

**U.S House of Representatives Education & Labor Committee**  
Joint Subcommittees on Civil Rights and Human Services  
And Health, Employment, Labor, and Pension

**“How to Save a Life: Successful Models for Protecting Communities”**

Tuesday, September 28<sup>th</sup> 2021

Written Testimony of Dr. Leana Wen  
Research Professor of Health Policy and Management,  
George Washington University Milken Institute of Public Health  
Distinguished Fellow, Fitzhugh Mullan Institute for Health Workforce Equity  
Nonresident Senior Fellow, Brookings Institution

Chairwoman Bonamici and Chairman DeSaulnier, Ranking Members Fulcher and Allen, and distinguished members of the Subcommittees on Civil Rights and Human Services and Health, Employment, Labor and Pensions: Thank you for convening this important conversation to address the continuing and rampant health disparities unveiled during the COVID-19 pandemic and the urgent actions that must be taken to protect our communities.

Since the beginning of the pandemic, we have seen the unequal and devastating impact of COVID-19 on African-Americans, Latino-Americans, Native Americans, and other communities of color. According to [data from the Centers for Disease Control and Prevention](#), Black and Hispanic people are at least twice as likely to die of COVID-19 as White people and nearly three times more likely to be hospitalized.<sup>1</sup> [More than 21% of COVID-19 cases](#) in the United States are in African-Americans and nearly 34% in Latino-Americans, despite these groups making up only 13% and 18% of the population, respectively.<sup>2</sup>

A [recent analysis from the Johns Hopkins University](#) revealed persistent disparities in testing and vaccinations in these groups hit hardest by the pandemic.<sup>1</sup> According to data from 37 states that track infections and vaccinations by ethnicity, Hispanic people represent a smaller proportion of vaccinations than they do infections in all but four states. Of the 39 states that track by race, Black people represent a smaller share of vaccinations than they do infections in all but six states. Only eight states track the same numbers for testing, but among these eight states, a similar trend can be seen for disproportionately low testing in these communities.

Tragically, the disparities seen in adults are mirrored in children. Compared to White children, as [reported by the Kaiser Family Foundation](#), Black, Hispanic, and Asian children reported lower

---

<sup>1</sup> McPhillips, D. C. (2021, September 14). *Black, Hispanic people miss out on Covid-19 testing and vaccinations*. CNN. <https://edition.cnn.com/2021/09/14/health/jhu-covid-data-disparities/index.html>

<sup>2</sup> Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2020). The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States. *Clinical Infectious Diseases*, 72(4), 703–706. <https://doi.org/10.1093/cid/ciaa815>

rates of testing but were more likely to be infected with COVID-19.<sup>3</sup> Black and Hispanic children have higher rates of hospitalization, including from multisystem inflammatory syndrome in children, a rare but serious manifestation that could lead to multiorgan failure and death. American Indian and Alaska Native children have 3.5 times the death rate compared to White children; Black children also have a 2.7 times higher death rate compared to White children.

In this testimony, I emphasize six actions that Congress can take now to reduce the disproportionate impact of the pandemic on vulnerable communities—and, in so doing, improve health for all.

**#1: Take every available to measure to protect children.** The United States is now entering what is almost certainly the most dangerous time for kids during the pandemic. During the two week period of late August-early September 2021, [nearly half a million children](#) tested positive for COVID-19. According to the American Academy of Pediatrics, children now constitute 29 percent of all new COVID-19 infections. Against the backdrop of the most contagious variant yet, the delta variant, and with very high rates of transmission in most parts of the country, schools are reopening for in-person instruction.

The CDC has provided extensive, evidence-based guidance on how to reopen schools safely. A layered mitigation strategy can result in schools having even less transmission than the surrounding community. These measures include: vaccinating teachers, staff, and adolescents 12 and older; making at least weekly testing available; improving ventilation; keeping students in cohorts or pods; ensuring that children do not come to school while symptomatic; continuing rigorous contact tracing and quarantine procedures; and, importantly, mandating masks indoors.

Unfortunately, many schools are not implementing these protocols. Some are in states that have explicitly forbidden measures like mandatory masking. This has resulted in an environment that is needlessly higher risk for children. While kids overall tend to fare well if they contract the coronavirus, some do become hospitalized, and some, tragically, will die. Kids can also spread COVID-19 to members of their family, and onward transmission can occur throughout the community. Given that children in minority and low-income communities are disproportionately affected by the coronavirus, ensuring that mitigation measures are followed will be essential to safeguarding everyone's health—and preventing further exacerbation of unacceptable health disparities.

Members of Congress can help by standing behind the CDC's strong recommendations for school COVID-19 safety. They should consider tying funding to implementation of these measures. While the coronavirus surges among our young, it is unconscionable not to do everything to protect our children—while keeping schools open for in-person instruction.

