinguished panel for being here to share their expertise and answer questions people may have about the COVID-19 vaccines.

[The prepared statement of Mrs. Rodgers follows:]

**********COMMITTEE INSERT**********

*Mrs. Rodgers. I would now like to yield the remainder of my time to Dr. John Joyce, who is leading, with other doctors in Congress, to encourage people to talk to their doctors about the safety of COVID-19 vaccines.

*Mr. Joyce. I would like to thank --

*Ms. DeGette. The gentleman is recognized.

*Mr. Joyce. I would like to thank Ranking Member McMorris Rodgers for yielding me time, and for Chair DeGette and Ranking Member Griffith for holding this hearing on such an important topic.

Safe and effective vaccines are critical tools, as our nation seeks to eradicate the COVID-19 pandemic and restore our normal way of life as Americans. Thanks to the success of Operation Warp Speed under President Donald Trump's leadership, multiple safe vaccines were developed and produced in record time.

As a physician, I believe that every American who wants a vaccine should be able to get one, and this choice must remain between an individual and their doctor and pharmacist. Alongside other doctors in Congress, I have encouraged every American to talk to their own doctor, or health care provider, or pharmacist. Discuss the vaccine. I chose to get the vaccine as soon as it was available to me. Doctors, nurses, and pharmacists nationwide recommend that the COVID-19 vaccine is received by their patients, and over 90 percent

of doctors in the U.S. have already chosen to become vaccinated.

There are many reasons that some people, even those who want to be vaccinated, still have not been vaccinated. This is a concern to all of us. These include those who do not have the time, those who do not have the ability to sign up to get a vaccine, and those who are concerned about taking time off from work, especially if they have side effects, those who still have questions about concerns of the safety and effectiveness of vaccines. These are all individuals who have yet to be vaccinated.

We have also heard about access challenges, including for those who live in rural areas of the country. For instance, there are people who do not have Internet, a computer, or a smartphone. They don't know how to sign up for an appointment without those resources. We have also heard instances of people who live far away from the closest place offering COVID-19 vaccines. These are some of the hurdles that need to be overcome so that those who live in rural areas are not disproportionately impacted in their ability to get a COVID-19 vaccine, simply because of where they live.

Widespread vaccination is the key to restoring our freedom and getting our communities back to normal. I look forward to working with the members of this committee in

achieving these goals.

[The prepared statement of Mr. Joyce follows:]

**********COMMITTEE INSERT**********

*Mr. Joyce. Thank you, and I yield back, Madam Chair.

*Ms. DeGette. I thank the gentleman. Does the gentlelady yield back, as well?

*Mrs. Rodgers. Yes, Madam Chair, I yield back the remainder of our time.

*Ms. DeGette. Thank you. Okay, thank you.

The chair will ask unanimous consent that all members' written opening statements be made part of the record.

And without objection, so ordered.

I am now going to introduce our witnesses for today's hearing. But before I do, I just want to note so often -- just yesterday, for example, I was in a panel discussion where people were lamenting the lack of bipartisanship in Congress. This is the Oversight Subcommittee of Energy and Commerce, and I just want to say how anybody watching this should recognize that, in a strong bipartisan way, the leadership of this committee, which has oversight over health care policy in the U.S. Congress, is bipartisan in their strong urging of all Americans to get the vaccine. And I want to thank my colleagues for their strong commitment, and Dr. Joyce, and all the other doctors on the committee, for being so outspoken.

With that I want to introduce our witnesses.

Our first witness is Nick Offerman, and my sheet here says "Actor and Woodworker.'' And I would like to say

welcome. I am a big fan, and I know the other members of this committee are, as well.

Dr. Saad Omer, who is the director of Yale Institute for Global Health at Yale University.

Dr. J. Nadine Gracia, executive vice president and chief operating officer of the Trust for America's Health.

Amy Pisani, executive director of Vaccinate Your Family.

And now I am going to recognize Mr. Griffith to introduce our last witness.

*Mr. Griffith. Thank you, Madam Chair.

*Ms. DeGette. Mr. Griffith, you are muted.

*Mr. Griffith. Thank you, Madam Chair, I appreciate it.

It is my pleasure to welcome Dr. Karen Shelton. A native of Bristol, Virginia, she received her bachelor of science in biology from Wake Forest, and her doctor of medicine from the University of Virginia. She practiced in -- - for 19 years in OB/GYN, as an OB/GYN, before joining the public sector. Today she serves the Virginia Department of Health, as director of the Mount Rogers Health District and acting director of Lenowisco and Cumberland Plateau Districts.

And Dr. Shelton, we are glad to have you here today, and so proud of the work you are doing for southwestern Virginia. Thank you.

*Ms. DeGette. I thank the gentleman.

To the witnesses, I know you are all aware that the committee is holding an investigative hearing. And when we do so, we have the practice of taking testimony under oath.

Does any witness have an objection to taking -- to testifying under oath today?

Let the record reflect the witnesses have responded no.

The chair will then advise you that, under the rules of the House, and under the rules of this committee, you are entitled to be accompanied by counsel. Does any witness request to be accompanied by counsel today?

Let the record reflect the witnesses have responded no.

And if you would, then, would you --

[Audio malfunction.]

*Ms. DeGette. -- sworn in?

[Witnesses sworn.]

*Ms. DeGette. Let the record reflect the witness responded affirmatively.

And you are now under oath, and subject to the penalties set forth in title 18, section 1001 of the U.S. Code.

The now -- the chair will now recognize our witnesses for five-minute summaries of their written statements.

As you can see, there is a timer on the screen that counts down your time, and it turns red when your five minutes has come to an end.

And so now I would like to start with our first witness.

Mr. Offerman, you are recognized for five minutes.

TESTIMONY OF NICK OFFERMAN, ACTOR AND WOODWORKER; SAAD OMER, M.B.B.S., PH.D., M.P.H., F.L.D.S.A, DIRECTOR, YALE INSTITUTE FOR GLOBAL HEALTH, YALE UNIVERSITY; J. NADINE GRACIA, M.D., M.S.C.E., EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER, TRUST FOR AMERICA'S HEALTH; AMY PISANI, M.S., EXECUTIVE DIRECTOR, VACCINATE YOUR FAMILY; AND KAREN SHELTON, M.D., DIRECTOR, MOUNT ROGERS HEALTH DISTRICT, VIRGINIA DEPARTMENT OF HEALTH

TESTIMONY OF NICK OFFERMAN

*Mr. Offerman. Thank you, Subcommittee Chairwoman DeGette, Ranking Member Griffith, and members of the subcommittee. Thank you so much for this opportunity to discuss this issue of vaccines.

As an actor, author, and woodworker, I will not be offering medical advice today. I will leave that to the scientists and medical experts on the panel, also known as the smart people. Instead, I would like to lead with my ignorance in these matters to represent the rest of the citizens who are not epidemiologists and doctors, but feet-on-the-ground, hands-in-the-dirt people across our country whose lives and livelihoods have taken a pounding from this pandemic.

Ignorance is an area in which I can claim some

authority. And it is from that perch I would like to communicate that I am not only an actor and author and woodworker, but I am also a small business owner, and a proud Midwesterner. It is from those personal perspectives I would like to communicate why it is so important we all get vaccinated.

Now, I understand that some Americans with experiences and backgrounds similar to my own are hesitant to get the vaccine. So I wanted to jump on this opportunity to get a positive message out to them. There is nothing more positive than the vaccine itself. I even hear people refer to it as a miracle. Now, this makes sense, given the magnitude of death and destruction that the virus has caused, and the speed with which the vaccine prevents that death and destruction, once it is administered.

But I don't think that "miracle'' is quite accurate. A miracle is something inexplicable that appears from nowhere, sent by unseen forces. The vaccine is not a miracle. The vaccine is a gift from the world's greatest scientists and thinkers and activists. It is the product of human ingenuity, the absolute pinnacle of achievement created out of whole cloth by a bunch of dang geniuses who have saved us from endless death and destruction by solving a complex problem of microbiology in record time.

Now, as we have heard, unfortunately, the very

expedience with which the vaccine has arrived is also a source of confusion, causing people to fear that it was rushed. Well, you are damn right, folks. It was rushed. It is a pandemic. But you can rest assured the hustle was not applied to the safety of the vaccine. The science didn't arrive overnight. The science is based on 40 years of work. The hustle was just applied to getting that science to you and me by bypassing the usual bureaucratic hurdles, the red tape.

So when the pandemic hit, all of my own acting work was canceled. But after a few months we were able to start up again, carefully shooting TV and film. And the reason for this is because, on each show, about 200-odd crew members looked each other in the eye, and we all agreed to behave like we loved each other. We were ignorant to the medical science, so we agreed to trust the world's smartest doctors, and follow every strict protocol, so that we could go back to making our livings and taking care of our families. Three different shows I completed because we listened to the doctors and we thought about each other.

I also run a small custom furniture outfit in Los Angeles called Offerman Wood Shop that was crippled by the pandemic. The vaccine is going to save our business. We at Offerman Wood Shop also help run a nonprofit called Would Works that trains individuals experiencing homelessness to be

wood workers. Now, because of the heightened medical vulnerability of the unhoused population we serve, that program has been officially closed since March of 2020, losing us a year of revenue, and leaving our artisans out in the cold. But now, due to the ubiquity of vaccines in LA County, we are poised to relaunch all of our programs this summer.

Finally, I am close with my family of 38 people in the village of Minooka, Illinois. Unfortunately, because of disinformation from social media platforms with no oversight, a few of them have refused masks from the get-go, and they now refuse the vaccine. We also have a couple of immunocompromised nephews, which means we all have to avoid the anti-vaxxers, whom we love, for the safety of the rest of the family. It breaks my heart, and we can't wait when we -- so we can all be reunited.

On January 5th of this year, Los Angeles County and 8,098 people hospitalized with COVID-19. A few days ago that number was 319. That is more than 96 percent lower in just 4-and-a-half months. That is the gift of this vaccine.

I urge anyone who has not yet been vaccinated to catch my enthusiasm, and hear the smart people who are about to speak. Medicine doesn't care who you voted for. We amazing humans have created a vaccine that serves the common good. The vaccine doesn't take sides, unless you count alive versus

dead.

I am so sincerely grateful to the committee for hearing me today. Thank you very kindly.

[The prepared statement of Mr. Offerman follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much. I don't think any of us could have said it better. But now it is time for the smart people to talk, and I am first going to recognize Dr. Omer for five minutes.

Doctor?

TESTIMONY OF SAAD OMER

*Dr. Omer. Hi, my name is Saad Omer, I am the director of Yale Institute for Global Health, and it is my privilege to be here. Thank you.

With the U.S. vaccine supply outpacing the number of doses being administered, there is no shortage of diagnosis for what ails the -- or what are the barriers to increasing this coverage even further.

However, 20 years of research on vaccine acceptance and data from this pandemic show that the reality is a bit nuanced. And a lot of these things were appropriately covered by the various members who spoke before me. Here are a few observations based on this research.

First of all, we must recognize that vaccine acceptance behavior is a spectrum. On the one end, we -- of this spectrum -- are individuals who actively demand vaccines, and on the other hand are people who would refuse vaccines in all situations. Even if you put mom and apple pie in a shot, some people would refuse it.

Then, you know, in this pandemic, active vaccines -- seekers were so vociferous that it created the impression that, as soon as the supply improves and major delivery bottlenecks are resolved, there will be persistent increases in immunization rates until herd immunity is reached.

However, for several weeks there is more vaccine available in the U.S. than there are seekers.

Fortunately, we must recognize that strict refusers are a relatively small group, estimated to be approximately 10 to 13 percent of eligible adults. This is larger than other vaccines. But nevertheless, it is not 20, 30, 40 percent of the population.

There is much larger -- there is a much larger group of so-called fence sitters, who have questions about the vaccine, but can be persuaded with the right interventions.

And then there are those who do not have a lot of concern about immunization, but are not particularly enthusiastic about it, either. They don't wake up every morning and think about vaccines, unlike some of us, whose job is to think about vaccines when we wake up every morning. So -- but they are still susceptible to -- amenable to nudges, and that is good news.

So, given the range of enthusiasm about vaccines, there is an interplay between vaccine demand and vaccine access. Those who actively demand vaccines go the extra mile of -- for getting it, sometimes traveling long distances to be vaccinated. However, now that most of the vaccine enthusiasts have been immunized, practical issues such as how easy it is to get an appointment have become relatively prominent reasons for non-vaccination.

So we know from data that ethnic and racial minority groups in the U.S. have been disproportionately harmed by the pandemic. African-Americans, for example, had a COVID-19 mortality rate twice that of White Americans. And many nascent efforts to bring vaccines directly to communities, including programs that work with local, civic, and religious leaders, are playing a role in addressing barriers for getting vaccinated. These programs need to be sustained and scaled up.

Getting communities engaged with the vaccine will be will be easier with a scalable template. And I have proposed an approach that involves pairing a community validator -- for example, a church leader -- with an expert -- for example, a physician -- with roots in the same community, and replicating this model across the country.

Another group that the data have identified are conservative men, who have emerged as another group particularly hesitant to vaccines against COVID-19. Trying to persuade this group through messages that don't speak to their values could be counter-productive. And we have done some research on how to speak to people who emphasize liberty, and there are ways to doing so.

Overall, vaccines have traditionally enjoyed bipartisan support, and our data show that support is important in instilling and increasing confidence in COVID-19 vaccines, as

well.

One of the things that I would highlight that -- irrespective of the reason for non-vaccination, health care providers are the most trusted source of vaccine information, even among those who are highly hesitant. A strong endorsement by a health care provider is a consistent predictor of vaccine acceptance. And so how do we make -- enable our health care providers to do so?

