

June 28, 2021

The Honorable James E. Clyburn
Chairman
Select Subcommittee on the Coronavirus Crisis
2157 Rayburn House Office Building
Washington, DC 20515

The Honorable Steve Scalise
Ranking Member
Select Subcommittee on the Coronavirus Crisis
2105 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Clyburn and Ranking Member Scalise:

The American Medical Association (AMA) appreciates the opportunity to submit a letter for the record to U.S. House Select Subcommittee on the Coronavirus Crisis as part of its July 1, 2021 hybrid hearing entitled, “Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy.” As the largest professional association for physicians and medical students, and the umbrella organization for state and national specialty medical societies, the AMA and our members have been, and continue to be, strongly engaged and committed to confronting and ending the unprecedented COVID-19 pandemic and ensuring that as many people as possible are vaccinated against COVID-19 (SARS-CoV-2). We commend the Select Subcommittee for holding this important hearing to examine barriers to a successful vaccination campaign and how to overcome them, as well as lessons learned from this pandemic that will better prepare us for future vaccination activities related to COVID-19 and other public health threats.

Introduction

The United States is at a critical juncture in its battle against the COVID-19 pandemic. While there has been a sharp decline in new infections and deaths, over 600,000 Americans are known to have died from COVID-19, and people are still dying from the virus and related complications, particularly in certain parts of the country and among certain population groups. COVID-19 remains a very serious threat, yet much has changed in the last few months to give us hope that the worst of the pandemic may be behind us. According to the [most recent data](#) from the Centers for Disease Control and Prevention (CDC), more than 57 percent of the adult (age 18 or over) population is fully vaccinated and 66.1 percent have received at least one vaccine shot, although there are stark racial and ethnic inequities in rates of vaccination as well as regional differences. But, in order to maintain this momentum and finally bring an end to this pandemic, we need to work to get as many people as possible vaccinated against the virus. Physicians play a critical role as vaccine ambassadors for their patients, and surveys show that even when people have a general distrust of medicine at-large, they tend to trust their personal physicians.

Large numbers of the population remain unvaccinated and are hesitant to receive the shot for personal, religious, or political reasons or due to vaccine access issues. The supply of vaccine is now outpacing demand in many areas of the U.S., particularly in the South and Midwest, even with the Administration’s push to vaccinate at least 70 percent of adults by July 4. While at one point in mid-April more than three million people received a vaccine every day, vaccinations had decreased to only about 1.2 million daily as of early June. Enough Americans are reluctant to get the vaccine that it may be difficult to reach a level of immunity in certain communities, which would prevent illness and death from being limited and from

such communities being able to fully move on from COVID-era restrictions. This is especially concerning given the continued spread of variants, such as the highly transmissible “Delta” variant first identified in India. The [Delta variant](#) is quickly becoming the predominant variant in many countries and the CDC has predicted it will make up 20.6% of all cases in the U.S. for the 2-week period ending June 19, 2021; as an illustration of how quickly it is spreading, on May 22, the variant made up only 2.7 percent of cases. The CDC also now designated Delta as a variant of concern, which means the agency officially recognizes that the variant may carry a risk of more severe illness and transmissibility. In addition to Delta, the CDC has noted five other variants of concern.

The rapid rise of the Delta variant in the United Kingdom—where it now accounts for 90 percent of cases—has slowed that nation’s reopening efforts by four or five weeks and should serve as a warning to other countries. At the same time, other parts of the world are experiencing their worst COVID-19 surges yet, and in addition to issues accessing COVID-19 vaccines in many countries, a [recent Gallup poll](#) showed that 1.3 billion people or 32 percent of adults worldwide are unwilling to get vaccinated. Until more people in the U.S and around the world are fully vaccinated, especially as international travel increases this summer, the global pandemic will be far from over.

Vaccine Hesitancy and Refusal

Unfortunately, there has been increasing vaccine refusal and hesitancy over the past several years in the U.S. In many cases, this lack of confidence has surrounded established vaccines despite long track records of safe and effective use in the population. With vaccine hesitancy on the rise, as well as the ongoing spread of medical misinformation and disinformation related to COVID-19, it should not be surprising that there has been, and continues to be, even greater concern regarding the safety and efficacy of a vaccine developed through “Operation Warp Speed” in a much shorter time frame than has usually been the case for past vaccines.

