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Vaccine Hesitancy Hearing Testimony

Thank you so much Chairman Clyburn and Ranking Member Scalise for the opportunity to testify at this incredibly important and timely hearing. The increasing spread of the delta variant makes this conversation all the more urgent.

We must first acknowledge that vaccine hesitancy is at the forefront of our minds due to the global pandemic, but it has increasingly been an issue for decades, with the US almost losing our measles eradication status in the year prior to our discovery of SARS-CoV2. The COVID-19 pandemic is but the latest example of how our efforts to address overall vaccine hesitancy must improve, if we hope to achieve a healthy population, and a healthy economy.

As a country we mustn't spike the ball at the one-yard line, but we absolutely should acknowledge the incredible effort that our federal, state, territorial, and local public health departments have done and continue to do to get 54% of the US population vaccinated with one dose and 46% fully vaccinated (153.8 million people). We certainly want to reach the remaining 54% but we need to acknowledge the magnificence of this moment and shine a light on the progress the public health enterprise has made.

I want to acknowledge and applaud your use of the phrase "vaccine hesitancy," because that's truly what most of our focus needs to be on. I never use the phrase anti-vax, as it more often than not mischaracterizes and demonizes people. There are a small (albeit vocal) contingent who are what I call vaccine "resistant," but most unvaccinated people are truly open to the idea of vaccination. These individuals simply have questions or barriers that when addressed with compassion and patience, can often be overcome. I frequently say that the more people know that we care, the more they will care about what we know.

It is also important that we establish a common understanding of the concept of community or "herd" immunity. Many have said or inferred that we need 70- 80% of the country to be vaccinated in order to feel and be safe. However we must acknowledge that there is some protection – though it is variable both in duration, and in efficacy against variants- afforded by prior infection. Herd immunity is about having enough people with sufficient immunity- by vaccination and/or prior infection- to stop disease spread. In other words, we can achieve enough protection to contain covid outbreaks at a number less than 70%-80% of all people in the United States vaccinated.

We must also admit there is a strong possibility that we will never achieve over 70% vaccination rates across the entire country, as that is far above the rates we've achieved for most any adult vaccine in history. What we need to focus on in my opinion is defining "micro-herds," and striving to achieve sufficient overall protection through vaccination and other protective measures such as masking, ventilation, and distancing within those smaller communities- because that's where outbreaks start. Your "herd" could be your church, your worksite, the group of neighbors you gather with, or even and especially your family. The more these smaller herds achieve 70% plus vaccination rates within their groups, the less necessary more onerous protective measures like masking will be, and the less likely the virus and variants will find quarter to spread within the larger population.

Moving on to populations and interventions, perhaps the most important lesson you should take from this hearing is that we absolutely need to change our strategy from broad mass vaccination campaigns to more focused education and engagement geared towards much smaller groups and individuals. We are well past the days of vaccine eagerness, where you could simply set up at the local football stadium or fairgrounds and expect people to drive there and wait in line for a vaccine. Many populations and people have lower than average vaccinations rates, for a myriad of reasons. Many African Americans have a distrust of government based on past and current experiences of racially based bias and harm. Latinx populations are often eager to get vaccinated, yet worry about possible legal and immigration issues. Rural populations may be hesitant because they haven't experienced prior surges and harm of the virus in the same way as urban populations, and therefore don't view the upside of vaccination in the same way. We know males are less likely than females to get vaccinated, younger people are more likely than older people, and certain religious groups have concerns more than others.

One way of parsing vaccine hesitancy that I believe is absolutely unhelpful in terms of engagement is to do so by political affiliation. Certain regions of the country are clearly less inclined to be vaccinated against COVID-19- and for an array of other diseases- but they are also less likely on average to wear seatbelts, get cancer screenings, be diagnosed for diabetes, or to demonstrate uptake of a multitude of preventative health measures. While many of those regions are politically conservative, I've never heard anyone say the reason they won't wear a seatbelt, or go the doctor or get a vaccine, is because they are a Republican. What they will tell you is that like other populations mentioned above, they may have reasons to mistrust the health care system, or to question a government intervention, or to weigh the risk to benefit ratio of a particular measure differently. Pointing out that those concerns correlate with political affiliation doesn't mean the affiliation caused the hesitancy. More importantly, there's not an ounce of evidence that focusing on political affiliation as a reason for vaccine hesitancy- especially when it comes with a heaping helping of shame and blame- does anything other than force people to dig in further, or push them away. In other words, this focus has the exact opposite effect of building trust and reducing hesitancy.