And one idea is to have a national continued medical education program that trains them in these up-to-date, evidence-based communication methods that have been developed and evaluated through Federal funding over the last 5, 10 years, generally around vaccines, and then scale it up at the national level. Yale is developing such a program, and others are welcome to do so, as well.

While physician and health care providers are best suited to persuade vaccine-hesitant individuals, having an effective vaccine conversation requires time. And currently, doctors can charge for administering a vaccine, but they -- if the vaccination doesn't happen, there is no reimbursement. So, since they cannot predict the future, it would be useful to make this counseling itself reimbursable.

So I will stop here, and would be happy to answer questions as my turn comes.

[The prepared statement of Dr. Omer follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much, Doctor. I am now pleased to recognize Dr. Gracia for five minutes.

*Dr. Gracia. Thank you --

*Ms. DeGette. Doctor?

TESTIMONY OF J. NADINE GRACIA

*Dr. Gracia. Thank you, good morning. My name is Nadine Gracia, and I am the executive vice president and chief operating officer at Trust for America's Health, which is also known as TFAH.

TFAH is a nonprofit, nonpartisan public health policy, research, and advocacy organization which has focused attention on the importance of a strong and effective public health system, as well as on making health equity foundational to policymaking at all levels.

I am honored and very pleased to be before you today to discuss the issue of vaccine confidence during this critically-important time in our nation.

By way of background, I previously served as the Deputy Assistant Secretary for Minority Health and the director of the Office of Minority Health at the U.S. Department of Health and Human Services.

The COVID-19 pandemic is an unprecedented and devastating pandemic for the U.S. and the world. While we have certainly seen disparities in public health emergencies in the past, the COVID-19 pandemic has greatly exposed our nation's systemic inequities. Prior to the pandemic, communities of color already faced inequitable opportunities for health and well-being. And we urge policymakers not to

lose sight of the need for continued outreach, education, and access for communities that are both at higher risk from COVID-19, and may have greater barriers to vaccination.

In October of last year, TFAH, in partnership with the National Medical Association and UnidosUS, co-hosted a national convening on building trust in and access to a COVID-19 vaccine in communities of color and tribal nations. As an outcome of the convening, we published a brief in December with recommendations for policy action. Our recommendations addressed six key areas.

First, ensuring the scientific fidelity of the vaccine development process.

Second, meaningfully engaging and providing resources to trusted community organizations and networks in vaccination efforts.

Third, providing communities the information they need to understand the vaccine, make informed decisions, and deliver messages from trusted messengers and pathways.

Fourth, ensuring that it is as easy as possible for people to be vaccinated. And vaccines must be delivered in community settings that are trusted, safe, and accessible.

Fifth, ensuring complete coverage of the cost associated with the vaccine.

And sixth, funding and requiring disaggregated data collection and reporting.

Now, while these recommendations are most immediately applicable to the COVID-19 vaccine, many will remain essential beyond this pandemic, and will be important in earning vaccine trust in these communities into the future.

While the focus of this hearing is on vaccine confidence, the data also show that access remains an issue for many populations. A recent Kaiser Family Foundation survey highlighted that Latinos are most eager to get the vaccine, but continue to face barriers in access. In another example, vaccination sites may be inaccessible for people who are homebound, including many older adults and people with disabilities.

TFAH released an issue brief in March on ensuring that this population and their caregivers are prioritized for vaccination. The report highlights innovative programs such as one in the chair's home state of Colorado, where the Health Department partnered with a service that provides primary care at home to administer thousands of doses of the vaccine to people who are homebound. Leveraging community partnerships and trusted services that engage with the population can provide important lessons for building community resilience before the next emergency.

Some of the COVID-19 vaccination funding provided in the last Congress and through the American Rescue Plan Act has been targeted to increasing vaccine confidence and access in

communities of color in rural and underserved communities. And it appears that this focus is paying off. Last week the White House announced that, after months of receiving a disproportionately smaller share of vaccinations, 51 percent of those vaccinated in the U.S. were people of color in the prior 2 weeks. We urge Congress and policymakers to carry forward these lessons for funding and preparedness programs to ensure equity is central to the responses.

In closing, we urge Congress to build upon the lessons of the pandemic. We must modernize public health infrastructure and workforce. We must invest in community organizations that work with underserved populations, and maintain these partnerships long after the pandemic. And we must provide long-term investments, both in the systems that develop and deliver the vaccines, and those that build bridges to the communities that are most affected. Now certainly is the time.

Thank you.

[The prepared statement of Dr. Gracia follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much, Doctor.

Ms. Pisani, now I am very pleased to recognize you for five minutes for your opening statement.

TESTIMONY OF AMY PISANI

*Ms. Pisani. Thank you, Chairwoman DeGette and Ranking Member Griffith and members of the subcommittee, including Congressman Burgess, who has hosted several Vaccinate Your Family briefings over the years on vaccines and disinformation, as well. My name again is Amy Pisani, and I have had the pleasure to serve as the executive director of Vaccinate Your Family for the past 25 years.

Vaccinate Your Family was founded by former First Lady Rosalynn Carter, and former First Lady of Arkansas, Betty Bumpers, who was the wife of Senator Dale Bumpers. That was 30 years ago this summer. And they founded our organization on the heels of a massive measles outbreak that took the lives of many children and hospitalized over 10,000 people. Our founders traveled to every state in the nation, building statewide immunization coalitions which continue to thrive. And one thing was clear to them back then, and remains true today: vaccination efforts need Federal support and guidance for certain, but they are best implemented at the local level, where community members can work together to make the greatest impact on their neighbors.

I want to take this moment to thank the Members of Congress and both Administrations for the work that you have done to protect and promote public health, and to really

protect us and keep us from economic ruin while we awaited those lifesaving vaccines that Mr. Offerman so clearly, generously spoke about.

As you know, everyone is now eligible at 12 years and older, and families are being tasked with making a monumental decision. So -- whether to vaccinate their family members of all ages, and where to go to access those vaccines, which is not always a simple procedure in this country.

Now, I know that having access to science-based information is really essential to building confidence, and that is what we are going to be talking about a lot today. I actually experienced hesitancy while I was pregnant with my first child 20 years ago, in the year 2000. Just after a few years in my role as executive director, I attended the House Committee on Oversight and Government Reform hearings, where Andrew Wakefield, who has since been stripped of his medical license, was given the opportunity to share his now-retracted Lancet study that proclaimed that MMR vaccines caused autism. And that became a spotlight of the nation.

As a pregnant person who was really learning the science of vaccines still, I became susceptible to the gravitas of Wakefield, and I became bewildered by the data he was presenting to members of the committee. But fortunately, I was able to reach out to Vaccinate Your Family's board members, including Dr. Walter Orenstein and Dr. Paul Offitt,

renowned vaccine experts, and they answered each one of my questions with patience and compassion. And they helped me to move from hesitancy to confidence by the time my child's vaccines were due.

So my confidence was built on information provided by experts that I trusted, and from that experience I became even more committed to ensuring that our organization builds educational and social media efforts that bring the science to the public so that they, too, can make informed decisions on vaccines for their own families.

Now, we have learned the two key tenets to building confidence are transparency and respect. Since the beginning of the pandemic, our organization has focused not on encouraging people to just blindly accept an eventual vaccine, but to learn about the safety systems in place that ensure the ongoing safety of our vaccines.

We called for companies developing vaccines to hit all the usual milestones in the development, keeping in mind that some steps could be conducted simultaneously, and that would speed up the process without compromising their safety or efficacy, as many of the members have discussed this morning.

We also called on the FDA to adhere to the normal review process, ensuring that each vaccine would be vetted in the public eye, as it would be for any other product.

And to build trust in COVID-19 and routine vaccines, we

are collaborating with who we consider -- who we think are trusted stakeholders in their communities, one of which is the Good Health WINs program, Women's Immunization Networks. And we are doing so with the National Council of Negro Women to reach their 12 million members with vaccine resources for their family, friends, and neighbors.

We have also begun working with Dia de la Mujer Latina, to not just translate materials into Spanish, but to create culturally-relevant resources that engage and motivate Spanish-speaking people.

We are also continuing to work with immunization coalitions to develop new programs to raise vaccination rates in both rural and conservative areas, enlisting new partners, such as agricultural extension workers and evangelical leaders.

So, Congress, you can help us on the path to good confidence to -- to confidence by supporting great public health policies.

First, let's improve access. Plain and simple, poor children and those in rural areas are up to a third less likely to receive some vaccine. And among adults, we spend $27 billion preventing -- on vaccine-preventable diseases that could have been prevented through vaccines.

Public health officials need good, timely data to evaluate their efforts, and you can help us by supporting

four bills, which -- many of which are sponsored by E&C Committee members, actually: the Strengthening Vaccines for Children Act; the Black Maternal Health Momnibus Act; the Helping Adults Protect Immunity, or HAPI Act, and that helps eliminate cost-sharing for vaccines for Medicaid beneficiaries; and the Immunization Infrastructure Modernization Act.

Finally, it is important to remember that people need other lifesaving vaccines. And I do urge the public to come visit VaccinateYourFamily.org, learn about our don't skip vaccines and our Good Health WINs collaborations, and for educational materials on all diseases.

And for Congress, we have a special report that we write for you every year called the State of the ImmUnion, which is on our website.

Thank you so much for the opportunity to testify. I look forward to answering questions.

[The prepared statement of Ms. Pisani follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much. And I urge all the members to read your report, because it is an excellent snapshot of where we are. And now the chair is very pleased to recognize Dr. Shelton.

You are recognized for five minutes for an opening statement.

TESTIMONY OF KAREN SHELTON

*Dr. Shelton. Good morning, Chairwoman DeGette, Congressman Griffith, and members of the committee. My name is Dr. Karen Shelton. And since 2016 I have been the director of the Mount Rogers Health District with the Virginia Department of Health. I am also acting director for a Lenowisco and Cumberland Plateau Health Districts. I am honored to be with you today to discuss the importance of vaccines and vaccine education, as well as the role that local health departments like mine play in improving vaccines, access, and acceptance.

We are very proud of our work in the far southwest region of Virginia, in Mr. Griffith's district. I serve a geographic area with 16 localities that is larger than Connecticut. End to end, it takes me about four hours to drive across our jurisdiction, with many communities that lack access to broadband Internet, or even cell service. Situated in the heart of Appalachia, practicing public health in southwest Virginia might look different from public health in other parts of the country. But what all local health departments have in common is the shared goal of protecting and promoting the health of our communities.

The response to COVID-19 pandemic has been the epitome of what public health does for our community. We know our

communities well, including the assets and barriers to care, distinct local culture, the industries and living situations that might pose challenges, as well as the community-level partners and organizations that must be included to be successful. We live in our community and serve our neighbors.

In the fall of 2020, prior to the authorization of COVID-19 vaccines, our region experienced a surge of cases, hospitalizations, and deaths. Our area already experiencing disproportionately poor health outcomes, and is at increased risk from COVID-19 due to chronic disease, and elderly population, and limited health care access. In the winter, district daily case loads spiked, and we could no longer conduct full-case investigation or contact tracing. We advised schools to go fully virtual, and our local hospital capacity teetered on the brink of being overrun.

At the peak of our disease burden, vaccines became available, and the ability to vaccinate our health care workers and first responders, followed by our most vulnerable elderly population brought inexpressible joy. When vaccines began to roll out late December 2020, the Far Southwest Health District -- had the advantage of a long history of partnerships, providing vaccines in our communities, and being service-oriented health departments with large staff, allowed us to begin giving vaccines rapidly.

With these partnerships, we led the state in percentages of population vaccinated from the onset of the vaccine campaign through March. We vaccinated our high-risk essential workers, and prioritized teachers, because they had been teaching in person since the fall. We watched as our case rates fell, and health care capacity was restored.

We realized early on that the vaccination rollout heavily favored the tech savvy, those with Internet, cell service, smartphones, and computers. As vaccine supply increased, and demand decreased, we transitioned to our mobile units in May to reach the areas of the community that were more remote and had less broadband access.

We are working with county administrators, emergency coordinators, schools, faith communities, and local businesses to increase vaccine uptake. We are scheduling outreach and mobile clinics at farmers markets, festivals large and small, high traffic areas such as convenience stores, and places people are already gathering: restaurants, breweries, wineries, churches, hiking trails, sporting events, food banks, parks, music events. We are partnering to give tickets as incentives for vaccines, and creating messaging with trusted local voices.

Some of our challenges have been in data acquisition. Currently, vaccines given out of state do not show up in our counts. And as we border North Carolina, Tennessee,

Kentucky, and West Virginia, this makes it challenging to discern our true vaccine numbers. Virginia is working to access this data.

Another challenge is technology needs. Our existing network is so poor that we cannot reliably participate in Zoom or Google Meet.

We know there is some vaccine hesitancy in our community. However, many labeled as hesitant have simply not had access to vaccine, or opportunity to have their questions answered. We feel it is important not to label our population in order to avoid creating resistance where it may not truly exist. We know there are multiple reasons why people choose not to be vaccinated: medical, religious, political. We feel our role is to provide education and opportunity for vaccination by meeting people where they are in their own community, and being champions for the vaccine.

We are grateful to Congress, emergency funding, and attention to the needs of public health response of COVID-19. This response would benefit from single dose vaccine packaging, streamlined national vaccine data, coordinated messaging that speaks to many different populations, and continued resources for local public health outreach.