Moreover, trust in scientific institutions, public health, and health professionals has been seriously eroded, especially throughout the course of the pandemic, and this has spilled over to fear of the vaccines and potential side effects. There are several reasons for this, including the spread of misinformation and disinformation and conspiracy theories, particularly by social media, and the politicization of COVID-19 and COVID-19 vaccines. Black Americans, for example, report lower levels of trust in the health care system, a result of historical abuses such as the Tuskegee study (in which Black people were experimented on without their consent), but also day-to-day discrimination they often experience during health care encounters. However, vaccine confidence has grown since February [among Black adults](#), with about 14 percent more saying in May that they already had been vaccinated or planned on being vaccinated.

Among the most challenging issues to address is that the highly partisan nature of the nation’s politics has spread to many aspects of interpersonal discourse, including the highly politicized debate over COVID-19 vaccines. According to the [Kaiser Family Foundation](#), hesitancy is the highest among some Republicans, specifically men, who have questioned the severity of the COVID-19 pandemic and have significant doubts and concerns about vaccination, and who have expressed unease about government mandates of vaccines and personal liberties/freedoms. In addition, White evangelicals, who have similar concerns and doubts but also are concerned about rumors of the use of fetal tissue in vaccines, are among the most reluctant; a March poll by the nonprofit [Public Religion Research Institute](#) found that White evangelicals ranked highest among those who are religious and refusing to get vaccinated. Only 45 percent of White evangelicals said they would get the vaccine, the second-lowest acceptance of any religious affiliation

behind Latino Protestant groups. Another reluctant group is young adults, who do not believe they are susceptible to COVID-19 or that it poses a risk to them and are the most likely group to engage in behaviors that result in high rates of transmission. With the rise in the Delta variant, it is critical that this group is vaccinated. Women in this group are also more susceptible to false information regarding vaccine impact on menstruation and fertility, as well as concerns regarding pediatric vaccinations.

While it is beyond the scope of this hearing and not the intent of the AMA to engage in a First Amendment debate, the role of social media in allowing misinformation/disinformation to spread rapidly and unchecked must be acknowledged. This allows medical misinformation to be conveyed as real news. While social media has the potential to help provide accurate, evidence-informed health information, during the pandemic it has contributed significantly to vaccine hesitancy with very little being done, until recently, to combat the spread of blatantly false information. This has done tremendous damage to vaccine confidence in certain groups, such as women of child-bearing years—for example, rumors about vaccines impacting fertility have been rampant and difficult to overcome. In December 2020, the AMA [wrote](#) to the chief executive officers of leading technology companies, urging them to guard against disinformation that could derail the vaccination campaign and to remain vigilant against the proliferation of unintentional misinformation and purposeful disinformation on their platforms. The AMA further stressed how important it is for social media platforms to share timely, transparent, and accurate information about COVID-19 vaccines from public health institutions like the U.S. Food and Drug Administration (FDA) and the CDC that are rooted in science and evidence.

At the AMA's policy meeting this month, the AMA adopted new policy to address misinformation on social media. The House of Delegates directed the AMA to:

- Encourage social media companies and organizations to further strengthen their content-moderation policies related to medical and public health misinformation, including enhanced content monitoring, augmentation of recommendation engines focused on false information, and stronger integration of verified health information.
- Encourage social media companies and organizations to recognize the spread of medical and public health misinformation over dissemination networks and collaborate with relevant stakeholders to address this problem as appropriate, including but not limited to altering underlying network dynamics or redesigning platform algorithms.
- Support the dissemination of accurate medical and public health information by public health organizations and health-policy experts.
- Work with public health agencies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information.

Delegates also modified existing policy that calls on the AMA to support COVID-19 vaccination and information programs. According to the amended policy, the AMA will educate the public about up-to-date, evidence-based information regarding COVID-19 and associated infections, as well as the safety and efficacy of COVID-19 vaccines, by countering misinformation and building public confidence. Moreover, the AMA will educate physicians and other health care professionals on ways to disseminate accurate information and methods to combat medical misinformation online.

