



# WHITMAN-WALKER HEALTH

Mailing Address:

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July 1, 2021

The House Select Subcommittee on the Coronavirus Crisis  
Committee on Oversight and Reform  
U.S. House of Representatives  
Washington, DC 20515

Re: Coronavirus Vaccine Hesitancy

To the Select Subcommittee on the Coronavirus Crisis:

Greetings from our care team at Whitman-Walker Health. Whitman-Walker provides whole-person health care services including primary medical care, behavioral health care and substance use treatment, dental care, and a range of health-related legal and support services. We are experts in LGBTQ health and HIV, and we care for more than 20,000 individuals and families annually in the greater Washington, DC metropolitan region. Founded in 1978, with roots in 1973, Whitman-Walker Health was a first responder to the AIDS epidemic here in DC.

At Whitman-Walker Health, nearly 15 percent of our patients identify as Transgender. More than 42 percent of our patients identify as lesbian, gay, bisexual, pansexual or elsewhere on the sexual orientation spectrum. Nearly one-third of our patient population identifies as Black or African American and nearly one-third identifies as white. Nearly 20 percent of our patients identify as Hispanic or Latine. Nearly 70 percent of our patients are Washington, DC residents. About 64 percent of our patients have an annual income of \$30,000 or less and about 40 percent of our patients are enrolled in public insurance through expanded Medicaid under the Affordable Care Act.

Whitman-Walker has conducted clinical research trials since 1987, studying nearly every HIV and Hepatitis C treatment available on the market today. We partner with other LGBTQ-serving health care and research centers across the U.S. in the *We Count Collaborative* to study the impact of COVID-19 on our patients. In U.S.-based studies, study participants are disproportionately non-Hispanic white men with higher education levels and household incomes<sup>1</sup>. On average, less than 30 percent of clinical trial participants are of a racial or ethnic minority<sup>2</sup>. In contrast, 49 percent of Whitman-Walker's research participants are people of color.

Additionally, many Whitman-Walker research participants identify as LGBTQ (at 70 percent), and 7 percent are transgender or gender expansive. Among the women in our research program, 90.7 percent are women of color, 27.8 percent are LGBTQ+, and 32.5 percent are transgender and gender expansive.

Today as a COVID-19 first responder who now provides COVID-19 vaccines, we are experiencing instances of vaccine hesitancy that mirror what other providers across the United States are experiencing. Patients are skeptical. For folks who have not experienced COVID-19 – whether through a close death, a loved one being diagnosed with COVID-19 or acquiring it themselves – they are not worried about COVID-19 personally impacting them. Sometimes people feel that they have survived this long without a vaccine. Why do they need to get vaccinated now?

As a major provider of care for LGBTQ communities, and both young and aging people who are living with HIV here in Washington, DC, we heard questions specific to the needs of our LGBTQ patients, like "Will the vaccine affect my hormone replacement therapy?" We also heard "How will the vaccine affect my HIV treatment, and why is there no vaccine for HIV yet?" as well as "I'm undocumented and I'm scared to go get a vaccine." At other times, patients cited that the vaccine came out too quickly. Or that they are waiting to see what happens. For example, some patients ask, "What are the longer-term side effects that we have not had enough time to study?"

More times than not, we hear the lingering effects of generational medical mistrust. We hear of the stories passed down through families and mentions of unethical experiments like the Tuskegee study here in the U.S. We hear many valid reasons for why people are hesitant to go to the doctor's office – with or without the COVID-19 pandemic as a global backdrop. The need for inoculation as a means of survival is not a strong enough persuader to undo the many years of unethical medicine practiced within the health care field. Historically, this unethical practice has been specifically directed toward Black, Brown, Indigenous and marginalized communities.<sup>3</sup>

To address this deeply rooted mistrust, our teams work to stay connected with our patients, address their questions with respect and care, and give them as many options and as much information as we have available. Whitman-Walker Health has called, texted, and messaged patients repeatedly to encourage them to schedule vaccination appointments. Early on, we learned that sharing what vaccines we had available, and offering patients their choice of vaccine, increased their likelihood of scheduling a vaccination appointment. This coupled with consistent outreach has helped us to get more community members vaccinated.

As vaccine uptake slowed, we began re-opening our routine care appointments to patients for whom we had delayed non-urgent care during the height of the COVID-19 pandemic. During these non-urgent and non-COVID-19 related appointments, we began to offer patients COVID-19 vaccines – just like how other routine vaccines are disseminated. These in-person appointments created unique opportunities to communicate the importance, safety, and effectiveness of COVID-19 vaccines.

Within these spaces, if our patient felt that their identities were reflected in their care provider – whether in that provider’s race, cultural background or sexual orientation, the uptick in vaccination was even greater. Patients trust providers who look like them and who may better understand their unique experiences. In-person appointments also provided a space to communicate the trust we could place in the decades-long research that led to these fast and effective COVID-19 vaccines.

Through our community health team, we have hosted social media conversations about the available COVID-19 vaccines, the history of medical mistrust, unethical practices in research, and how life-saving research today cannot move forward without input from community-led advisory boards.