We know that some of the most important components of a successful vaccination campaign are access, education, opportunity, and respect. We appreciate the support of the

Federal Government to create access to vaccine, and we will continue to work respectfully with our communities for education and opportunity. We will continue to seek to learn from others' successful vaccination strategies.

Thank you again for inviting me to testify today, and I look forward to your questions.

[The prepared statement of Dr. Shelton follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you so much, and thanks to all of our witnesses for their testimony.

It is now time for members to ask questions, and the chair will recognize herself for five minutes.

We know that COVID-19 vaccines are safe, effective, and our shot at a return to normalcy. And, as the panel has been discussing today, the main issue is are Americans choosing not to get vaccinated, or do they simply not have the opportunity, and how can we help them.

Dr. Omer, you testified that there is a large group of, "fence sitters'' who have questions about the vaccine, that -- but can be provided with the right interventions. Can you very briefly tell us what some of those interventions that the data shows us might work are?

*Dr. Omer. Yes, no, so this is a group that -- which doesn't actively think about vaccine, but can be persuaded, or -- either their beliefs are --

*Ms. DeGette. Yes, can you tell us some of those methods that can work?

*Dr. Omer. Yes. So one of them, one of the approaches, is to provide basic information about the immunization process itself. So that is number one.

The second thing is making -- bringing the vaccines closest to them, but also informing them that it is there.

The third is these community outreach efforts -- sorry,

can you hear me?

*Ms. DeGette. Yes.

*Dr. Omer. Yes, so I will --

*Ms. DeGette. We can hear you.

*Dr. Omer. I will continue, yes. So --

*Ms. DeGette. Yes, please.

*Dr. Omer. -- then community outreach efforts that are -- so the Administration has announced, in terms of investing in community health workers and individuals going door to door, there are existing programs there, as well, that are coordinated by community-based organizations. Empowering them with evidence-based messaging, but also the ability to schedule there and then.

So these are some of these approaches --

*Ms. DeGette. Right.

*Dr. Omer. -- that can bridge the gap between demand supply.

*Ms. DeGette. Thank you very much.

And Dr. Shelton, you talked about some of the unique needs of rural individuals. I am wondering if you could tell us some of the strategies that you think work with rural Americans.

*Dr. Shelton. Thank you. Yes, we have been working -- like I said, one of our greatest problems is access, and -- to the vaccine, as far as going out to populations where they

have not been able to take advantage of registration and sign-ups online. So going out into the communities, where there is not -- where they don't have the broadband access, or cell service, or computer service -- so we have been taking our mobile units out into the community to try to reach them.

We would benefit from greater education opportunities with these. We do have some community health workers beginning to come online. But again, training them, and getting them up and rolling to be able to actually answer those questions on the spot -- with people who were there to give vaccines would be very helpful in our ongoing strategy there.

Again, taking opportunities also where there is --

*Ms. DeGette. Great, thanks. Okay, thank you.

Ms. Pisani, you have been working on these vaccine issues for years, as you said. And one of the greatest pockets of vaccine hesitancy is, obviously, with children, which you have been working on. My home state of Colorado has one of the largest groups of these parents.

Very briefly, what would you say to the parent of a child who is eligible for a shot, who isn't sure about the benefits?

*Ms. Pisani. Congresswoman DeGette, were you calling on me? It broke up for a second.

*Ms. DeGette. Yes, I was calling on you. What would you say to the parent of a child who is reluctant to get a shot for that child about what the benefit would be?

*Ms. Pisani. Yes, and I think that that is a big decision that families need to make. And everyone should be asking about any medical product. And that is something that Vaccinate Your Family, we feel really strongly we want to be the sort of no-judgment zone.

So really, what you need to think about are, first of all, we know that millions and millions of children have now been vaccinated safely. But also, really thinking about what are the risk-benefit ratios, I don't think that some parents are really recognizing that. Even though we haven't had a huge number of children who have died from COVID, we know that they can have multisystem inflammatory disorder. We don't know what the long-term consequences will be of COVID. We know that people who got polio decades ago are back in their wheelchairs today. We know that, if you get chickenpox, you can get shingles later in life, which I got last year and, let me tell you, it is no picnic.

So we don't know what the future will be. And it is -- you know, that is why I vaccinate my own kids. I want to make sure that they don't end up suffering something in the future.

*Ms. DeGette. Thank you so much.

Okay, I am going to finish with you, Mr. Offerman, because I think one of the reasons you have chosen to be a spokesperson urging people to get the vaccine is because you are well known for playing the TV character Ron Swanson, who --

[Audio malfunction.]

*Ms. DeGette. -- government programs, even though he worked for the government. And so I want to ask you, what is your message to Americans out there who are wondering if they should get the vaccine, or if they should have their family members get the vaccine?

*Mr. Offerman. Sorry, can you repeat the -- just the last part of your question?

*Ms. DeGette. Sure.

*Mr. Offerman. Wondering if they should get a vaccine, or --

*Ms. DeGette. What is your best -- or tell their family members why they should get a vaccine.

*Mr. Offerman. Well, to me, it really just comes down to, as Ms. Pisani just pointed out, the the risk-benefit ratio, the -- what is likely to occur at the hands of COVID-19 is much more catastrophic than what has now been proven to be a harmless vaccine.

And so it is not a sensibility of deciding for oneself and saying, oh, my immune system will take care of me.

Instead, act as a member of a community, or as a good neighbor, or a good citizen, and say "Ah, the experts have made it clear that, for the health of all, we absolutely have to achieve this herd immunity. So let's all get our shots.''

*Ms. DeGette. Thank you so much.

And now, Mr. Griffith, I am very pleased to recognize you for five minutes.

*Mr. Griffith. Thank you, Madam Chair. I took my headset off because, apparently, I was the cause of the previous -- my headset was causing the previous buzz. Hopefully this is better --

*Ms. DeGette. We are not judging, though. Don't worry.

*Mr. Griffith. All right, I appreciate it. And I do appreciate this hearing being held today.

In recent months we have seen a variety of efforts by the state, local, and Federal Government to educate and inform the public about vaccines. We have also seen efforts by the private sector, such as public service announcements from our cable providers and other TV and radio providers, and website tools that seek to bring awareness. It is important that we continue to find creative ways to communicate this information, as there are still many pockets of unvaccinated individuals.

And Dr. Shelton, I was wondering if I could speak with you about that. You mentioned the proximity of the states

and -- that are near us, and the committee has heard me talk about that many times, how you could actually be in five states in a single day down in our corner of southwest Virginia.

That being said, you are getting the information from the states, but I read an article -- or you are hoping to get that information from the states; you haven't yet. I also read an article last week that the Federal Government was starting to share that information with localities. And I was just wondering if the VA was sharing that information, because both Mountain Home there in Johnson City, and the VA center in Salem have vaccinated a lot of 9th district constituents. And I am just wondering if that is showing up in your records of people in our district that have been vaccinated.

*Dr. Shelton. No, sir, not yet. We don't have the Federal doses calculated -- in one instance, but we did talk with one of the local penitentiaries about the number of vaccines given. It actually raised our percentage points three points in that county, just -- but that was -- access to -- at this time.

*Mr. Griffith. And that was the -- was that the Grayson facility or the Lee facility? Was it Federal or state?

*Dr. Shelton. Federal facility.

*Mr. Griffith. A Federal facility, okay.

*Dr. Shelton. In Lee.

*Mr. Griffith. Yes, ma'am. And you have talked somewhat about it, but -- I know you are learning about the pockets of unvaccinated people, and I am glad to hear you have mobile units out there. Do we need to do more to get the mobile units out, and maybe not just units that do the vaccinations, but, as you have indicated, educate the public about the history of the vaccines, and the safeness of them?

Are there other things that we should be doing, or encouraging Virginia to do in that regard?

*Dr. Shelton. Well, we have a messaging campaign, and we are looking to kind of adapt this messaging and work toward our localities in things that speak to them. As Dr. Omer said, message about liberty and freedom along a lot of our constituents who may not be wanting to get vaccinated, but also to answer their questions. A lot of people have concerns. Concerns about -- is huge in our area, and there are other -- some of these more distinct cultural, rural areas, messaging would be very helpful.

Also, we do have health education that we are beginning to send out in advance -- to answer these questions one on one. And so we are -- and how to really -- and to be the boots on the ground, and to answer those questions -- and more people out doing this would be helpful.

*Mr. Griffith. And I appreciate that, and I also

appreciated in your comments that you talked about not labeling people, or pressuring them because the people in our area are very proud people. And you want to turn folks off, come in and say, "We are from Richmond,'' or, "We are from Northern Virginia, and we are going to tell you how to do it.'' That doesn't work in our area, as you know, and I appreciated you making those comments. Do you want to amplify that at all?

*Dr. Shelton. Well, the health department in southwest Virginia provides a lot of -- for our community, and we -- information to them. So we do respect all the viewpoints that we do hear, and we try to work with people in their own community, and to address their concerns, specifically -- again --

[Audio malfunction.]

*Dr. Shelton. -- people without a lot of -- they ought to have all their questions answered.

*Mr. Griffith. Yes, I appreciate that, and I think it is very helpful that you are a native of the area, and have long served both patients and the community, and I think that helps you get that message out. If there is anything that we can do to help get that message out, not only in our part of southwest Virginia, but in east Tennessee, or rural parts of North Carolina, West Virginia, all of which border our territory, and -- we are more than happy to do it.

And as you can see, as as the chairwoman pointed out, this is not a Democrat or Republican issue. This is about all of us working together. And we have had some counties that have been hit pretty hard, even over the border in West Virginia. I had a county over there, not in my district, but one that was really hit pretty hard. So we are trying to do it, and we appreciate what you are trying to do, and what all the witnesses are doing here today. Thank you.

I yield back --

*Ms. DeGette. I thank the gentleman. The chair now recognizes the chair of the full committee, Mr. Pallone, for five minutes.

I don't see Mr. Pallone.

Mr. Pallone?

We may have lost him briefly. And so, Ms. Kuster, are you ready to go? Why don't I recognize you for five minutes?

*Ms. Kuster. Thank you, and I apologize, I am just trying to pull up my remarks. Thank you so much, Chairwoman DeGette --

*Ms. DeGette. Take your time.

*Ms. Kuster. Can you hear me? Chairwoman DeGette, can you hear me?

*Ms. DeGette. Yes, yes.

*Ms. Kuster. Great. Thank you for holding this important hearing today, and thanks so much for our

witnesses, for your testimony and preparation.

The progress we have seen these past few months in beating back COVID-19 has been nothing short of remarkable. In just over one year, we have undertaken an incredible effort to manufacture multiple, highly effective and safe vaccines. And we have undertaken, literally, a warlike vaccination campaign to get shots into the arms of the American people.

On January 20th, when President Biden took the oath office, only 1 percent of adults were fully vaccinated. But today over 50 percent of American adults are fully vaccinated. And not to brag on New Hampshire, but over 70 percent of adults in my state have at least 1 dose.

While these statistics are encouraging, more must be done as we begin to see the signs of vaccine hesitancy among certain populations. A key component to our continued vaccination efforts is ensuring that we have hard data collected to ensure that we can improve access in rural communities, including my district. And that is why earlier this year I introduced the Immunization Infrastructure Modernization Act, bipartisan legislation that would improve and expand information-sharing between state and Federal governments, as well as public and private health care providers, to ensure that vaccines are being administered effectively, efficiently, and fairly across all states and

territories.

Immunization Information Systems, IIS, are secure, multifaceted systems that allow for the sharing of crucial information and the maintenance of records. My bipartisan legislation aims to bolster these systems, and support real-time immunization record data exchange and reporting.

Dr. Gracia, you identified in your testimony deficiencies in our Immunization Information Systems, many of which could be improved by advancing my bipartisan legislation with Congressman Bucshon. Can you discuss why it is so important for Immunization Information Systems to be consistent in the type of data collected and reported?

*Dr. Gracia. Yes, thank you for that question, and for your leadership with regards to addressing the importance of a strong and robust immunization infrastructure. That is, indeed, really, a core part of what we need with regards to our public health system and our public health infrastructure.

What we have seen, for example, has been -- over the years that, actually, the Immunization Information Systems have not kept up to pace with regards to the need for funding to ensure that we have really robust, comprehensive immunization systems that can do the type of surveillance, whether it is in the detection of outbreaks, being able to tailor interventions because you identify that there are

certain populations in communities that, either for hesitancy or for access, have not been immunized, and then being able to ensure that there is interoperability of these systems, as well as ensuring that the programs themselves -- and that the immunization program itself has the ability to do the type of vaccine education and outreach.

And so, as we think about, certainly, within the context of the COVID-19 pandemic, how critical that is for the local communities, as well as states, to be able to tailor interventions to be able to get resources to those communities that are under-vaccinated, it is also important in the longer term, as we think about shoring up our immunization infrastructure to be able to detect and assess and address the next emergency.

*Ms. Kuster. Great. And Mr. Offerman, thank you for joining us and using your platform to encourage Americans to get the COVID vaccine. You speak to the effects the pandemic has had on your work in the entertainment industry, and how, by listening to doctors and trusting each other, you and your colleagues were able to safely get back to work last year.

Since this was a successful strategy, how do you think this can help our national vaccination effort, particularly in rural areas like the one you grew up in?

*Mr. Offerman. Well, you know, I think it is just a matter of extending the leadership that the -- our other

witnesses are talking to, and getting this clear messaging to all of our citizens, who are confused by the information they are getting. That comes from a variety of reasons: misinformation, conspiracy theories, mistrust, et cetera. And I think we just need to turn up the volume on the clear information that it is safe, everyone should do it.