---

<sup>3</sup> *Racial Disparities in COVID-19 Impacts and Vaccinations for Children*. (2021, September 22). KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-covid-19-impacts-and-vaccinations-for-children/>

Congress should also keep the pressure on the Food and Drug Administration to expeditiously authorize a vaccine for children under 12. It is critical that the studies are done and that regulators ensure such a vaccine is safe and effective, but red tape cannot and should not get in the way of this urgent health priority.

**#2: Increase availability of rapid testing.** Testing is a crucial layer of protection that the United States has not utilized to its full potential. It can be a preventive measure that quickly identifies individuals who may be asymptomatic carriers and stops further chains of transmission.

PCR tests are the gold-standard test, but results often are not available for days. On the other hand, rapid antigen tests can provide results in under half an hour—often in just 15 minutes.

Imagine if every student can take a rapid test in the morning before they go to school, or every worker can do the same before heading to the office. A rapid test is not 100 percent effective—but even if it’s 80 percent effective, it will identify 80 percent of those who otherwise would have been in contact with others to potentially infect.

This is not the reality in the United States, but it is in other countries. In some European countries, rapid tests can be purchased in retail stores for less than a dollar each. In some Asian countries, they are available in vending machines. [Japan](#) has 4.1 million such vending machines alone.<sup>4</sup> The [United Kingdom](#) has made free tests available to all their residents so that everyone can be tested twice a week.<sup>5</sup> [Canada](#) is providing free rapid tests to businesses.<sup>6</sup>

The Biden administration has announced multiple efforts to scale up testing, but it’s not nearly enough. Over-the-counter tests in the U.S. run from [\\$25 to \\$50 each](#), which is out of range for most families.<sup>7</sup> The most recent administration push is to purchase 280 million rapid tests at a cost of around \$7 each. As Daniel Oran and Eric Topol wrote in [a STAT news op-ed](#), “This is far too few for far too much.”<sup>8</sup>

---

<sup>4</sup> Sakai, H. R. S. (2021, March 8). *In Japan, vending machines help ease access to COVID-19 tests*. U.S. <https://www.reuters.com/article/us-health-coronavirus-japan-vending-mach/in-japan-vending-machines-help-ease-access-to-covid-19-tests-idUSKBN2B00WO>

<sup>5</sup> Sakai, H. R. S. (2021, March 8). *In Japan, vending machines help ease access to COVID-19 tests*. U.S. <https://www.reuters.com/article/us-health-coronavirus-japan-vending-mach/in-japan-vending-machines-help-ease-access-to-covid-19-tests-idUSKBN2B00WO>

<sup>6</sup> Public Health Agency of Canada. (2021). *COVID-19 rapid testing and screening in workplaces: Get free rapid antigen tests - Canada.ca*. Government of Canada. <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/testing-screening-contact-tracing/rapid-tests-employees.html>

<sup>7</sup> Haseltine, W. A. (2021, April 8). *Rapid Home Testing: If The UK Can Do It, Why Can't We?* Forbes. <https://www.forbes.com/sites/williamhaseltine/2021/04/08/rapid-home-testing-if-the-uk-can-do-it-why-cant-we/?sh=5dfce1b2d926>

<sup>8</sup> Topol, E. J., Hassan, A., Kollins, S., & Cohrs, R. (2021, September 16). *Beyond “vaccinopia”: Employ rapid tests to fight Covid-19*. STAT. <https://www.statnews.com/2021/09/16/beyond-vaccinopia-larger-role-rapid-tests-fighting-covid/>

Congress should urge the administration to make free tests available so that every American be tested at least twice a week. Rapid tests should be part of every school and every employer's in-person protocols. They should also be made available whenever people want them so that individuals can take them before seeing extended family or getting together with friends. Many people are already purchasing rapid tests for these uses. Congress can help to level the playing field and make rapid testing—and therefore early detection of infection and prevention of spread—available to all, regardless of ability to pay.

**#3: Improve vaccination rates.** Many public health experts agree that our best and only way out of the pandemic is through a much higher proportion of the population having immune protection from COVID-19. Vaccination is the best path there—the cost of gaining immunity from illness and recovery is just too high.

Only about 54 percent of Americans are fully vaccinated. This is far below the threshold needed in order to stem the surge of coronavirus cases. Without dramatic increases in vaccination rates, there will be more infections, hospitalizations, and deaths, with vulnerable communities once again bearing the brunt of preventable illness and suffering.

Members of Congress should use their extensive platforms to support all efforts to increase vaccine uptake. That includes continuing education and outreach; combating disinformation and misinformation; and increasing accessibility of vaccines.

There have been many successful community vaccination efforts from which we can draw lessons. Baltimore is among the cities that utilized mobile vaccine vans that traveled to people's homes. This was particularly necessary for older residents, home-bound individuals, people with disabilities, and others whose barrier to vaccination is primarily about access.

New York City has also had this mobile vaccination efforts. Additional access points, including to make vaccines available in transportation hubs and in schools, are also key too. The choice to get the vaccine should become the default one, and we need to recognize that ease of access is a main barrier.