At Whitman-Walker, we understand the importance of engaging diverse clinical research participants. Diverse participants support the development of strong community advisory boards, community input and community trust in the clinical research field. We urge other research practitioners to set inclusive enrollment goals to help counteract underrepresentation and mistrust in clinical research today – just as we do at the Whitman-Walker Institute.

In measuring the impacts of COVID-19 and trends in vaccination rates amongst our patient population, it has been difficult to get a true measure on how LGBTQ communities compare to other populations without nationally standardized data collection requirements. However, as the CDC shared in February 2021, LGB communities have been at increased risk for COVID-19 illness. Our Whitman-Walker Institute’s policy teams, along with other LGBTQ care providers and policymakers, have advocated for the collection of sexual orientation and gender identity data in COVID-19 data efforts since Spring 2020. Collectively, we recommend adding screening questions to health care and federal data collection forms that account for sexual orientation, gender identity, sex assigned at birth and whether people identify as transgender. This will help to paint a true picture of health care disparities in the United States.

As a collaborative of LGBTQ health-focused organizations, Whitman-Walker Institute and partners are pooling our data to study the impacts of COVID-19 on LGBTQ communities and to make policy recommendations around inclusive data collection. As a best practice, at Whitman-Walker Health we track sexual orientation and gender identity data in all areas of our care operations.

To date, of the patients that we have vaccinated, more than 90 percent are fully vaccinated. Of our fully and partially vaccinated patients, about 11 percent identify as transgender or gender expansive. About 40 percent of our vaccinated patients identify as lesbian, gay or bisexual. Among our LGBTQ+ patients, both the vaccination rates and counts have largely trended upward over time and are in alignment with our general patient population data.

Of note, more than 50 percent of our daily COVID-19 vaccinations are administered to patients who identify as Black or African American, Latine, or who reside in Wards 7 and 8 in Washington, DC.

These Wards are known nationally to be food and health care deserts and have shown higher rates of COVID-19, Black maternal mortality and other infectious diseases like HIV. Whitman-Walker has provided care to communities in Wards 7 and 8 through our Max Robinson Center in Ward 8 for nearly 30 years and will continue to do so through a new 116,000-square-foot health center coming to Ward 8 in 2023.

With vaccine hesitancy, the absolute counts of our vaccine administration have declined over time. However, the proportion of COVID-19 vaccines given to priority populations for inoculation remain high and have even increased at Whitman-Walker. We intentionally design our vaccine clinic with an equity lens and adjust our efforts to meet the needs of our priority populations as the pandemic continues to develop.

Our patients are our guides for how we deliver care. After setting up our COVID-19 vaccine clinics and consistently evolving our vaccine delivery models, we have heard feedback such as “I am pleased [Whitman-Walker] reached out to me so that I could get vaccinated.” We have heard “I went in [for the COVID-19 vaccine] very nervous. The staff was very kind and professional, I left the clinic happy and hopeful.” We have even heard excitement from patients about getting their second dose with comments like “I feel great and relieved to have gotten the first vaccine and look forward to [returning] for the second.” Finally, we have heard comments like the following: “Thank you so much for the opportunity to receive the COVID-19 vaccination, you have made the experience so easy for this 72-year-old man.”

In 2021, 98 percent of our vaccinated patients would recommend others get their COVID-19 vaccine at Whitman-Walker Health and 99 percent of our vaccinated patients were satisfied getting their COVID-19 vaccine at Whitman-Walker.

At Whitman-Walker, we adjust our vaccination outreach efforts based on the story our data – inclusive of sexual orientation and gender identity data – tells us. With our mobile HIV testing van getting back into visiting communities around Washington, DC, we share information and help people get scheduled for COVID-19 vaccine appointments. We offered COVID-19 vaccines at Pride in the nation’s capital. We continue to host social media conversations on the latest COVID-19 developments and we continue to contact our patients via phone, email, and text. Finally, we continue to offer COVID-19 vaccine information and inoculation at already scheduled care appointments. These efforts, paired with funding opportunities from Congress and legislation like H.R. 1319 – the American Rescue Plan Act of 2021, have helped our care teams to vaccinate more of our patients. Thank you to our representatives and members of Congress for this support through funds.

This is a small window into what we at Whitman-Walker Health are facing with vaccine hesitancy and how we are working to address it. By acknowledging the history of unethical research, practicing compassion, collecting data on sexual orientation and gender identity, educating communities on vaccines, reflecting our patients in our workforce, and pivoting our care models to be more effective, we are slowly and surely vaccinating more individuals.

Thank you for your continued work in navigating this unprecedented pandemic. As you consider this issue, if you have any questions or comments, please feel free to contact me at [nshafi@whitman-walker.org](mailto:nshafi@whitman-walker.org) or 202-797-3572.

Sincerely,

A handwritten signature in black ink that reads "Naseema Shafi". The signature is written in a cursive style with a large initial 'N'.

Naseema Shafi  
CEO, Whitman-Walker Health