It is your duty, as a family member. You know, if you love yourself, your family, your community, it is beholden on all of us to step up and be a good neighbor, and a good family member, and just shout that to the hills.

*Ms. Kuster. Great. Well, thank you for helping us shout that to the hills. And with that, I yield back.

*Ms. DeGette. I thank the gentlelady. The chair now recognizes the ranking member of the full committee, Mrs. McMorris Rodgers, for five minutes.

*Mrs. Rodgers. Thank you, Chair DeGette and Morgan Griffith. As ranking member, I really appreciate the approach of today's oversight hearing, and thank you to all our witnesses. I, too, just have some follow-up questions.

Dr. Omer, I wanted to ask the simple question: Do you have confidence in the 3 COVID-19 vaccines that are available today in the United States, and the ways in which they were developed, reviewed, and authorized?

*Dr. Omer. Absolutely. And as an independent academic, I would have said so if I did have any lack of confidence in

them.

*Mrs. Rodgers. Thank you.

Ms. Pisani, I wanted to ask, do you believe it is important for people to get the best and most accurate information?

And you stated that, that you believe it is important. How do you believe that they can, and allow them to make the best decisions for that -- themselves?

Because right now, some of the most common questions we have from people are that they are concerned about getting -- you know, they want to make sure that they have the best and most accurate information when it comes to getting the COVID-19 vaccine, and just any insights you have, as far as addressing those concerns.

*Ms. Pisani. Well, I mean, I think there's a combination of issues, obviously. And maybe we'll talk a little bit more about social media disinformation, and that is a really important issue that we have to deal with.

But we do know that people do trust their providers. And so they are the most important source of information right now, no matter where you live.

But, you know, hearing from some folks in rural and urban, the challenges are so different, depending on where you live. And I, literally, traveled the nation with Mrs. Carter and Mrs. Bumpers. And if you're in Wyoming, and you

are an hour-and-a-half away from your medical care, that type of message that you need to get is a little bit different than a person who could just go down the road and go to any clinic and get vaccinated.

So that trusted messenger issue, I mean, we are getting a little tired of hearing it, but it is so essential. Like, if you trust your evangelical leader, that is the person who needs to encourage your vaccinations. If you trust your local football coach, if you are from Penn State, those are the folks that you want to encourage to talk about vaccines. So I think it is different, no matter -- depending on where you live.

*Mrs. Rodgers. Thank you.

Dr. Omer, I wanted to ask you to address the issue of people being concerned about side effects, because the fear of the fever, the fatigue, especially following the second vaccine, is one of the leading reasons why people are choosing not to get the COVID-19 vaccine. Would you just address what you think is the best way to approach someone who is concerned about the side effects, and the potential of losing a day of work or two?

*Dr. Omer. Yes. I think that is a really good question. So there are two things that should be emphasized for the individual.

First of all, that this is the transient side effect.

We get fatigue, pain, sometimes fever. They are expected. They were seen in the trials, and they are not connected to the serious adverse events, et cetera. So if you are getting that, it is just that, it is inconvenience. It is hard, in its own right, to be down with fever or fatigue, but it is not a sign of something more -- sort of ominous, it's not an ominous sign for a more severe and long-term side effect. That is number one.

The reason why it is happening is that, when your body is trying to mount a strong immune response, for some people -- not for everyone, I did not get these side effects. That did not mean that I did not mount an adequate immune response. But for some people, that means that that inflammation, that immune response, leads to these transient side effects. And so those are the things we need to communicate.

*Mrs. Rodgers. Thank you.

And my final question, Dr. Shelton, in your written testimony you note that in the rural areas it is especially important to build the cross-sector partnerships in order to meet the needs of the community. And I just wanted to ask if you could share any examples of those partnerships, and why you believe it is critical in the rural communities, in particular.

*Dr. Shelton. Yes, we have built these relationships

over time. It is very important, the relationships we have with our hospitals, as well as our pharmacies and health care providers with the rollout of the vaccine. But we also have long-term partnerships with our county administrators, emergency coordinators, and schools. When it came time to go out and give the vaccine to the students, for those who were 16-plus and then 12-plus, we, you know -- begin to provide vaccines within the schools.

Also, working in our larger -- emergency coordinators, just having the whole community pitch in and help with these efforts went a long way toward increasing -- and the number of people we were able to vaccinate.

*Mrs. Rodgers. Super. Thanks for your work.

Madam Chair, I yield back the remainder of my time. Thank you.

*Ms. DeGette. I thank the gentlelady. The chair now is pleased to recognize the chairman of the full committee, Mr. Pallone, for five minutes.

*The Chairman. Thank you, Chairwoman DeGette. My questions, a lot of them, are the same ones that Ranking Member Rodgers asked, so I guess we think alike, Cathy. But let me try to ask those that maybe you didn't cover. I wanted to ask Dr. Omer about these misconceptions.

You know, we hear fears from Americans about vaccine safety, they were developed too quickly, or the process --

review process wasn't rigorous enough. And there is also this thing about the side effects with -- that vaccines can cause fertility problems.

Just, you know, set the record straight for us. Why should we not be worried about this type of misinformation that is swirling, particularly online?

*Dr. Omer. Yes. So this is a misconception that is out there that we -- the corners were cut. The corners weren't -- you know, nobody took a shortcut. It is just that we built a highway. And that is why the -- streamlining the process, cutting the -- some of the bureaucratic process, but also increasing efficiency by how we recruited in trials.

If I may take the liberty of giving you one example. So if you need 30,000 people in a trial, which were an average size, 30 to 40,000 people, you can have 30 sites with 1,000 people, or you can have 60 sites with 500 people, or 120 sites for recruitment for 250 people. So that is why -- that is one example of how efficiently we expanded the number of sites, because resources were available, et cetera, so that we did these trials quickly, rather than doing it -- you know, waiting for each site to enroll, let's say, 1,000 people, or 3,000, if you were going with 10 sites. So that is important.

The processes that were used to ensure safety and efficacy are time tested. This was -- these were the

processes, the data collection, the evaluation. And just to remind everyone that all -- with all of these trials, by regulation they have to have an independent data and safety monitoring board. So, even beyond the outside committee independent review that FDA performed while these trials were going on, there was weekly, ongoing safety review and effectiveness review after the data became available was happening.

And then now, the -- there is an unprecedented effort to ensure that there is robust vaccine safety surveillance. And that is why you hear about certain signals. You know, if you look for -- you do robust surveillance, you hear about these signals. And FDA and the CDC has done -- taken a rational -- conservative, in a sense -- to protect the safety -- to protect the general public against any uncertainty, as well. That path, by leveraging those data, and having a short timeframe from signal emergence, to signal evaluation, and then a recommendation. So this has enabled us to trust the process, and to trust the outcome of this development and deployment process.

*The Chairman. Well, thank you. Another --

[Audio malfunction.]

*Ms. DeGette. Okay, Mr. Chairman, can you start your question again?

*The Chairman. Yes.

[Audio malfunction.]

*The Chairman. -- come down today to meet with the vice president on broadband. So I had to get on the road.

But this is about whether people who previously had COVID-19 should still get vaccinated.

*Dr. Omer. So I don't know if --

*The Chairman. -- understanding around that.

*Dr. Omer. Sorry, I --

*Ms. DeGette. Go ahead, Doctor.

*Dr. Omer. Yes, so -- okay, I was unclear if the question was for me, but I would answer it.

*The Chairman. Yes, it is okay. Well, I guess it -- actually if Dr. Gracia wants to answer it, about whether people who previously had COVID-19 --

[Audio malfunction.]

*Dr. Gracia. Yes, the recommendation is that people who have had COVID-19 should still get the COVID-19 vaccine. You know, there is natural immunity and antibodies that are developed through infection with COVID-19. However, that is not as robust as what we know from -- with regards to vaccination. And so -- and we don't know how long that natural immunity can last. And so the recommendation is, indeed, for those who have COVID-19 to also get the COVID-19 vaccination.

*The Chairman. All right, thank you so much.

Thank you, Chairwoman DeGette, I appreciate it. I yield back.

*Ms. DeGette. Thank you. Thank you, Mr. Chairman.

The chair is now pleased to recognize Dr. Burgess for five minutes.

*Mr. Burgess. I thank the chair, and I thank all of our witnesses for being here today. This is such an important panel that we have put together.

And I -- you know, the -- one of the things that leads to hesitancy, of course, is not being consistent in the information that is delivered. And I think Mr. Offerman, actually, said it at the beginning of his testimony. He is -- "Here I am, just a regular guy, and we have to defer to all the scientists.''

But let me just tell you, Mr. Offerman, this is a novel disease. And the scientists were sometimes embarrassed, because what they had said at the beginning wasn't what they ended up saying several weeks or months later. And I can think of no area where that has been less pronounced, or where it would be more pronounced as where did this virus originate. And the stories that we were told early on are now not comporting with the stories that we are hearing now.

And Chairwoman DeGette, I think it would be incumbent upon this committee, being the primarily investigative committee of the Subcommittee of the Committee on Energy and

Commerce, to ask those questions, and ask them thoroughly. I realize --

*Ms. DeGette. Will the gentleman yield?

*Mr. Burgess. Yes, I would be happy --

*Ms. DeGette. Will the gentleman yield?

So I agree. I think it is very important that we find a -- that we investigate where -- particularly, if the virus escaped from some lab, because that, of course, has implications for international health.

*Mr. Burgess. Yes --

*Ms. DeGette. And I have already spoken to the ranking member. Whatever we can do -- I don't think China is going to produce any documents to this committee.

*Mr. Burgess. No --

*Ms. DeGette. But we are going to do whatever investigation is appropriate. And Mr. Griffith and I are on the same page.

*Mr. Burgess. So reclaiming my time, because it is --

*Ms. DeGette. I will give you a little extra time, too.

*Mr. Burgess. All right.

*Ms. DeGette. I will give you a little extra.

*Mr. Burgess. I have got more than I can get through, anyway, and I, obviously, will be submitting questions for the record, as is my habit.

But that is -- if we can reestablish some credibility,

even after the fact, I think that is going to be so critically important, because not only do we have a once-in-a-lifetime pandemic, we had it on top of a once-in-a-lifetime political year, and it left people, in many cases, confused. And now the challenge for all of us is to -- how do we get to people, and help them understand what is -- what I believe would be in their best interest.

Chairman Pallone, I guess we have lost you to the ether somewhere, but I have asked for your help in interceding with the Speaker. All of us, or most of us, took the vaccine in December. The Speaker told us we were -- it was necessary for the continuity of government, and so -- fully vaccinated, to be sure.

And yet we behave as if we are still frightened of the disease. And that does not send -- in my opinion, that does not send the right message. So, in conjunction with other doctors in the Doctors Caucus, we have asked the Speaker for clarification. We have to vote in these odd ways. We are doing this hearing in a virtual format. This should be in our main hearing room.

This should be -- if we are, indeed, all vaccinated, and we -- or those of us who are vaccinated believe that we can no longer transmit the illness, or contract the illness, we should behave that way. And if there is someone who says, well, for whatever reason, I don't feel comfortable being in

that setting, sure, let's have special arrangements. But we shouldn't be doing hearings remotely. We shouldn't be doing voting on this intractable schedule that just seems to never end. It doesn't allow us the opportunity to amend bills, and have the appropriate legislative input. So I just make that plea. It is time. It is time for us to get back to normal.

Now, I do have to ask Mr. Offerman a question, because this is absolutely critical, and I need to know the answer to it. With your vast experience as a woodworker, do you find that English walnut has no sense of humor?

*Mr. Offerman. Thank you for your question. I want to hit one point you just mentioned, and that is I believe, once you are vaccinated, you can still transmit the virus. It doesn't eradicate that possibility. The vaccination is simply a protection. But the reason that we are -- I believe we are still trying to be safe, is because you can still catch it and pass it to others.

*Mr. Burgess. Yes, well, the -- reclaiming my time again, the CDC guidelines that came out a week ago Thursday seemed to have -- seemed in a different place than that. And I recognize that there is new information coming all the time, and we have -- many of us have been -- have issued pronouncements that turned out then to be inoperative later on. That is part of dealing with an novel virus that is of this severity.

But it does appear that those who have been vaccinated are -- if the virus is recoverable from their nasopharynx, it is no longer infective. And we need to know the answer to that, to be sure. But you just look at the broad graphs of the prevalence of disease in the United States of America, and, clearly, something is different now than it was in January. And do we need to be behaving the same way we were in January?

And if we believe that the vaccine is what has brought us to that point, why don't we model that behavior?

Thank you, Madam Chair. I will yield back, and I have got a ton of questions I will submit for the record.

[The information follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. I thank the gentleman. The chair now recognizes Miss Rice for five minutes.

*Miss Rice. Thank you, Madam Chair.

And Dr. Burgess, I couldn't agree with you more. I would love to get -- for all of us to get back to our pre-pandemic life. And I would encourage you to speak to your colleagues on your side of the aisle as to why they are preventing us from doing that, and because they are not getting vaccinated.

Mr. Offerman, if I could ask you, if you had every unvaccinated Member of Congress before you, what would you say to them? How would you convince them? What would you say to convince them to get the vaccine?

*Mr. Offerman. Well, thank you for your question.

And just to answer Dr. Burgess quickly, English walnut is, indeed, humorous.

If I had the unvaccinated Members of Congress before me, I would simply try to appeal to their common sense and say, "Look, as our conversation just now pointed out, we are humans, which means we are always learning more information. Sometimes we think we have got it figured out, but then things continue to evolve. Even if we have a solution, the variants show up. We will always have to be vigilant. There will be more, you know, there will be more, ostensibly, SARS viruses coming in our future.'' And so I would just say,

"Look, all we -- with the information that we have, the decent thing to do to -- is to pitch in for the common good, regardless of any other misinformation, and get the shot.''