As [cited recently](#) in the *Washington Post*, nearly half of the unvaccinated are in the “unvaccinated but willing” category.<sup>9</sup> These are individuals who can be moved to become vaccinated if community outreach efforts continue.

Congress should continue to support and encourage these vaccination efforts. There are many Americans who are only partially vaccinated. Others are fully vaccinated but will soon be recommended to get boosters. Access to vaccination should not be a barrier, and every effort to bring vaccines directly to the most vulnerable.

---

<sup>9</sup> Kornfield, M. (2021, September 23). *Nearly half of the unvaccinated say they're willing to get a coronavirus shot. The challenge is trying to get it to them.* Washington Post. <https://www.washingtonpost.com/health/2021/09/23/covid-unvaccinated-but-willing/>

Members of Congress can also help to speak about the COVID-19 vaccines the same as we do all other vaccines. All 50 states require childhood immunizations. Vaccines are routinely required for employment in healthcare institutions and other occupations. The COVID-19 vaccines should be regarded no differently.

**#4: Ensure workplace protections.** Since the beginning of the pandemic, essential workers on the frontlines have been disproportionately exposed to COVID-19 risk. While access to masks and other personal protective equipment (PPE) has improved, workers still do not have universal, free access to the highest-quality masks (N95 or KN95).

Congress should urge the administration to make these masks available to every worker, free of charge. While COVID-19 cases are surging, indoor masking should also be required at workplaces, unless there is universal vaccination and a robust testing regimen.

Recently, the Biden administration has announced efforts to mandate vaccines for the federal workforce and to require either vaccination or testing for larger employers. I hope that Congress will support these efforts and see them as being essential to stem the surge of COVID-19—and to protect workers and their families.

**#5: Increase data collection and improving oversight.** Though data collection around racial and ethnic disparities has improved since the beginning of the pandemic, there are still major lapses. Important areas include testing rates (including with at-home antigen tests), test positivity, hospitalization, infection, death, and by racial and ethnic group and geography. [Breakthrough infections](#), both mild and severe, should also be tracked.<sup>10</sup>

Many of us in public health championed a dashboard that is updated in real-time, and that's coordinated by the federal government with data uploaded by state and local officials. This provides important, on the ground information and also offers the transparency and accountability needed to ensure that communities most in need are receiving the resources they require. Federal funding can be tied to the availability of these data, adding a strong incentive for compliance.

With the upcoming authorization of booster shots, such real-time tracking will be more important than ever. The vaccine rollout had vast inequities that only got addressed when the problems of rampant disparities became revealed. Distribution a third booster dose will run into the same problems of access.

This is not to advocate for perfect being the enemy of the good—I [strongly believe](#) that we need to have booster shots, and if there are some who want to be first in line to get them, it's fine to allow them to do so.<sup>11</sup> But we need to be aware if there are demographic divides in booster

---

<sup>10</sup> Holtgrave, D. R., Vermund, S. H., & Wen, L. S. (2021). Potential Benefits of Expanded COVID-19 Surveillance in the US. *JAMA*, 326(5), 381. <https://doi.org/10.1001/jama.2021.11211>

<sup>11</sup> Wen, L. (2021, September 21). *The CDC should let Americans decide for themselves if their risk warrants getting a booster shot*. Washington Post. <https://www.washingtonpost.com/opinions/2021/09/21/fda-limits-booster-shots-at-risk-americans/>

uptake, and then seek to understand and ameliorate the disparities. Real-time, on the ground tracking is crucial to targeting interventions that aim for equity.

**#6: Support safety-net public health systems.** Primary care and community-based healthcare organizations have suffered substantially during the COVID-19 crisis. Home visitation and other community outreach programs have also had to curtail their work. Efforts must be made to support these community-based programs that serve as the safety net for many. There is an urgent need to strengthen local public health infrastructure not only to ensure a robust response to COVID-19 and future crises, but also so that those interventions do not come at the cost of health and well-being and thus further perpetuate racial disparities.

It's understandable that many other public health priorities have been put on hold because of the emergency, ongoing crisis that is COVID-19. At the same time, infection control is not the only function of public health. Communities that were vulnerable and under-resourced prior to the pandemic are likely in even greater need now.

It's excellent that there is new funding to address COVID-19, but we must not forget the resources for the broader social determinants of health. Disparities in health outcomes are inextricably linked to housing instability, food deserts, and lack of transportation access. These are all issues that contribute to poor health broadly and to disparities associated with COVID-19 specifically.

Congress should allow maximal flexibility for local jurisdictions that are closest the ground and that can best serve their communities. As it relates to the aftermath of COVID-19, resources provided in the wake of the pandemic should also be specifically targeted to areas of greatest need.

### **Conclusion**

There is no question that the pandemic has unveiled rampant health disparities and decimated many communities around the country. While systemic, long-term reform is needed, there are six specific steps that policymakers can take now in order to reduce disparities, strengthen communities, and, in so doing, improve health for all.