My conversations with community, public health, and healthcare organizations and groups have revealed a number of strategies to combat vaccine hesitancy which I'd invite the Select Committee to consider.

1) Make the conversation about more than just COVID.

The CDC states Americans are behind where we need to be not just on COVID vaccines, but also on most every other recommended vaccination. Even beyond those other vaccinations, Americans are behind on annual check ups, cancer screenings, oral health visits, and all other preventive care. If we focus on addressing and improving people's overall health vs just trying to get them to take a vaccine that they are skeptical of, it makes it easier to start a conversation and build trust. A campaign encouraging (and funding) a health checkup for America, and/or supporting health coaches, could save lives well beyond covid.

2) Recognize and address continuing access issues as a matter of health equity.

Approaching this work through an equity lens supports vaccine efforts, because if someone is even slightly hesitant, even a single obstacle in trying to access a vaccine, is one more reason to say "no." Despite a common belief that covid vaccines are now "everywhere," there remain perceived and real access issues for many communities. Are clinics open when all people can go? Are individuals able to understand the language spoken at the vaccination site? Some still fear cost, as many vaccine sites ask if you have insurance coverage. Distance and ease of access

remain a problem -even with the generosity of ride share programs. Are already hesitant people really going to call and wait on an Uber or Lyft to go get a vaccine? We need to support mobile units that go neighborhood to neighborhood or even door to door in at risk communities. Childcare -both during and after vaccination (eg if having vaccine side effects)- is a concern for many, as is the lack of paid time off. Many – especially those in the gig economy- are not hesitant about the vaccine itself, but very much fear having to miss work after a vaccination. We must find a way to provide directed funding or other relevant assurances to those who get vaccinated. If we are looking for force multipliers, solving access, with an eye toward equity, will also bring people more into care in general, as well as getting them the necessary vaccines to stay healthy and get us out of this pandemic.

3) Get more shots in doctors offices.

The person people consistently trust the most with their health is their own personal doctor. We need to make sure every single primary care encounter is one where vaccines- including and especially the COVID-19 vaccine- are asked about and offered. Logistical issues and supply limitations have limited federal and state local willingness to really push vaccines into primary care settings, but its now time to make sure every pediatrician, family practice doctor, internist, and ob/gyn office in America has access to vaccinations for their patients. We must think about how to support getting people into providers' offices, supporting providers with the most up-to-date information, and making it as easy as to administer a COVID-19 vaccine during a visit as it is to provide a flu shot or other preventive vaccination.

4) Encourage and fund efforts to better understand hesitancy at the ground level, and empower people with factual information.

There are an array of scattershot efforts to address concerns in certain groups, but we still don't know enough about why people are truly saying no to vaccines, and what efforts are likely to be most successful in changing hearts and minds. Organizations like Zencity, The Harvard Kennedy School, and the Robert Wood Johnson Foundation, are using an AI tool called Sentiment Analysis. The DeBeaumont Foundation and pollster Frank Luntz, have been using surveys and focus groups to help communities understand real vs perceived reasons for vaccine hesitancy. We need to encourage and (fund) more and more local efforts like this, because all health is local, and every community is different. Also, just as there were PSAs on TV and social media constantly during the peak of the pandemic, there should be a constant stream of PSAs addressing vaccine truths, and combatting what is a constant stream of misinformation.

5) Work with states to award micro grants to community groups.

A best practice in central Indiana is the awarding of \$5,000-\$25,000 grants to community organizations, faith institutions, youth groups, and others at the local community level to work on immunization education and engagement. In South Carolina, the Department of Health and Environmental Control has outreach specialists who are building relationships across the state with faith-based, civic and community groups, and leaders to provide accurate information on vaccines. These groups know their community better than a federal or even a state official ever could, and have had success with outreach when properly funded, educated, empowered, and connected with the ability to immediately get people vaccinated.