And if you guys -- you know, if you need a cookie, or a lottery ticket, or I will take you down the street for a glass of single malt, if that is what it will take, then I will be happy to pick up that bar tab.

*Miss Rice. You might have some Members take you up on that, Mr. Offerman.

The daily average vaccine administration in the U.S. reached a peak of 3.4 million doses in April of 2021. Unfortunately, that average has declined to approximately 1.8 million daily doses in recent weeks. So this is the issue that we are talking about.

Mr. Offerman, you mentioned you had some family members back home in Illinois who are told -- look, we are not going to be able to get -- I have someone in my own family who is -- knows -- you know, has family members who knows the science of this, that were experts in infectious disease. Do you know -- and I am not asking you to out any of your relatives by name, but is the reason -- is it mis and disinformation?

Because there is so much of that on social media. We can't control where people are getting their information from, but we know that there are, you know, a

handful of people, Robert Kennedy Jr. being one of whom, who posts mis and disinformation regarding this vaccine every day on social media.

So have you been able to figure out the source of the hesitancy in people in your family, and how do you address that, specifically?

*Mr. Offerman. Well, I mean, yes, the -- one of the family members in question actually used to work as a phlebotomist. And so they feel they have, you know, a sense of authority. And their information streams are, you know, both news channels, or "news channels,'' and social media platforms that turn this issue somehow into a political football and say, you know, "Is this Administration telling you the truth? Should we listen more to this Administration?''

And this -- you know, I understand that that is, you know, the state of affairs in modern-day America. But this -- what we say to this family member is, "Your children, two -- arguably, the cutest children in the family, haven't gotten to see their grandparents for over a year because of the danger of'' -- you know, it is a perfect storm. We have a couple of immunocompromised kids, as well. So we have to be incredibly vigilant. Can't you just do this for the good of the family?

And, you know, because of their incredible will, and

their wonderful Midwestern stubbornness, they so far refused. So we just try not to pull our hair out, and keep taking a deep breath, and say, "Hopefully, we can all get together soon.''

*Miss Rice. Mr. Offerman, I just want to thank you so much, because, you know, you say that you are not one of the smart people here, and not one of the scientists, but you -- your ability to reach millions of people is unmet by anyone on this Zoom. And so I really appreciate you being -- and willing to talk about this, and to do it in a way that, you know, can reach regular people. You are talking specifically to people who don't have medical backgrounds, and many of whom admire the work that you do. So thank you so much.

And thank you to all of the other smart witnesses who testified here today, and I yield back.

Thank you, Madam Chair.

*Ms. DeGette. I thank the gentlelady. The chair now recognizes Mr. McKinley for five minutes.

*Mr. McKinley. And I thank you, Madam Chairman, and thank you for getting this panel together, because this is going to be an interesting discussion.

But before I raise further questions, I would like to go to Dr. Omer, because, based on his written testimony, there were some -- he revealed he had quite a knowledge of the process of the vaccination.

So I am asking you if -- without Operation Warp Speed, would we have a vaccine today in just eight months?

*Dr. Omer. I think it is correct to say that the efforts that happened over the last year have really helped develop and sort of evaluate these vaccines.

But I also point out --

*Mr. McKinley. If I could, if -- let me just -- that is what I wanted to point -- I think back on the other, as to why we are not getting -- I think we are sending mixed signals. We elected officials, public statements, public -- I think we are sending confusing and mixed signals out to the public. No wonder they are -- look back on just last year, just -- not even seven months ago, eight months ago, we had the then-Senator Harris saying that she would not take a vaccine if it were approved by the Trump Administration. Now, think about that.

And then we have -- for decades all of us were taught, once we get a vaccine, we are protected against a disease. But then -- and then, on May 13th is a -- a couple of weeks ago, the CDC announced that vaccinated people no longer need to wear masks. That sets the tone. But now, follow through with that.

The next statement, just a few days later, a week later, the President was at the Ford Rouge plant in Michigan, wearing a mask after he had been vaccinated, after the CDC

had already come out. Dr. Fauci was wearing a double mask, and he was asked about that, the issue, again, challenged on that.

So, Dr. Omer, again, do you think the actions of our political officials and -- their statements and their actions, are they impacting us on the vaccine hesitancy?

*Dr. Omer. So unfortunately, I wouldn't be able to track back, you know, sort of -- since I wasn't following exact specific day or time where everyone was -- anyone was wearing a mask, but I can do -- I can speak broadly, because we tested this in our messaging trials, as well, that bipartisan support and endorsement of vaccines are extremely important. And so I agree with a clear, bipartisan message on this issue is helpful.

*Mr. McKinley. Okay. So let me say -- build off a little bit what Dr. Burgess was saying, because I think we are all frustrated about this, because Speaker Pelosi has said she is not going to let us go back into session until all the Members are vaccinated. But unlike the Senate -- they are back, and they are not wearing masks. They are back on the floor. They are working in committees. But we are still -- like this hearing today -- still being done virtually.

Now, this is contradictory towards what the Attending Physician has said, and what the CDC's guidelines are saying.

So, Dr. Omer, do you think that Nancy Pelosi is following the science in continuing to keep the House shut down, and extending proxy voting?

What is the end game?

*Dr. Omer. So Congressman, unfortunately, I am not in the position of evaluating specific House policies because I haven't looked at it.

But I will say that, when these trials were done, they did not include end points for transmission. So when the data came out, it was very appropriate to say that, to prevent transmission to others, we should wear masks, even if you are vaccinated. Since then, the state of evidence has evolved. And for several weeks, or actually, you know, a couple of months, we had -- we started seeing studies that say that even transmission is drastically reduced.

But there is a nuance to this. The nuance is that if you know -- if you can verify that everyone is vaccinated, then it is perfectly safe. And CDC has said that, for people to interact like, you know, pretty much normal, with the exception if you are in a health care facility, et cetera.

*Mr. McKinley. Then, if I could, just in --

*Dr. Omer. We could --

*Mr. McKinley. Go back, if I could -- reclaiming my time, but are we ever going to get -- it is not realistic to get 435 Members of the House to get vaccinated before we go

back into session again. Are we going to continue this nonsense?

I think it -- let me hear from you.

*Dr. Omer. So I would -- again, without commenting on specific policies, because I am not sort of that knowledgeable about the details, but I would say that, even if you cannot verify, a lot of activities can happen indoors. CDC has said that, with masking and -- but then it depends on what the compliance is for masking, et cetera, if you don't know who is vaccinated and who is not.

So that -- there is a nuance there. I do think that we have evidence of high protection and decreased transmission.

*Mr. McKinley. Thank you.

Madam Chairman, I yield back the balance of my time.

*Ms. DeGette. Thank you.

The chair now recognizes Congresswoman Schakowsky, the birthday girl, for five minutes.

*Ms. Schakowsky. I thank the chair and all our witnesses. It is so great to celebrate with you today.

In March the Center for Countering Digital Hate and Anti-Vax Watch found that 65 percent of anti-vaccine social media content stemmed from just 12 individuals called the Disinformation Dozen. Despite being brought to the attention of the social media companies, a review one month later found that at least nine of those individuals still maintained

active accounts on Facebook and Instagram and Twitter.

More alarming, a sample review of Facebook posts over the last week showed that online -- that only 19 posts had fact-checking labels applied to them. The posts that are left say things like, "asymptomatic people can't spread the virus,'' and that the, "COVID-19 vaccine is a genetic mutation.'' One post alone reached approximately 62,500 people.

Ms. Pisani, although vaccine myths continue to be accessible on social media, we understand that your organization had a challenging time getting factual vaccine information posted on social media. Can you briefly tell us about your experience, and how long did it take to be resolved?

*Ms. Pisani. That is a really great question. It happened -- it has happened to us on several occasions. And so at Vaccinate Your Family we started Facebook -- I believe it was almost the year it began. We jumped right into social media. We felt like it was a really important place to be.

And what happened was, years ago, we ended up being drowned out by these larger organizations that have a lot of money. And they were sharing disinformation. And it was a -- just a few people, but with the most amount of money. While the rest of us were starting to realize that we had to provide information in order to be allowed to post, we hadn't

realized it yet. And so they had beat the algorithms. We didn't know about them yet, so we hadn't fixed our problem.

Most recently, during the COVID year, we were no longer able to get comments on our Facebook page for almost seven months. We never were able to speak to a single person at Facebook. That is a really big deal, because we are the largest social media group on vaccines in the nation, and we have people from around the world. So when we can't -- when our posts don't get boosted because we don't have a lot of movement on our pages, that makes a really big difference.

So the companies can fix our algorithms. They -- there is a lot that they can do. They can stop feeding people disinformation based on their search terms, on the information that they are already reading. They could whitelist groups like Vaccinate Your Family, Voices for Vaccines, the Academy of Pediatrics, and other groups that share fact-based information. There is so much that could be done to fix the problem.

*Ms. Schakowsky. Well, thank you for that. That is very disturbing, and I want to work with you to see if we can make that better, so that factual information doesn't have barriers to getting out.

Dr. Gracia, unfortunately, as you mentioned in your testimony, misinformation campaigns have targeted people of color and low-income communities, often without accessibility

to anti-vaccine -- to -- without accountability. The anti-vaccine movement has been able to exploit justifiable, historic distrust, and the media companies have helped to further their anti-vaccine goals.

Can you talk to us a little bit about that? I am almost out of time, but I would love to hear that.

*Dr. Gracia. Yes, thank you for that question. It is important, because when we talk about why certain communities may not be getting vaccinated, this issue of misinformation is so critically important, and it is important as it relates to communities of color.

There are efforts underway. One of the efforts that we have, for example, at Trust for America's Health, is through our Public Health Communications Collaborative, in which -- it is a collaborative between Trust for America's Health and a partnership with the CDC Foundation and the de Beaumont Foundation, where we actually do tracking on misinformation, and provide guidance, in particular, for public health officials at the local and state levels to be able to address misinformation.

And then there are also other efforts. For example, the campaigns Between Us, About Us, where you have, for example, a campaign specifically for the Latino community that was recently launched through UnidosUS and the Kaiser Family Foundation, creating PSAs and other tools featuring Latino

health care providers and other Latino health workers that can be used in the community to be able to combat some of that misinformation that is happening.

And there is, likewise, a campaign specifically featuring Black health care providers that the Black Coalition Against COVID and others are engaged in. And that way they have the tools and the resources to be able to address some of the many myths about the COVID-19 vaccine.

*Ms. Schakowsky. Thank you so much. And trusted messengers, I think, are so important. So thank you for your important work.

I yield back, and I appreciate --

*Ms. DeGette. I thank the gentlelady. And the chair now recognizes Mr. Palmer for five minutes.

*Mr. Palmer. Thank you, Madam Chairman.

Happy birthday, Jan. And following up on your last question, I think that there is a role for faith-based organizations in increasing the confidence in the vaccines, and maybe even serving as a familiar distribution site.

And what I would like to ask Dr. Gracia is has anyone looked into reaching out and partnering with the faith-based organizations for vaccine distribution, or for public service announcements as a communication vehicle to raise the confidence among people, particularly in minority communities, which we know have an aversion to certain

vaccinations?

*Dr. Gracia. Yes, absolutely. The faith community, faith leaders are such important partners, as it relates to being trusted messengers and trusted institutions, as far as places of worship in communities. And in certain communities of color, it is actually one of the entities we highlighted in our policy brief as a core and trusted messenger. There are, indeed, many messengers.

The Administration has certainly been engaging with the faith community, but also seeing, you know, local health departments, state health departments that have worked with faith leaders, where it is either to be able to get messages out to communities, or to serve as potential vaccination centers, utilizing, for example, a church parking lot, doing virtual town halls to be able to deliver messages that they trust from their faith leaders.

*Mr. Palmer. Dr. Shelton, along the same lines, there are certain -- there are unique issues that rural communities face when it comes to vaccine distribution. And I think that working through the faith community in rural areas could be helpful. But can you comment on how state and local governments could increase access to and confidence in the vaccines in rural communities?

*Dr. Shelton. Yes, thank you. Certainly -- has been a great asset to our vaccine distribution -- we had --

*Mr. Palmer. Madam Chairman, I can't hear her answer. I -- suspend my time for a moment.

*Ms. DeGette. Yes, yes, we are having difficulty hearing you.

*Dr. Shelton. Okay, can you hear me now?

*Ms. DeGette. Yes. Perfect, thank you.

*Mr. Palmer. Okay.

*Dr. Shelton. Okay, yes, certainly, our faith communities have been a huge asset -- sites that we had --

*Mr. Palmer. Madam Chairman, suspend again, if I may.

*Ms. DeGette. Yes, yes. This is the other issue this committee needs to work on, is our broadband access in rural areas.

*Mr. Palmer. Yes.

*Ms. DeGette. So let's try it again.

*Mr. Palmer. If she can't -- if we can't understand her, can she just answer the question in writing, submitted to the committee?

We will try it one more time, but if we can't hear her, we will just ask for her to submit it in writing.

*Dr. Shelton. Okay. Can you hear me now?

*Mr. Palmer. Oh, yes.

*Dr. Shelton. Okay. Certainly, our faith-based communities have been a very important part of -- many of our large -- that we have had over the last several months have

been in faith -- we do this for our -- also for local outreach to our neighborhoods, actually some of our -- communities, including our Black and Hispanic communities. So that's a very important thing.

As far as our state and local governments, I think working with our faith communities -- there.

*Mr. Palmer. Okay. I couldn't understand all of it. So, if you don't mind, submit it in writing.