Vaccine Access Issues

Concern over access, especially equitable distribution and availability, to the COVID-19 vaccines has been a top AMA concern since the vaccines received FDA emergency use approvals. Preventing racial disparities in the uptake of COVID-19 vaccines has been, and continues to be, critical to mitigate the disproportionate impacts of the virus for people of color and prevent widening racial health disparities going forward. According to Thomas R. Frieden, MD, MPH, former director of the CDC during the Obama Administration, [the biggest impediment](#) to getting more people fully vaccinated for COVID-19 is access, not vaccine hesitancy. During an episode of the “AMA COVID-19 Update” examining vaccine hesitancy and the role of politics at the end of May, Dr. Frieden stated, “Most of the people who are not yet vaccinated aren’t strongly opposed to being vaccinated. They just haven’t had the vaccine be as convenient as it should be.” He stressed that providing easier access to vaccines “means walk-in hours. That means easy locations, easy hours, supporting transportation and setting up pop-up sites outside of everywhere, from ballgames to bars to bowling alleys to shopping centers. We need to make it the default choice, basically, to get a vaccine.” The AMA strongly agrees. We must ensure that communities struggling with access are met where they are. These communities need local solutions and partnerships with local leaders to find the best possible strategies to bringing vaccinations to communities struggling with access.

Some communities have been falsely accused of driving vaccine hesitancy, when easy access to vaccines, lack of transportation to vaccine sites, and concerns about issues such as unpaid time off for vaccination are driving lower rates of vaccination. Health care services are not as easily accessible in many communities of color. These communities also struggle with being able to find time to both get vaccinated and recover from any potential side-effects of the vaccine. Taking time off work to get vaccinated can result in lost jobs or pay for many, which makes getting vaccinated difficult and has led to many individuals deciding not to get vaccinated. According to a recent [issue brief](#), “Latest Data on COVID-19 Vaccinations by Race/Ethnicity,” by the Kaiser Family Foundation, Black and Hispanic people have received smaller shares of vaccinations compared to their shares of cases and compared to their shares of the total population in most states. The share of vaccinations received by Black people also continues to be smaller than their share of deaths in most states and the share of vaccinations received by Hispanic people is similar to or higher than their share of deaths in most reporting states, although in some states it continues to be lower. For example, in California, only 29 percent of vaccinations have gone to Hispanic people, while they account for 63 percent of cases, 48 percent of deaths, and 40 percent of the total population in the state. Similarly, in the District of Columbia, Black people have received 41 percent of vaccinations, while they make up 56 percent of cases, 71 percent of deaths, and 46 percent of the total population.

Rural communities also lag behind urban areas in vaccination rates. These communities frequently lack easy access to health care. Since they have higher proportions of uninsured and those with comorbidities, leading to higher risks of morbidity and mortality from COVID-19, it is essential to ensure they are vaccinated. Rural areas in the Southern U.S. are particularly at risk, especially since the Delta variant is about [12 to 14 percent of cases in the South](#), higher than the national average.

AMA Activities to Encourage Vaccination

The AMA and its physician and medical student members, as well as its partners in medical specialty and state societies, have worked tirelessly during the pandemic to educate physicians, their patients, and the public about the safety of the COVID-19 vaccines, dispelling myths and misinformation about the

vaccines, and building confidence in patients' willingness to get a vaccination. Physicians remain one of the most trusted sources of information for patients on COVID-19 vaccines and it is critical to continue to involve physicians in this work and ensure physicians are able to vaccinate potentially hesitant patients. It makes a big difference to be able to talk to patients face-to-face about their vaccine concerns and answer questions and be able to vaccinate them while they are on-site in the office for an appointment. That is why we have urged, and continue to urge, that vaccines be distributed to physician offices. Physicians are leading by example, with a recent [survey](#) among practicing physicians conducted by the AMA showing that more than 96 percent of surveyed U.S. physicians have been fully vaccinated for COVID-19, with no significant difference in vaccination rates across regions. Of the physicians who are not yet vaccinated, an additional 45 percent do plan to get vaccinated.

