

Congress of the United States
Washington, DC 20510

January 11, 2021

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

We write to urge you to allocate the funds reserved for underserved communities in the *Consolidated Appropriations Act, 2021*¹ to empower community organizations and leaders to respond effectively to the coronavirus disease 2019 (COVID-19). As you know, the COVID-19 pandemic has had a disproportionate impact on low-income communities, Tribal nations, and communities of color. It is essential that the funds Congress appropriated to address the public health emergency in these communities be used effectively, including through grants to nonprofit organizations and for culturally responsive outreach activities.

From the beginning of this 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 people.² Mortality rates within the Asian American and Pacific Islander (AAPI) communities are also high. Between January and July, the AAPI death rate rose 35 percent, compared to an increase of 9 percent for white Americans.³

At the same time, a legacy of discrimination and abuse by the health care system has created mistrust in many communities of color, which can lead to under-utilization of needed health care.⁴ We believe that the people who are best positioned to repair this legacy of mistrust are those who know their communities best. We must empower trusted local leaders to fight COVID-19 in order for essential public health tools such as information campaigns, testing, and contact tracing to be effective.

¹ Consolidated Appropriations Act, 2021, H.R. 133, <https://www.congress.gov/bill/116th-congress/house-bill/133>.

² Centers for Disease Control and Prevention, "COVID-19 Hospitalization and Death by Race/Ethnicity," updated November 30, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

³ The Marshall Project, "COVID-19's Toll on People of Color is Worse Than We Knew," Anna Flagg, Damini Sharma, Larry Fenn, and Mike Stobbe, August 21, 2020, <https://www.themarshallproject.org/2020/08/21/covid-19-s-toll-on-people-of-color-is-worse-than-we-knew>.

⁴ Health Services Research, "Mistrust of Health Care Organizations Is Associated with Underutilization of Health Services," Thomas A. LaVeist, Lydia A. Isaac, and Karen Patricia Williams, December 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796316/>.

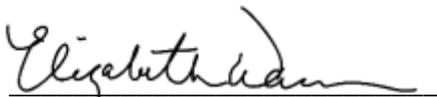
Congress recognized this need by setting aside \$300 million for vaccine distribution and administration and \$2.5 billion for testing and contact tracing in high-risk and underserved populations, including racial and ethnic minority populations and rural communities, in the omnibus appropriations bill passed last month.⁵ These significant funding sources have the potential to meaningfully improve access to COVID-19 vaccines, testing, and other important mitigation tools, which can save lives in communities that have been most affected by the pandemic. However, the funds must be committed quickly and effectively.

We urge you to follow the model laid out by our *COVID Community Care Act* when allocating these funds. The *COVID Community Care Act* provides grants to faith-based and community organizations, as well as funding to the Indian Health Service, to conduct testing, contact tracing, and public outreach in medically under-served communities.⁶ It requires that persons hired to conduct engagement have experience and relationships with the people living in the communities they serve. We urge you to ensure that faith-based and community organizations have access to the funds set aside for underserved communities, either through a direct grant program administered by the Department of Health and Human Services (HHS) or by requiring states to sub-grant at least a portion of the set-aside funds to community-based organizations. In either case, grant criteria should emphasize authentic ties to the local community, and the application process should be simple and accessible enough to be navigated by small organizations.

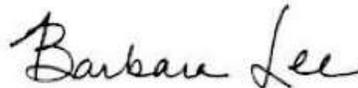
Additionally, we urge you to ensure that public outreach campaigns related to COVID-19 vaccines, testing, contact tracing, and other mitigation efforts are culturally responsive and multilingual. HHS and its partner agencies should work with leaders from high-risk communities to develop guidelines for effective communication. States and localities conducting their own outreach campaigns should be required to demonstrate that their campaigns reflect these best practices. By bringing community leaders to the table, HHS can use its influence to ensure timely and effective messages reach communities that have too often been neglected.

In order to better understand HHS's plans to allocate these targeted funds, we request a staff briefing no later than February 1, 2021. Thank you for your consideration of this important issue.

Sincerely,



Elizabeth Warren
United States Senator



Barbara Lee
Member of Congress

⁵ Division M, Title III, pgs. 731 and 738, Consolidated Appropriations Act, 2021, H.R. 133, <https://www.congress.gov/bill/116th-congress/house-bill/133>.

⁶ COVID Community Care Act, S.4941, <https://www.congress.gov/bill/116th-congress/senate-bill/4941>.



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