I would also like you to respond to -- I have had some people speak to me about people having excess vaccine, and not knowing what to do with it, and concerned about it expiring.

So if there are some things going on in your state and local governments in that regard, I would like to know about that.

And I would also like to point out that we are all focused on injectable vaccines, and there is research being done right now -- there is clinical trials being done on another internasal vaccine that, not only has shown promise in mucosal immunity, but it will protect against infection, but it also protects against transmission. And I -- Doctor, I just hope that we will continue to focus on the development of new vaccines that there might not be as much opposition to.

And the last thing I would like to say, Madam Chairman,

I don't know how many of you have had a chance to look at Mr. Offerman's website for his woodworking, but the canoe that he made out of cedar is absolutely stunningly beautiful. And I don't know if he built it, or someone in his shop built it. They built a dresser out of walnut, apparently, a solid piece of walnut. It is amazing. I don't know if any of us could afford a canoe or a dresser like that. But they are really beautiful pieces.

And I want to commend you for your outreach to the homeless. I think one of the great tragedies of the welfare state and homelessness is the loss of incredible talent and ingenuity and imagination among those people. And the fact that you are bringing them in, giving them a chance to demonstrate their artistic ability is amazing. And I want to congratulate you on that.

And I yield back.

*Ms. DeGette. The gentleman yields back. The chair now recognizes the chairman of the Environment and Climate Change Subcommittee, Mr. Tonko, for five minutes.

*Mr. Tonko. Thank you, Chairwoman DeGette. Can you hear me?

*Ms. DeGette. Yes, we can hear you.

*Mr. Tonko. Okay, thank you. And I thank you and Ranking Member Griffith for hosting this wonderful meeting.

We have heard today that there is no one-size-fits-all

solution to -- for increasing COVID-19 vaccination rates. While we have made tremendous strides in just a few short months to increase vaccine supply, we know that availability does not equal access. And the reality is that many Americans remain unvaccinated due to access barriers to getting vaccinated.

Dr. Gracia, you emphasized in your testimony, and I quote, "lack of culturally and linguistically appropriate information and services, less access to technology required to sign up, less access to transportation, and a lack of paid sick leave may be hindering vaccine access for some populations.'' So how are these barriers preventing unvaccinated Americans from accessing COVID-19 vaccines, especially those who make up the movable middle?

What populations are most likely to face these challenges?

*Dr. Gracia. Certainly. Thank you for that question. So if we think about, for example, low-income communities, many communities of color, with regards to being disproportionately, actually, those that work in some of the frontline jobs, some of the jobs that were deemed as essential jobs in the COVID-19 pandemic, that actually -- many workers of color did not have access to paid sick leave.

And so the challenge of, for example, being able to take time off, or being worried about -- and losing income, or

losing their job, being able to get the vaccine, and worrying about the side -- potential side effects, and having to take time off can be a barrier. And so addressing those types of issues, such as sick leave, as well as access to child care that families may need in order to get the vaccination, are addressing some of the issues of equitable access.

As it relates to providing information that is culturally and linguistically appropriate, that is ensuring that, for the diversity of communities that we are serving, that information is available, that it is respectful, and responsive to the needs of the communities that are being served. And so that is where partnership with trusted community organizations is so critically important.

It is one -- certainly, if it is a community that has limited English proficiency, ensuring that communications materials are translated into the languages that the community speaks, to ensure that they have access to information to make those informed decisions. But it is also understanding what might be some of the concerns, and how to message that most appropriately.

So it is, as many have said, it is the message and the messenger, and that is where it gets to understanding the cultural appropriateness of the messages that are being shared, and not doing so in a judgmental way that is a concern of why people aren't being vaccinated, but really

getting to the causes of understanding why there may be limits in vaccination.

You also look at other barriers. For example, access with regards to the sites. Are the sites open and accessible during hours that they can actually go to, if they have to work one or more jobs?

And so these are the types of things that we are seeing, certainly now with these investments, and the -- or these strategies with regard to pop-up clinics, and mobile clinics, and extending clinic hours, or the vaccination site hours. These are critically important ways to ensure that access is not a barrier to actual vaccination.

*Mr. Tonko. Thank you.

And Mr. Offerman, as an owner and operator of a small business, you have the opportunity to work with the nonprofit Would Works to provide training opportunities to people experiencing homelessness or living in poverty, individuals likely to face access barriers. Like many others, we understand that operations of both the wood shop and woodwork were affected by COVID-19. Has vaccine uptake allowed normal operations to resume for you?

*Mr. Offerman. At the wood shop we are just about, you know, back up on our feet. Everybody's vaccinated. And so we still are employing masks, just erring on the side of safety. I don't see why we wouldn't do that.

And at Would Works we have just announced today, coincidentally, we are opening the program back up. That is a much more vulnerable population, so we are taking extra precautions. But it's a wonderful organization. We are very happy to support it. So many of the people who are without homes just need an opportunity. They all want to go to work. They just need a chance. So I love -- I wish we would -- Would Works nationwide.

*Mr. Tonko. Well, thank you. And alleviating access concerns among unvaccinated Americans is, clearly, just as important as addressing other reasons why some people have yet to get the COVID-19 vaccine. So I am encouraged by the strategies being deployed across the country, and certainly hope we can amplify these efforts.

And with that, Madam Chair, I yield back. And again, thank you.

*Ms. DeGette. Thank you. And I am now pleased to yield to Dr. Joyce five minutes.

*Mr. Joyce. Thank you for yielding, Madam Chair, and to this panel for testifying on this important subject today.

Dr. Omer, some clinicians had concerns that the U.S. Food and Drug Administration's recommended pause on the Johnson and Johnson vaccine might increase vaccine hesitancy and reduce public confidence in the overall approval process for the other vaccines, as well. Dr. Omer, do you feel that

the FDA's actions instill a higher degree of confidence in the safety of the COVID-19 vaccines that have received the emergency use authorizations from the FDA?

*Dr. Omer. Yes. I think that was the right thing to do. As they were evaluating they had a temporary pause, communicated the reason for that pause. They -- you know, whenever you have an emerging event, there are several difficult options. But they chose the best -- the most appropriate, in my perspective -- of those difficult options. So, yes, in the long run, it will instill confidence in our vaccine safety and regulatory system.

*Mr. Joyce. Dr. Omer, can you comment on how common the severe blood clotting, combined with low levels of platelets, that resulted in the FDA's recommending a pause of the J&J vaccine -- would you say this is a rare, a very rare event? Could you comment additionally, please?

*Dr. Omer. So, depending on the group, it is a rare to very rare event. And looking at the risk versus benefit, it heavily favors benefit.

But then it was appropriate to evaluate that, take a pause, evaluate that risk-benefit ratio, and then resume that -- the vaccination drive with this vaccine.

*Mr. Joyce. Dr. Omer, how does the rate of severe events for the J&J COVID-19 vaccine compare to other vaccines that we more commonly see people get, the chicken pox

vaccine, the MMR that has been discussed previously in today's hearing, which have been proven to be safe and effective?

So what is the rate of severe events comparing J&J's COVID-19 vaccine with other more commonly-administered vaccines?

*Dr. Omer. Well, it depends on the event. But overall, it is at par or favorable, compared to other commonly-used vaccines. So, you know, I would be happy to provide specific details between -- based on the risk group and age group, et cetera. But I think it is reasonable to say that, qualitatively speaking, or sort of broadly speaking, that this vaccine is -- has similar safety profile or, in certain cases, certain groups, better safety profile than some of the -- our other commonly-used vaccines, as well.

*Mr. Joyce. Yes, I would like to see that additional data, if you could, please.

And then finally, Dr. Omer, on another subject, how common is it for someone to have an allergic reaction after receiving one of the COVID-19 vaccines?

And is the risk the same among the -- all three vaccines that have received the emergency use authorizations from the FDA?

*Dr. Omer. So there are different databases that were used. It is also considered within the rare side effect

range. And it is one of the ways this is mitigated, because right now we are in a situation where it is mitigated by having people wait an extra 30 minutes if -- extra 15 minutes, a total of 30 minutes, who have, you know, a predisposing situation, have a history of allergy, et cetera. So it is more, in the context of mRNA vaccines, if you look at the the absolute numbers. But even for mRNA vaccines, it is in the territory of rare events.

So it ranges from, you know -- so there are a few ranges around that. But, you know, it is in the rare category for -- even for mRNA vaccines.

*Mr. Joyce. And Dr. Omer, could you please comment for us, Dr. Omer, on the safety, from your perch, for the use of these new vaccines in adolescents and children?

*Dr. Omer. That is a really good question. So, based on the current data, and the data that the Advisory Committee on Immunization Practices has evaluated, in the groups for which it is currently recommended, 12 and up, the benefits substantially outweigh risks. We continue to monitor events.

There was a -- there is a signal that various public health agencies, as you know, you may have seen in the news that they are evaluating proactively, just to remind everyone it is a self-limiting event in certain teams. And so -- and I have confidence that we will get clarity on this event, as well, in the coming weeks, fairly soon.

*Mr. Joyce. And I thank you for that answer. My colleague, Dr. Schrier, the pediatrician on this panel today, I am sure will also have questions regarding immunization and children.

Thank you, Madam Chair, and I yield the remainder of my time.

*Ms. DeGette. I thank the gentleman. The chair now is pleased to recognize the vice chair of the subcommittee, Mr. Peters, for five minutes.

*Mr. Peters. Thank you, Madam Chair. I just want to start by saying I certainly share the frustration of Dr. Burgess that we are not all together in person, unmasked, which I believe we could be, if we were all vaccinated. And I know that -- I think the -- every Democrat is vaccinated. I am sad to say that every Republican is not. So if there is anything we can do to encourage that, I would certainly jump in.

And, as the daily -- number of daily vaccinations has declined since April, state and local governments are thinking about that issue, too, with respect to incentive programs to motivate unvaccinated Americans to get shots. In New Jersey there is a shot-and-a-beer program. In Ohio there is a vaccine lottery that offers you a million bucks. I don't know if that indicates that there is higher self-regard among Ohioans than New Jerseyites -- I say that as a former

New Jerseyite. Major League Baseball teams are offering free tickets to those who get vaccinated at the ballpark.

And the question I have, I guess, for Dr. Omer is whether these programs work. I mean, even before the pandemic hit, you have been researching ways to incentivize vaccine uptake. So do these vaccine incentive programs work?

And what types of incentive programs would be most effective?

*Dr. Omer. So there are two things. We know, as a concept, incentives have a role in increasing vaccine coverage. So there has been evidence for several years. We have done some experiments, others have done some experiments, but incentives are useful.

In this pandemic, although the uncertainty is that the -- what kind of incentives are better suited. So with our 50-state laboratory, people like us, like myself, are watching and learning from it. And I think it is -- but then, you know, within certain limits, it is worth trying different models. So that is the short answer.

*Mr. Peters. And Dr. Gracia, what is your view on the effectiveness of these types of vaccine incentives, and particularly -- do you have any evidence that they can increase vaccine uptake in communities of color or tribal nations?

*Dr. Gracia. Thank you. I think, similarly to Dr.

Omer's response, you know, we too, just at our organization, follow the evidence with regards to these policy recommendations.

And with regards to incentives, you know, there can be a place for incentives, and there is just a great deal of innovation that is happening, both in the public and private sector, regarding that. So I think studying that to see how that is impacting the uptake for various communities, I think, will be important for us, not only now in the pandemic, but certainly moving forward.

*Mr. Peters. Okay, thank you.

Dr. Shelton, your testimony indicates that you are partnering with stakeholders to give away tickets to incentivize vaccinations. How has the community responded to this incentive?

And more broadly, what kinds of incentives or innovative approaches for encouraging uptake have you seen work in rural communities that can be replicated or expanded on?

*Dr. Shelton. Well, thus far in our mobile units and outreach, the numbers have been very low as we go out. So we are looking to see what incentives might be helpful. And I would love to have some of these incentives to offer to our community as ways to see whether or not these experiments truly do work.

We are just at the beginning of these incentive

programs. So, again, we don't have a lot of knowledge yet about what is working, but we look forward to trying these incentives, and seeing what will work, and reporting back on any successes that we do have.

*Mr. Peters. And Dr. Omer, any recommendations for employers who may want to incentivize COVID-19 vaccinations for their employees? Any recommendations you have for us?

*Dr. Omer. Yes. First of all, promote it as a social norm. And we know that -- we have evidence that promoting even an emerging social norm is helpful.

Ensure that there is safety of everyone involved. So we know that, even though these vaccines are highly effective, people who are immunocompromised, there are certain concerning data about them, et cetera. So have those, you know, precautions available for these people.

And sort of look at things like time off for -- you know, during vaccination. It is easy to vaccinate, and there will come a time where onsite vaccination will have -- pretty soon, for at least some large entities, onsite vaccination may have a role in there.

So I think companies and employers of various sizes have a huge role. Even small businesses. But Mr. Offerman very eloquently spoke on the -- on small businesses.

*Mr. Peters. Right. Well, it looks like there is a lot of information to come in on this. And I would certainly

invite any of the witnesses who see results from these incentives to reply to the committee, and offer us information on that. We would love to get that information.

And Madam Chair, I appreciate you holding this hearing. It is okay to do hearings, virtually. I think it may be in some ways pretty useful, but I really am anxious to get back to work with everybody in person without masks in the committee room. And if there is any way we can incentivize the rest of our colleagues to get vaccinated, maybe we have learned something from this testimony, as well.

Thank you, I yield back.

*Ms. DeGette. Thank you, and I agree.