More specifically, the AMA has developed dozens of resources free on our website, including the flagship *Journal of the American Medical Association (JAMA)* website to ensure physicians have a clear understanding of the COVID-19 vaccines, including the development process and the safety and efficacy data underlying them so they are prepared to discuss this with their patients. The AMA also strongly encouraged federal officials to be as transparent as possible throughout the vaccine development process, to explain the key steps, and to share the vaccine trial data, and we continue to provide updates on a regular basis, including through the [COVID-19 \(2019 novel coronavirus\) Resource Center for Physicians](#) on the AMA website. We also developed extensive frequently-asked-questions documents on COVID-19 vaccination covering safety, allocation and distribution, administration and more. There are three FAQs documents, one designed to answer [patients' questions](#), another to address [physicians' COVID-19 vaccine questions](#) and a third to address [physicians' clinical concerns](#). The AMA also launched a free AMA webinar series specifically for physicians called [What Physicians Need to Know](#) that aims to gain fact-based insights from the nation's highest-ranking subject matter experts, including from the FDA and CDC. The most recent episode focused on vaccine misinformation. The AMA recently joined other leading organizations and corporations in a national campaign with the Ad Council and the COVID Collaborative, which are leading a massive communications effort to educate the American public and build confidence around the COVID-19 vaccines. [The COVID-19 Vaccine Education Initiative](#) is designed to reach different audiences, including communities of color who have been disproportionately affected by COVID-19.

The AMA is also encouraging all state and medical specialty members to help involve their members in efforts to increase COVID-19 vaccination rates and ensure COVID-19 vaccination is equitable. The AMA has partnered with [Made to Save](#), a national organizing campaign working closely with the Biden Administration to help increase vaccine equity and access in communities of color. Made to Save has identified individuals most likely not to be vaccinated and is asking for assistance in reaching those people through a number of events for health care providers. These upcoming events include "Housecalls," a phone banking opportunity where physicians and other health care providers are invited to call people in key communities to listen to their concerns, answer any questions, and help them get their shots. Made to Save is also sponsoring "Ask Me Anything about COVID-19," where physicians and health care providers participate in one-on-one conversations in their community about vaccination.

Lessons Learned

There have been many lessons learned throughout the pandemic, especially about the importance of open communication, information sharing, and targeted messaging, particularly focused on specific populations and communities. Whether for medical, political, religious, or other personal reasons, all vaccine-hesitant groups need to be engaged to reach a common understanding of why these vaccines are important—not

only for the health of individuals and their families, but for the health of the country. Physicians have more work to do to reach all communities with a clear and consistent message: that the vaccines for COVID-19 are safe, they are effective, and that they have followed the same rigorous scientific process that every vaccine does before it reaches the public. In addition, specific messages and initiatives need to be geared to different populations and communities: what works for one individual or in one community may not work for a different individual or in another community. Physicians have played a critical role throughout the COVID-19 vaccination campaign and will continue to have a leading role as vaccine ambassadors in educating their patients and communities about why they should get vaccinated.

The AMA believes the following lessons learned are critical to move beyond this pandemic and be able to address the next one:

- Transparency and early information sharing from government officials is critical, based upon evidence and science rather than politics.
- Trust must be restored in science, scientists, and public health professionals—public health officials need to be empowered to communicate clear, consistent, and credible evidence-based public health information to the public.
- The spread of misinformation and disinformation, especially from online sources, must be addressed.
- Private physicians need to be involved as partners early in all phases of a vaccination campaign, including planning and implementation.
- Increased federal, state, and local funding is needed to modernize the nation’s public health data systems to improve the quality and timeliness of data and support electronic case reporting, which alleviates the burden of case reporting on physicians through the automatic generation and transmission of case reports from electronic health records to public health agencies for review and action in accordance with applicable health care privacy and public health reporting laws.
- Public health preparedness and response must be bolstered, including surveillance systems, preparedness and response efforts, and leadership capabilities of public health agencies. Public health agencies will need considerable support to maintain core public health activities: detecting and investigating cases, identifying underlying causes and etiologies, assessing the needs of vulnerable communities, communicating with the public, collecting data and developing comprehensive plans with stakeholders to enact actions for mitigation, preparedness, response, and recovery.
- Communities of color and underserved communities should receive early intervention in any future pandemic and vaccination campaign, given their disproportionate lack of access to health care.

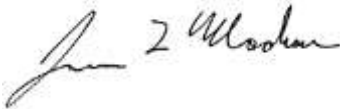
Conclusion

The United States is emerging from the most serious public health crisis we have faced in a century, but much work remains to be done before the pandemic can be declared over or no longer a threat. It will take all of us—government, physicians and other health care professionals, communities, individuals—working together to get as many people vaccinated as soon as possible. Widespread access to accurate,

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evidence-based information that is grounded in science is key to our success. The AMA and our members are strongly committed to ending this global pandemic and to fighting medical misinformation. The AMA looks forward to working with members of this Subcommittee and your colleagues to advance these critical goals.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD