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U.S. House of Representatives  
Committee on Energy and Commerce Subcommittee on Health

# **Road to Recovery: Ramping Up COVID-19 Vaccines, Testing, and Medical Supply Chain**

Testimony of Julie Morita, MD  
Executive Vice President,  
Robert Wood Johnson Foundation

## Hearing Testimony

**Julie Morita, MD**  
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Chairman Pallone, Ranking Member McMorris Rodgers, Chairwoman Eshoo, Ranking Member Guthrie, and Members of the subcommittee:

Thank you for the opportunity to testify. My name is Julie Morita. I am the executive vice president of the [Robert Wood Johnson Foundation](#), the nation’s largest health philanthropy, and I served on the COVID-19 Transition Advisory Board in my personal capacity. Previously, I served as: commissioner and chief medical officer of the Chicago Department of Public Health; an Epidemic Intelligence Service officer at the Centers for Disease Control and Prevention; and a member of the CDC’s Advisory Committee on Immunization Practices.

Our Foundation believes everyone deserves a fair and just opportunity to live the healthiest life possible. The pandemic—with more than 26 million Americans infected and 440,000 lives lost—illustrates the critical nature of our mission.

Vaccines offer real hope to eventually end the pandemic, but we must improve distribution by adhering to three fundamental principles: equity, accessibility, and coordination.

### **Equity**

We must begin with equity. People and communities of color are [disproportionately impacted](#) by COVID-19. These populations historically and currently face discrimination, marginalization, and neglect. As a result, they are more likely to be denied basic necessities like a living wage, health insurance, and paid leave.

The CDC [recommends](#) that frontline and essential workers—predominantly people of color—be among those prioritized for vaccination due to high exposure risk. But today the country is consumed with total allotments and weekly averages instead of whether shots are getting in the right arms.

We must course correct quickly. Our Foundation believes an [equitable response](#) to the pandemic starts with collecting and reporting all COVID-19-related data by race, ethnicity, and socioeconomic factors. Yet most states do not publish vaccine data that includes race and ethnicity. Among states that do, the share of vaccinations among Black people [lags](#) behind their share of cases and deaths.

We can no longer accept the [systemic racism](#) that drives these disparities. Congress and the administration should encourage and enable all states to vaccinate priority populations first and to report vaccine data by race, ethnicity, occupation, and neighborhood.

### **Accessibility**

Second, we must increase accessibility. Vaccines are only as effective as people’s ability to obtain them and willingness to take them.

Across our nation, those with means and privilege are increasingly getting vaccinated before those with the highest exposure risk. Necessities that some may take for granted—an Internet connection to make an appointment online; a car to drive to a large-scale vaccination site; the time it takes to navigate complex systems—are unaffordable for millions.

A fairer approach simplifies appointment systems and brings vaccines directly to priority populations. In Chicago, during the H1N1 pandemic, we partnered with pharmacies and federally qualified community health centers that provided care to the uninsured in neighborhoods with less access to healthcare providers. More than 700 locations in Chicago ultimately received more than one million H1N1 vaccines during a critical 12-week stretch.

We also established meaningful connections with trusted community partners to address vaccine hesitancy, which remains an issue today. More than one-quarter of Americans [report](#) they will not or likely will not get a COVID-19 vaccine. Notably, hesitancy rises to 1 in 3 among rural residents, Black adults, and essential workers.

Community groups, faith organizations, and other neighborhood pillars of trust play a pivotal role in helping people make appointments and understanding and addressing their concerns. Our Foundation is providing grant support to state and territorial health officials and community organizations to address vaccine hesitancy. As we await additional doses, funding and supporting critical local efforts will help us move to vaccine confidence and equitable distribution.

## **Coordination**

Third, the incredible complexity and urgency of this vaccine rollout requires coordination and illustrates the unique role of the federal government.

I'm proud of how Chicago handled H1N1, but we did not do it alone. CDC's clear guidance, additional funding, and technical assistance were invaluable. Without that support, our vaccine rollout would not have been as successful.

I'm encouraged that the administration—particularly Dr. Rochelle Walensky, the new CDC director—is committed to improving coordination at the federal level. Open lines of communication, increased transparency—such as more specific, accurate, and timely estimates of state allotments of vaccines—and [ramping up](#) our public health workforce will all help state and local health officials perform their heroic work.

## **Conclusion**

The Robert Wood Johnson Foundation is invested in creating a more equitable nation during this pandemic and beyond. In the short-term, America's ability to weather this crisis will require wearing masks, social distancing, washing hands, and additional support from Congress to help those hit hardest. Vaccines will eventually lead us to this pandemic's end, but saving the greatest number of lives will require a recommitment from all of us to equity, accessibility, and coordination in vaccine distribution and all facets of our response.

Thank you. I look forward to your questions.

## Testimony Addendum

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I respectfully request the following resources be submitted for the hearing record. These resources are either directly funded or supported by the Robert Wood Johnson Foundation or partners working in the public health and health equity space. A description of each resource and a link to the source follows.

### **Research**

**Anticipating COVID-19 Vaccination Challenges through Flu Vaccination Patterns.** The State Health Access Data Assistance Center released a brief examining flu vaccination rates as the closest possible analog to understanding how the implementation of a widespread coronavirus vaccination campaign will unfold. Key findings from the brief indicate that current flu vaccination rates fall far short of the needed targets to reach COVID-19 herd immunity goals not only among the overall population, but also across all subgroups, even those with the highest reported vaccinations (adults age 65 and older), and that vaccinating a sufficient share of the uninsured may pose serious challenges.

**COVID-19 and the Experiences of Populations at Greater Risk.** The COVID-19 and the Experiences of Populations at Greater Risk survey is a national poll measuring attitudes, views, and values toward health, equity, civic engagement, and systemic racism during COVID-19. Funded by the Robert Wood Johnson Foundation and conducted by the non-profit RAND Corporation, the survey found that less than half (42%) of respondents believe that systemic racism is one of the main reasons people of color have poorer health outcomes, despite well-documented racial health disparities. Black respondents are much more likely than white respondents to believe that systemic racism affects the health of people of color.

**Ensuring Access to the COVID-19 Vaccine for Adult Medicaid Enrollees: A Roadmap for States.** The State Health Access Data Assistance Center released a roadmap for states to assess their vaccine coverage policies in Medicaid, and, if necessary, to close any coverage gaps that might otherwise inhibit vaccine uptake during a crucial period of mass immunization.

**Ensuring Equity: State Strategies for Monitoring COVID-19 Vaccination Rates by Race and Other Priority Populations.** The State Health Access Data Assistance Center released an interactive map examining which states publicly report vaccine distribution by age, gender, race/ethnicity, provider type, and location (state vs. county). This data will help states break down and address inequities to ensure that those populations most affected by COVID-19 are able to receive equitable access to vaccines. The State Health Access Data Assistance Center also includes recommendations for states on collecting information about future COVID-19 vaccine administrations via survey data.

**For Most Workers, the Latest COVID-19 Vaccine Developments Won't Mean Protection Just Yet.** New research from the Urban Institute reveals that 57 million essential workers and workers in nonessential industries, many of whom must work in close proximity to others, will not receive the COVID-19 vaccine until production increases. Researchers at the Urban Institute detailed three steps communities and states can take now to protect these workers and reduce community transmission rates.

**How Risk of Exposure to the Coronavirus at Work Varies by Race and Ethnicity and How to Protect the Health and Well-Being of Workers and Their Families.** Researchers from the Urban Institute found that Black, Native American, and Hispanic/Latinx workers were more likely than white workers to have jobs that placed them at greater risk of exposure to and transmission of the coronavirus. They also found that Black, Native American, and Hispanic/Latinx workers who must work in person and close to others have lower incomes than white workers in these jobs and are less likely to have health insurance.

**The Impact of Coronavirus on Households Across America.** “The Impact of Coronavirus” poll series offers a national look at the problems emerging from the pandemic relating to household finances, jobs, health care, housing, transportation, caregiving, and well-being. Researchers interviewed 3,454 adults aged 18 or older across the United States. The series includes five reports examining: the impact nationwide, in four major cities, by race and ethnicity, in households with children, and in households in rural America. Some key findings include: at least 4 in 10 Latino, Black, and Native American households report using up all or most of their household savings during this time; more than 1 in 3 (36%) households with children face serious problems keeping their children’s education going; and, 43 percent of rural households report any adult household members have lost their jobs, been furloughed, or had wages or hours reduced since the start of the outbreak.

**Pandemics and Health Equity: Lessons Learned from the H1N1 Response in Los Angeles County.** An article in the journal of Public Health Management Practice, authored by Alonzo Plough, chief science officer, Robert Wood Johnson Foundation, focuses on the low demand and uptake of the H1N1 vaccine among African Americans in Los Angeles and makes the case that this was not unique to that city. The findings suggest that a national race/ethnicity reporting requirement may enhance early identification of health inequities in public health emergency response.

**Preemption, Public Health, and Equity in the Time of COVID-19.** As governments seek to address the myriad health, social, and economic consequences of COVID-19, an effective response requires coordination between state and local governments. This paper highlights how local leaders need flexibility and authority to respond to COVID-19 in ways that reflect local conditions—whether regarding stay-at-home orders, limits on gatherings, or the use of masks. However, there is a concerted effort to pass state laws that limit the ability of local leaders to protect their communities.

