



February 11, 2021

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The Honorable Frank Pallone Jr.
Chairman
House Committee on Energy & Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Pallone:

On behalf of The Leadership Conference on Civil and Human Rights, we write to share support for the inclusion of targeted funding for medically underserved communities and the Indian Health Service, in the House Energy & Commerce Committee's Budget Reconciliation Legislative Recommendations Relating to Public Health. [Access to health care is a human right](#), and the impact of [vaccine development and distribution](#) on equity, economic security, health outcomes, and civil rights are critical issues facing the communities we represent. We thank you for your continued advocacy and work to ensure that the next COVID relief package prioritizes and addresses critical health inequities that have been exacerbated during the COVID-19 pandemic and urge you to consider direct funding for community-based organizations to carry out testing, tracing, vaccination, and public outreach services is included in the final COVID relief package.

Since the beginning of the COVID-19 pandemic, people of color and Indigenous people in the United States have suffered the largest burden of illness, hospitalization and death from COVID-19. The Centers for Disease Control and Prevention (CDC) reports that American Indian/Alaska Native people are four times as likely as white people to be hospitalized for COVID-19, and that Black and Hispanic/Latino people are 2.8 times as likely to die of COVID-19 as white people¹. Additionally, rates of cases, hospitalizations, and deaths within the Asian American and Pacific Islander communities are notably higher than those of white people. Now, we are seeing alarming disparities in the rates of vaccinations.² In many cases, white people are getting vaccinated at three times the rate compared to Black people. As companies and health care entities widely distribute COVID-19 vaccines, the health and well-

¹ <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

² <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-covid-19-vaccinations-cases-deaths-race-ethnicity/>



being of frontline and essential workers, Black, Latino, Native American, Asian American, Native Hawaiian, and Pacific Islander communities, older adults, immigrants, people with limited English proficiency, people with disabilities, and LGBTQ individuals – the communities most affected by the virus – must be prioritized.

At the same time, long-standing challenges related to historical and continued discrimination, lack of consent, and medical racism have left many communities of color distrustful of vaccines and of the health care system which can lead to under-utilization of needed health care. Addressing vaccine hesitancy will be critical to ensuring that communities of color, who have been hit hardest by the virus, are prioritized for preventive treatment. The lack of trust and hesitancy that communities of color, specifically Black, Latino, Native American, Asian American, Native Hawaiian, and Pacific Islander communities, and the disability community, experience around vaccinations is reinforced by systemic racism in our health care system and discriminatory events that continue to this day. Immigrants may also have deep distrust in government institutions due to both their own experiences as well as a history of being villainized and targeted by government policies. Given the potential for hesitancy to rapidly undermine vaccination coverage in certain communities, it is important that entities responsible for the distribution of COVID-19 vaccines immediately take steps to understand and address the extent and nature of hesitancy at a local level, on a continuing basis.

As we grapple with COVID-19 vaccine distribution, it is also imperative that private and public agencies develop culturally and linguistically competent strategies to help build trust in the vaccine, including but not limited to, targeting investments in community-based organizations, not only as partners in public education but also to ensure regular, transparent responses to concerns around the distribution and safety of the vaccine. Communication and education will be key to combating hesitancy and this must include collaboration with and leadership by community partners and trusted health care providers.

While we are grateful to see that funding for public outreach campaigns related to COVID-19 vaccines, testing, contact tracing, and other mitigation efforts is included, The Leadership Conference urges you to include funding for direct grants to faith-based and community-based organizations to conduct testing, contact tracing, vaccinations, and public outreach in medically under-served communities, as outlined in the COVID Community Care Act.³ It requires that persons hired to conduct engagement have experience and relationships with the people living in the communities they serve which will be critical in ensuring that COVID testing, tracing, and vaccines are delivered through trusted messengers from the communities.

Thank you again for your continued efforts on this issue. The Leadership Conference on Civil and Human Rights supports the Energy and Commerce Committee's text, that would provide targeted relief for communities facing historic and system inequities who have been

³ <https://www.congress.gov/116/bills/hr8192/BILLS-116hr8192ih.pdf>



disproportionately impacted by the COVID-19 pandemic. If you have any questions, please contact Arielle Atherley, policy analyst, at atherley@civilrights.org.

Sincerely,



Wade Henderson
Interim President and CEO



LaShawn Warren
Executive Vice President for Government Affairs