The chair is now pleased to recognize Mr. Long for five minutes.

*Mr. Long. Thank you, Madam Chair, and I appreciate it, and thank all the witnesses for being here today. And I might suggest that, as a first move, to get away from these Zoom and committee hearings and things, we might consider doing them over at the White House. Because if you will Google "Pelosi,'' "White House,'' "no social distancing,'' you will see that it is very safe to mingle, mix and mingle there, with people who have been and have not been vaccinated. So just a suggestion for a first move, so we can get back to more normal times.

Dr. Gracia, according to a recent report issued by the

Centers for Disease Control, residents in rural communities like I represent a lot of here in southwest Missouri are at increased risk for severe COVID-19-associated morbidity and mortality. Last September, COVID-19 incidents of cases per 100,000 residents in rural communities surpassed those in urban counties. Further, the report found that COVID-19 vaccination coverage was lower in rural communities, at a little under 40 percent, than in urban communities, a little over 45 percent.

The implications of these findings are the disparities in COVID-19 vaccination access and coverage between urban and rural communities can hinder progress toward ending the pandemic. What are the unique challenges found in rural communities of getting available vaccine doses into patients' arms?

*Dr. Gracia. Thank you for that question, and critically important to address, certainly, these disparities that we are seeing in rural communities. And similarly, we can point to some of the longstanding, as you noted, health disparities that exist in rural communities.

We know, certainly, access to health care has been one of the areas that -- having access to a health care provider and routine, regular care, as far as preventive services, those are issues that can be challenging in rural communities, and that pre-dated the pandemic. But

recognizing, certainly, that also, beyond the access to health care, are really what we think about the broader social determinants of health.

So, in addition to access to health care, is ensuring you actually have transportation to be able to get to those services. Do you have, you know, income, the income to be able to maintain, you know, and have access to healthy, affordable foods, and be able to engage in the types of physical activity, et cetera, that is needed for a healthy lifestyle?

I think that we need to really address some of these longstanding issues, as it relates to rural health disparities, certainly, as we move forward beyond the pandemic, with regards to access to health care, whether it is through telehealth and the closure of rural hospitals. We have seen several rural hospitals that have closed during the context of the pandemic, and making access to care more difficult.

But with regards to vaccination, I think some of the promising things that are now happening is the investments, certainly, because of the legislation that has been passed, to do more investments to getting mobile health care units out, to be able to fund and support rural health clinics, to be able to do vaccinations in rural communities, and also to be able to educate and do outreach to rural communities

through community health workers and other types of health outreach to increase vaccination.

*Mr. Long. Okay, thank you. And I, for one, would like to see everyone vaccinated. I appreciate that. And it is discouraging that the rural areas are not able to get the same access.

My next question for Ms. Pisani, the Pfizer vaccine, which is the one that I took back in December, is now available to children 12 to 15. And the Moderna announced this week -- or Moderna announced this week that their vaccine is safe and effective for children ages 12 through 17, and they plan to submit their findings to the FDA in early June.

What are the most frequently asked questions that you get from parents that have children in this age range about the COVID vaccine?

*Ms. Pisani. We get pretty much the same questions we get with all vaccines, and they want to know what are the long-term side effects of getting a vaccine, which, of course, the answer, again, is what is the long-term side effect of getting the virus, you have to remember to answer it that way.

Parents are hearing the same rumors that are just, literally, going through wildfire on social media. I have never seen anything like it in my life. You will hear a

rumor one day about, you know, questions about infertility here, and then it will go all the way across the globe. And so my friends and my family who have, you know, kids my age and younger, my kids' age and younger, they are asking the same questions: Will they be safe, you know, why do they need them, if they -- if the virus isn't as dangerous to the children? And of course, that is all just misinformation that we need to correct.

*Mr. Long. Okay. As the father of a pediatrician, I appreciate that very much. And it is -- I have said it before on here, but I will say it again, it is very disturbing to me to have someone of such notoriety as Robert Kennedy, Jr., of all people, leading the anti-vaxxer charge.

With that, Madam Chair, I yield back.

*Ms. DeGette. I thank the gentleman. The chair now recognizes an actual pediatrician, Dr. Schrier, for five minutes.

*Ms. Schrier. Well, thank you, Chairwoman DeGette, and thank you to our excellent witnesses today.

Vaccine hesitancy is such an important topic. And, as a pediatrician, I spent 20 years reassuring anxious parents about routine childhood vaccinations. And most parents, like you said, that are considered vaccine hesitant have heard something from a friend, online, that gives them pause, and they just want to be sure that they are making the right

decision for their child. And we know that conversations with a trusted primary care provider makes all the difference in the world.

However, we are seeing a higher degree of reluctance when it comes to the COVID vaccine for all the reasons you pointed out. So at this point, most parents who definitely want the COVID vaccine for their kids over 12 have already done it or scheduled it. My 12-year-old got his 10 days ago. More hesitant families will visit their primary care provider to seek answers from their trusted doctor.

So I want to start with Dr. Gracia. One of the main questions that I get from parents is about why they should vaccinate their child, when they have heard that the risk to children from COVID-19 is low, and they are making this risk-benefit calculation. So, as a pediatrician yourself, can you briefly describe how you would answer that question to that hesitant parent?

*Dr. Gracia. Yes, thank you for that question, and thank you -- it was a pleasure, certainly, also, to partner with you on the vaccines briefing that we did last year, just ongoing, highlighting the importance of vaccinations, and why this is so critical, not only in emergencies, but beyond, in calm times, if you will.

I think, you know, formerly, when I formerly practiced as a pediatrician, I think an important thing is, really, to

hear and understand a parent's concerns about the vaccination, and be able to articulate, certainly, the safety and effectiveness of the vaccine, and to note that, yes, while, you know, children have a much lower risk with regards to severe illness and hospitalizations from COVID-19, that is still important to provide that protection, and to also think about it from the standpoint of there may be others in the family, for example, if someone is immunocompromised, or they interact with others, that it also can provide that protection with regards to decreasing the risk of transmission.

But I think it is especially important, too, to think about the ability for children then to engage in the activities that they were engaging in pre-pandemic, and recognizing some of the social and emotional needs of children to really be able to re-engage in the things that they did pre-pandemic, and that vaccination is an important strategy for us to get there.

*Ms. Schrier. I agree. And the risk of COVID is not zero. Several hundred kids have died. We don't know about long COVID. There are many risks, like you said, and getting back to normalcy is so important.

Now, specifically, can you address the concern that some parents now have about finding a handful of cases of mild myocarditis out of many million vaccinated teens, and perhaps

how they should think about that risk, compared to, say, the risk of getting myocarditis from any viral infection, or certainly at a much higher risk of getting it from COVID itself?

*Dr. Gracia. Right. And I think that it's important, really, one, to hear -- again, hear those questions, to listen to their concerns, as parents, and to tell them what is known now and, as you noted, that, yes, myocarditis can be caused by other viruses, by other bacteria, for example, as well, and -- but to assure them, for example, one, you know, the American Academy of Pediatrics continues to recommend that children 12 and above should be vaccinated, and that what is being studied, actually showing that, of the cases that -- right now there -- that there is not conclusive evidence that there is an association with the vaccine, and also that the cases and the numbers of cases that are being seen is what would also be seen at baseline.

And so, you know, really, it is stressing, too, that, especially for organizations such as the American Academy of Pediatrics, the pediatricians who are themselves vaccine experts, and really take this very seriously, and reading the data, I continue to recommend it, as does the CDC.

And then getting back to Dr. Omer about -- that these --

*Ms. Schrier. And then --

*Dr. Gracia. -- the systems, yes.

*Ms. Schrier. Right. We are looking for a blip above baseline, and we haven't hit that.

Last quick question, I just wanted touch on the new guidance, that the COVID vaccine can be co-administered with other childhood immunizations that have been -- that have dropped by about 30 percent during the pandemic. And so can you tell me again, Dr. Gracia, your thoughts about co-administration?

What do you say to a parent who is nervous about getting COVID with, like, HPD and Tdap, and our ability to then track potential rare adverse effects, if they are given together.

*Dr. Gracia. So, again, I would emphasize, you know, when -- I was going to say practice -- so I would emphasize again the importance that -- how our safety systems are working to be able to detect if there are any concerns with regards to, you know, something like a co-administration, to know that -- you know, that these academies, whether it is the American Academy of Pediatrics and others, certainly are reviewing this, and -- safety with regards to being able to do that co-administration, which can also then be a support for parents, especially in the need to be able to come back to the office, to be able to do other administration of vaccinations --

*Ms. Schrier. Thank you.

*Dr. Gracia. -- and building on the existing

infrastructure that --

*Ms. Schrier. Thank you.

*Dr. Gracia. -- offices --

*Ms. Schrier. I am out of time. It is so great to see you again. And then just -- that path back to normalcy, to school, to summer camps, everything, is vaccinating our kids. Thank you so much.

*Ms. DeGette. I thank the gentlelady. And then I apologize to Mr. Long for somehow implying his daughter wasn't a pediatrician. What I meant was he is not a pediatrician, although he assures me he once played a doctor on the radio. So there you go.

Mrs. Trahan, I am now pleased to recognize you for five minutes.

*Mrs. Trahan. Thank you, Chairwoman DeGette. Like so many of my colleagues, I am so pleased that earlier this month FDA expanded the authorization of the Pfizer COVID-19 vaccine for adolescents 12 to 15 years old. And CDC quickly recommended its use among this age group.

And I am also encouraged by yesterday's news that, according to Moderna studies, its COVID-19 vaccine appears to be safe and effective for children as young as 12, as well.

However, just as misinformation is spread across social media about the COVID-19 vaccine for adults, I too am concerned that families are facing a barrage of myths and

disinformation about their use among children. So I am glad to have such a robust panel of experts here today to help us get the facts straight.

Ms. Pisani, according to your testimony, the Vaccinate Your Family campaign has grown over the years into "one of the nation's largest social media programs aimed at educating the public on vaccines, and their safety, and to counter vaccine disinformation.'' Unfortunately, we know that this disinformation is rampant online, with parents and children exposed to a range of myths about the safety of the COVID-19 vaccines.

What lessons can we learn from Vaccinate Your Family's efforts to combat vaccine disinformation?

*Ms. Pisani. Thank you for asking that question. So we have -- obviously, we have been around for 30 years, so we didn't start in social media. We began working directly with parents, and children were our focus for 25 years.

So -- but one thing we can learn is that -- never repeat the negative, first of all. And also that there is efforts being made. And I have to say Google is doing an amazing job. They are giving out grants around the world to try to help stop disinformation. And Instagram is doing a great job. I don't know why Facebook is not following up with that.

But we have to really think about the groups that are

targeting people, and they have taken to targeting communities of color to sow doubt. And, you know, after all the work that has been done to help the disparities, and all the work we need to do, we have to really think about what is, you know, the line of freedom of speech. We all hold it sacred, but when there is a group of individuals or companies that are making a cottage industry about spreading disinformation, and selling alternative products instead of vaccines, I think something needs to be done. That is endangering the United States and, frankly, the global citizens.

*Mrs. Trahan. Yes, I couldn't agree more. We have taken that up on another subcommittee -- this one. But, you know, authorizing a vaccine for adolescents 12 years and older is one hurdle, but getting shots in arms of those adolescents is another challenge, all together.

You know, Dr. Shelton, you mention in your testimony that your agency has been vaccinating middle and high school students in school clinics. Has this proven to be successful?

You know, what other activities have you led, or have planned to expand vaccination efforts to these younger teens and preteens?

*Dr. Shelton. Yes, we have been very grateful for the partnership with our schools to be able to go in and offer

vaccines in the middle and high school levels. To be sure, the uptake has been small. It is a difficult time of year. There are a lot of end-of-year testings and sports events going on, and people are afraid to -- of side effects, and that they may miss work.

So I think a lot of the messaging that we need to use with focusing in our schools is we know that our schools transmit disease, are kind of like the petri dish of the community, so to speak. In the winter time we routinely combat flu and norovirus in our schools.

And so we know that one of the incentives for parents to talk with -- for pediatricians and health care providers to discuss with their parents is, if you want your students to have all of the great benefits of being -- in-person school, and all the social, mental, and physical well-being that they receive from the school, in addition to just the learning, vaccines really are our path to be able to have our schools go in person for longer amounts of time.

We had with -- recently, in April, an increase in our cases throughout the district, because we had five different outbreaks in schools, despite having gone in school since the fall. This is the first time. And so, being able to go in and take those vaccines to the schools, we have seen some successes there. But definitely, the importance of what people can achieve by in-person school, and the importance of

having those vaccines, is very much what needs to be messaged.

*Mrs. Trahan. Yes, no question.

Finally, Dr. Omer, with my remaining time, your testimony cites a survey experiment in which you found that "a bipartisan endorsement of COVID-19 vaccines would help increase confidence in the vaccines.'' That is precisely the goal of this hearing today, to work together to debunk vaccine misinformation, and send a clear message of support for the COVID 19 vaccines.

Dr. Omer, if we were -- if we are not able to dispel vaccine myths, boost confidence, and increase uptake, what potential consequences do we face?

*Dr. Omer. So I think we are at risk of entering a vicious cycle, because if we have -- so one way of responding to an outbreak is to get ahead of it. And if we don't get ahead of it by having high vaccination rates, we increase the probability of variants emerging, and then it becomes a cycle of where we need, for example, boosters and other approaches and some non-pharmaceutical interventions, although not -- certainly, not at the level as we saw last year, but other measures that hamper normalcy, but are applied to prevent adverse outcomes in the public health, in the sense of public health.

So we absolutely need to invest in our -- redouble our

efforts to vaccinate as high a proportion of our population as possible.

*Mrs. Trahan. Thank you, Dr. Omer.

I yield back, Madam Chair.

*Ms. DeGette. I thank the gentlelady. The chair now is pleased to recognize Dr. Ruiz for five minutes.

*Mr. Ruiz. Thank you for holding this very important hearing, Chairwoman.

When vaccine distribution was ramping up, there was concern that Black and Hispanic individuals would have a greater amount of vaccine hesitancy than White individuals. And that narrative continues. But it just has not been my personal experience, as a physician, public health expert working in the community, inoculating some of the hardest hit, hardest to reach constituents of mine, the Hispanic farm workers, which, in my district, face one of the highest rates of infections and deaths. And I have been going out there, administering the vaccine, and educating communities about its importance.

[Audio malfunction.]

*Mr. Ruiz. -- for Blacks and Hispanics, they just don't want the vaccine because of mistrust, et cetera. That narrative is dangerous. It abdicates the responsibility of the health care system and us to make sure they have access. And it just blames those that have been left behind for

generations. And the data is showing that my experience was actually a more accurate picture of what was occurring.

As it is, the problem is not hesitancy, it is access. As with many aspects of our health care system, it is not about whether someone wants to get the vaccine. It is whether there are barriers preventing them from doing so. Despite months of headlines driving a narrative that Black Americans and other people of color would be the primary communities hesitant to get the COVID-19 vaccine due to discrimination and a history of medical experimentation in these communities, Kaiser Family Foundation polling shows Black Americans are just as likely to want to get the COVID-19 vaccine as White Americans. And, in fact, among unvaccinated people, Hispanic adults report being twice as likely as White adults to want to get the vaccine.

So I am concerned that, despite being motivated to get the COVID-19 vaccine, access barriers are preventing people of color from getting vaccinated. And we know that Hispanics, for example, have the lowest vaccination rate, even though they have the highest infection rate and death rate than other communities. As a result, the vaccination rates in these communities are disproportionally -- way disproportionately -- lower than their White counterparts in the United States.

Dr. Gracia, in referencing the vaccination rate

disparities among Hispanic adults compared to White adults, you cautioned that "if we only look at the population as a whole, we may be missing significant barriers to access and information.''

So you have touched on some of those barriers already today. Could you further detail what barriers may specifically be preventing Black and Hispanic adults from getting the COVID-19, and what are some good, successful efforts that allow us to overcome those barriers?

*Dr. Gracia. Thank you, Congressman Ruiz. Yes, these are -- it is important, as you noted, with regards to the narrative that is being shared, and understanding that inequitable access can also drive these disparities in vaccination rates.

One of the things that we can see is that, when we prioritize and center equity with regards to the vaccine distribution, and allocation, and administration, and ensuring that the sites and locations are accessible, whether it is from the standpoint of the hours -- you know, that you have evening hours and weekend hours that are available, that the sites are trusted, community sites, where communities of color already seek their health services.

And we have seen an impact of that, for example, with regards to the community health centers that receive Federal funding, that, of the 10 million doses that they have given,

over 60 percent of the vaccine administration has been to people of color. And knowing that --

*Mr. Ruiz. Yes. You know, the initial phase of this vaccine really got the low-hanging fruit, and they did a first come, first served basis. That puts -- advantages those who have high speed Internet, those that have the educational capacity to navigate a complex system, those that have the flexibility from leaving work, and standing in line, or waiting on the phone for hours at a time. And it disadvantages rural, underserved communities who don't have those factors to benefit them.

So we need to shift now from that model to a grass root, community-based model, working with community health promoters, taking the vaccines to the people where they are at, with trusted individuals from the community.

And we also have to think how we can change our health care delivery system, because the status quo has resulted in these barriers and failures that have not focused on equity, but has promoted health disparities. And because of that, we need to use this new form of outreach into our health care delivery model, so we can address health disparities in general, so we don't find ourselves in this situation in the next pandemic.

And I ran out of time. And I appreciate you all being here.

*Ms. DeGette. Thank you so much. This completes the questioning from members of the subcommittee, but we are always happy to welcome members of the full committee to ask questions in these hearings. And we have two today. And so my first non-subcommittee member, but a wonderful member of the full committee that I will recognize for five minutes is Mr. Bilirakis, for five minutes.

*Mr. Bilirakis. Thank you very much, Madam Chair. I appreciate it very much. And I want to preface my comments by saying that I did get the vaccine, both doses. I had COVID in early January, but I chose to get the vaccine after the 90 days. And I have had a very positive experience.

However, this is for the panel, whoever would like to ask this question -- answer this question. Dr. Jay Carpenter, an internist in my district, has encountered young patients who have been vaccinated, young patients in their early twenties, who have suffered from myocarditis. So, again, let me pronounce it again, myocarditis, and the inflammation of the heart.

So has anyone experienced that, any of the experts? Have they seen this from, again, young adults in their twenties?

So who would like to reply to that?

Maybe we can get the -- you know, if it is applicable, the whole panel can apply -- reply, quickly.

Has anyone seen this?

*Ms. Pisani. I would say that it is such a rare -- it is such a rare reaction that there is still research taking place. And here in the U.S. we have amazing systems that oversee our safety, and so we have a vaccine adverse event reporting system, where everyone is encouraged, if they have any type of adverse event from a vaccine, they are to report it there. We have the Vaccine Safety Datalink. We have got the Clinical Immunization Safety Assessment System. I mean, there is just -- and there is new systems that were put in place, just for COVID, V-safe and the FDA's BEST system is working.

So there is a lot of different systems that are out there. And I do feel very confident that we will soon know if there is any type of need for any type of pause. And it makes me feel comfortable that there was a pause on J&J when it was requested.

*Mr. Bilirakis. Okay, anyone else? Anyone else want to comment? Have they experienced this, or heard about this?

I mean, it is very serious, and I would like to actually have Dr. Carpenter maybe contact you, and maybe elaborate more. Is -- was that okay? Would -- do you welcome that?

[No response.]

*Mr. Bilirakis. Okay, I --

*Dr. Gracia. Congressman, what I would just add to is

with regards to what we noted earlier, that what has been detected is not above the baseline of what we would detect with regards to cases of myocarditis.

So as Ms. Pisani noted, we are continuing to review that, and determine if there is actually any association, but there is --

*Mr. Bilirakis. Thank you --

*Dr. Gracia. -- at this time.

*Mr. Bilirakis. No, I appreciate that very much. And I understand. My chief of staff has been in direct contact with this particular physician, an internist, and apparently he has experienced this, his patients have experienced this more than once. So it is definitely worth looking into.

*Dr. Shelton. I would say we have not seen that locally, in our area, but certainly, as has been mentioned, the V-safe programs and other monitoring systems, we will continue to look toward those for any -- and report any side effects.

*Mr. Bilirakis. Thank you very much.

Dr. Omer, again, on this topic, given how much information is available, it can be difficult to know which sources of information you can trust. That is for sure, particularly with the Internet. How can one ensure that information they find about COVID-19 vaccines is accurate, and comes from critical -- credible sources?

*Dr. Omer. That is a really good question. So the general public can go to several reliable sources and -- such as, for the CDC, so the technical documentation from the CDC has been consistently reliable on this issue and others, as well.

The second thing is professional associations. So we have 20 years of research that shows that in this country there is a high level of trust in professional associations. For example, when it comes to pregnancy vaccination, American Congress -- American College of Obstetricians and Gynecologists. For pediatric vaccinations, American Academy of Pediatrics. They are highly -- not just trusted, but trustworthy entities, because they go through a very careful, deliberate process to evaluate the risk and benefit. So these are some of those sources that folks can go to.

And the third thing is that -- I have mentioned this national continued medical education program for physicians and providers, other providers. Just -- that is one of the reasons why we are doing this, so that, you know, primary care providers, frontline providers feel empowered to talk about vaccine efficacy and safety, and in a way that is evidence-based.

*Mr. Bilirakis. Okay, let me make a statement. I know, Madam Chair, my time is finished, but I recommend that our members communicate directly with their constituents. I have

had a town hall meeting, it was very successful, with experts, CDC and NIH, and they directly answered their questions.

I can't go any further, so I will submit the rest of my questions for the record. Thank you.

[The information follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. I thank the gentleman. And Mr. Carter, you are recognized for five minutes as our cleanup batter.

*Mr. Carter. Thank you, Madam Chair. I appreciate the opportunity to waive on, and I thank all of the witnesses. This is very important, very important for me.

I have a large minority population in my district, and it is very important. And I am very concerned, as a pharmacist and member of the Doctors Caucus, a health care professional. I went through the clinical trials myself, with the vaccine, to try to set a good example. And I am very concerned about that.

I want to start with you, Dr. Shelton, because I want to know -- you have mentioned in your testimony about the many communities that lack access to broadband Internet, or even to cell service. And we all know that that is a problem. We all know that they can't get to know -- or they don't know how to sign up for an appointment or get their COVID-19 vaccine. How can we address that?

How can we address these challenges that -- to make sure that these people that don't have access to Internet or cell service, or other kind of technologies, that it is not a barrier to them getting COVID-19 vaccines?

*Dr. Shelton. Well, certainly, providing broadband access is a long-term goal for many, and for our state, as well. Currently, though, it -- this lack of access does

hamper their ability to even ask their own questions, to find their own good information, and correct and true information.

So we have addressed this by, you know, a lot of people just call the health department, or call the pharmacy, or the health care provider. We have encouraged people to help their families, friends, neighbors who may not have access to try to access and sign them up, especially our elderly population, not as computer savvy, by taking the vaccines out into the community, and using our local radio stations or other media stations to allow people to know that there is, you know, vaccines coming, vaccines available.

But this doesn't help as much to answer the questions one on one. So we value those opportunities to speak with them, and encouraging them. This new move that we have now, where we can redistribute the vaccine in smaller increments to many more local providers will go a long way with helping people to access their local physicians, and having their local health care providers give them that one-on-one information.

Unfortunately, a lot of people who are not interested in the vaccine may not go to their health care provider regularly, anyway, or even have one. So we do have to continue to look at how we could best message in these areas.

*Mr. Carter. Thank you for mentioning the role of pharmacies, because 95 percent of all Americans live within 5

miles of a pharmacist. They are the most accessible health care professionals in America. So thank you for mentioning that, because that is very important, and certainly a big part of what we are trying to do here.

Dr. Omer, I wanted to ask you, according to the Kaiser Family Foundation, about 6 in 10 African-American adults and two-thirds of Hispanic and White adults now say they have either gotten the vaccine, or at least one shot of the vaccine, or they will get it as soon as they can.

At the same time, African-Americans and Hispanic adults remain somewhat more likely than White adults to wait and see, if you will, before getting vaccinated. What are -- Dr. Omer, in your experiences, what are the main concerns, the top concerns or questions that you have heard from minority populations about COVID-19 vaccine?

*Dr. Omer. That is a really good question. So the concern, the specific concerns, overlap significantly with the rest of the population. But they do, you know, sit on a bed of not-so-pleasant series of interactions with the health system, overall, not having sort of a health care home in certain situations, and some of the other structural barriers that were described earlier.

So the concerns overlap. For example, the concerns, questions about the process, the questions about -- that arise from certain rumors, people talking about risk and

benefit in certain sub-population, et cetera. But that is -- but they sit on this baseline of understandable mistrust in a lot of these situations.

*Mr. Carter. Well, thank you. And that is something -- and I tell you, that, to me, is difficult to get your arms around, and difficult for us to address that situation.

You know, we in the Doctors Caucus, we have done everything we can, and certainly done a lot to try to build up the confidence of people in the vaccine, and let them know that it is safe and effective. And, you know, yes, it was done quickly, but that is because we cut red tape. We didn't cut corners. And they need to be assured of that.

And I think that -- and I am real proud and -- to be a member of the Doctors Caucus, and proud of what we have done in the way of trying to encourage everyone, and bringing about, you know, the fact that it is safe and effective, and building up that confidence.

One more question, Dr. Gracia, just really quickly, you mentioned in your testimony about the real barriers and perceived barriers. What are -- what is the difference there, what are you talking about?

*Dr. Gracia. So, you know, real barriers, for example, if you simply don't have access, right, to a vaccination site, or if you, for example, don't have the Internet technology to be able to sign up for vaccine appointments

versus what might be a perceived barrier, for example, believing that there is costs associated with the vaccine, or that you might not -- or not knowing what the eligibility terms are with regards to the vaccine, it is really helping to clarify what are the barriers that an individual experiences, and helping them to address getting access to the vaccine.

*Mr. Carter. Great.

Well, this has been a great panel, Madam Chair, and thank you again for allowing me to waive on. And I will yield back.

*Ms. DeGette. I thank the gentleman, and I thank all of the members for an excellent hearing. Everybody's questions were very helpful. And I mostly want to thank our witnesses again, an extraordinarily informative and interesting hearing.

We, this subcommittee, we intend to continue our oversight over the vaccine distribution process. And we stand at the ready for all of you, our witnesses, to help in any way we can. So, as you get data for our researchers and our physicians, if you can let us know. And, if you can, please let us know what we can do to help you in your outreach efforts, as well.

And with that, I remind the members that, pursuant to committee rules, they have 10 business days to submit

additional questions for the record. And I would ask the witnesses, if you do get these questions, to please respond promptly to any of them that you may have.

[The information follows:]

**********COMMITTEE INSERT**********

*Ms. DeGette. Thank you again to all of you for appearing today.

And with that, the subcommittee is adjourned.

[Whereupon, at 1:38 p.m., the subcommittee was adjourned.]