## Resources

**Advancing Equity in the Nation’s COVID-19 Public Health Response and Recovery: Options for a New Administration.** The George Washington University and the Georgia Health Policy Center released a paper which identifies the services that are essential to an equity-centric approach to the COVID-19 pandemic, as well as the infrastructure and workforce needed to ensure these services are available and have an equity focus. It reviews a set of administrative and legislative steps that the new presidential administration can take to strengthen the immediate response to the pandemic and address the long-term health and social needs the pandemic has exacerbated. Finally, it offers a strategy for “building back better” in the long term.

**ASTHO Bounce Forward.** The Bounce Forward initiative helps state public health leadership to advance equity by applying the lessons learned from the COVID-19 pandemic, specifically leveraging investments made during COVID-19 to support communities and address equity within the following areas: housing and the built environment; food systems and nutrition; children, families, and social supports; employment and economic security; education (K-12); and health care access.

**Center for Strategic and International Studies Panel on Vaccine Confidence and Misinformation.** CSIS released a series of recommendations to build trust and confidence in COVID-19 vaccines including the rapid launch of an independent panel on vaccines and

misinformation; innovations in reaching diverse and underserved populations with vaccines and other health and social services support; pledges and actions by mainstream media to improve the information climate related to vaccines; great activism by key social and economic sectors; and federal reform.

**COVID-19 Equitable Testing Strategy.** This strategy, created by Harris County Public Health in partnership with NACCHO, describes equitable testing approaches that are necessary to ensure quality testing services are available, accessible, and utilized by people and places at highest risk for severe health outcomes from COVID-19. For COVID-19's holistic equity solutions, HCPH created the T3 REO equity strategy (Testing, Contact Tracing; Vaccines and other Treatment; Health Supportive Resources; and Community Engagement and Outreach).

**Diversity Data Kids & The Child Opportunity Index.** The Childhood Opportunity Index measures and maps the quality of resources and conditions that matter for children to develop in a healthy way in the neighborhoods where they live. Dolores Acevedo-Garcia, PhD, project director, has highlighted the impact of the COVID-19 pandemic on [children](#) and [neighborhoods](#). Acevedo-Garcia notes that while children are less likely than adults to become ill with COVID-19, the impacts of the pandemic on children will be deep and long lasting. As it has with adults, COVID-19 will disproportionately hurt minority children, because we went into this crisis with very serious, long-standing inequities and higher vulnerability among Black, Hispanic, and Native American children. Both the health and the economic implications of COVID-19 are affecting and will continue to affect minority children disproportionately.

**Language of Vaccine Acceptance Poll and Vaccine Communication Tips.** The de Beaumont Foundation and Frank Luntz—in partnership with the American Public Health Association, the National Collaborative for Health Equity, and Resolve to Save Lives—conducted a nationwide poll in December 2020 which found that rural Americans, young Republicans, young Black Americans, and young women are among the least likely to get vaccinated. The poll revealed the urgent need for political and health leaders to adjust their messaging to improve confidence in COVID-19 vaccines.

**National Immigration Law Center's Resources Related to the COVID-19 Crisis and Consequences.** The National Immigration Law Center has released a series of resources to help immigrant communities understand their rights, the assistance they qualify for, access to testing and treatment, and other resources to keep immigrant families safe and healthy.

**US COVID Atlas.** The US COVID Atlas is an interactive, open-source data visualization tool connecting near real-time COVID-19 case, testing, and vaccination data with community indicators across U.S. counties and states. Updated daily, the Atlas shows how the virus has spread since the start of the pandemic including historical, persistent, and emerging statistical hotspots. It now also includes state-level vaccination data, as well as customizable features highlighting the impact of the pandemic on vulnerable communities.

## Opinion Pieces

**America's Last Line of Defense for a Safe Vaccine.** Co-authored by Julie Morita and Edward Belongia, this piece highlighted the importance of independent, expert advisory committees the FDA and the CDC rely on to ensure the approval and distribution of vaccines that are safe and effective. "If, in the days ahead, either of these independent bodies are sidelined, ignored or in any way circumvented, a red line will have been crossed, and the safety and/or efficacy of a coronavirus vaccine can reasonably be questioned." (*Scientific American*, 10/19/20)

**Pressure Won't Build Vaccine Trust.** Richard Besser, president & CEO, Robert Wood Johnson Foundation, asserted that in order to move from vaccine hesitancy to vaccine acceptance the

country must patiently and deliberately engage with tens of millions of Americans who have real questions and concerns about the coronavirus vaccine. (*ABCNews.com*, 12/13/20)

**We Need a Vaccine Distribution Plan—Right Now.** Julie Morita asserted that “the federal government must enable the CDC to take the lead in coordinating the nation’s COVID-19 vaccine planning. Without swift action and federal funding, existing health inequities will play out again in the distribution and uptake of a potential vaccine.” (*CNN*, 8/16/20)