- 6) Through the Department of Labor and the Small Business Administration, fund an effort to have businesses and employers understand the benefits of encouraging and offering vaccinations.

Many people will resist a government intervention but will do something as a condition of employment. Congress should therefore work with organizations like the US Chamber of Commerce, the Business Roundtable, the UAW, and the manufacturing associations, to perform a cost benefit analysis of vaccinations in regards to employer healthcare costs, missed work, and decreased productivity. Many US adults spend more time at work than anywhere else, so this is an important and far underutilized touchpoint. Companies like Aptiv; one of the world's largest technology suppliers to the auto industry, are actively looking for ways to partner with governments on both sides of the border to provide access and encourage employees and their families to get vaccinated. Aptiv realizes the virus doesn't see borders; that a problem in Mexico not only threatens the communities in which its Mexican employees and their families live; but also threatens the health of many US border communities and the puts at risk ~1m US manufacturing jobs and ~1m US dealer and parts retailers dependent on stable Mexico supply chains.

- 7) Through the Department of Education, support school based vaccination clinics for covid and all other vaccines students have fallen behind on.

This should be tied to efforts both facilitate mask free schools, and to decrease the chances of having to force exposed students to quarantine in the fall. Set up summer vaccination sites where school sports teams that are already practicing can vaccinate. Many parents and students will chose to vaccinate if it genuinely makes their lives easier/ more tolerable/ more predictable. On June 30th, there was a convening of the nation's state and territorial health officials, chief state school officers, federal agency leaders and experts, and partner groups for a leader-to-leader discussion on strategies, policies, tactics, and remaining technical assistance necessary to protect the health of students, teachers, and staff from COVID-19 in order to safely reopen and operate K-12 schools for in-person instruction and learning. I'd invite the Select Committee to work with the Association of State and Territorial Health Officers to ascertain the lessons learned from this meeting.

- 8) Emphasize the non health benefits of vaccination.

Many of the vaccine hesitant just don't view covid as a credible threat to their health and never will, so we need to have a campaign that emphasizes more than just the health dangers of covid. We need to focus for example on the desire to sustain reopenings in the face of the delta variant, keeping nursing homes and long term care facilities accessible this winter, preventing school outbreaks and quarantines (and sports cancellations), and being able to more confidently gather with vulnerable family and friends. Focusing on the social positives of the vaccine to a constituency that in many cases fears the social harms of covid more than the potential health harms, is more likely to motivate behavior change.

- 9) Work with vaccine manufacturers and the FDA to gather the data necessary to move towards full approval of vaccines.

Many vaccine hesitant people have expressed concern about the persistent EUA status of COVID vaccines and the unclear and prolonged approval timeline. It took 5 months from Phase 3

studies of mRNA vaccines to first EUA. We are now almost 7 months post EUA yet we don't have full approval of these vaccines -and the public hasn't been given a clear explanation as to why. The American people deserve an update, and Congress should be inquiring on their behalf, and cutting the red tape (while preserving the scientific integrity of the process) where possible.

10) Stop talking about vaccine hesitancy in political terms, and find different and credible spokespersons for different groups.

To put it bluntly, many populations with lower vaccination rates will never trust the federal government, or the current administration to have their best interests at heart. That's why we need an array of spokespersons, with credibility in a multitude of communities. Many of the current spokespeople are viewed as being politically affiliated, and they are unlikely to change minds within some hesitant communities. And while talking about correlations between voting patterns and vaccination rates feels justifiable (and even accurate) to some, it absolutely is harmful in regards to engaging the desired target audience.

Our country needs to take the short and long-view on vaccine hesitancy. How did we get here and how can we do better for the future? Vaccine hesitancy did not manifest itself out of nowhere, especially in communities where trust of the medical establishment is tenuous at best. Our country needs to fundamentally change how it values and invests in quality, caring, and expert public health services and communication. I urge Congress and the Administration to do everything in its power to pledge and provide ongoing support for the public health system as well as find the means to invest into the decades to come so that we will never face a situation where we are working to make up for lost ground with the communities we serve while responding to a pandemic. Because vaccine hesitancy isn't the root problem- it just the latest example of our collective failure to engage, educate, and enable, and empower ALL citizens to be their healthiest selves.