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Testimony Before the District of Columbia Council  
Committee on Health  
Public Oversight Roundtable – January 29 & February 1, 2021

*The District's COVID-19 Vaccination Process*

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Thank you, Chairperson Gray and Committee members for the opportunity to testify concerning the District's COVID-19 vaccination process. My name is Sharra E. Greer and I am the Policy Director at Children's Law Center and a resident of the District. I am testifying on behalf of the Children's Law Center which fights so every DC child can grow up with a loving family, good health and a quality education.<sup>1</sup> With almost 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

We all yearn for the end of the COVID-19 pandemic. It has led to more than two million deaths worldwide and severe economic and personal hardship for so many people. Children's Law Center's focus has been on the virus's impact on families and children and the disproportionate impact it has had on low-income communities and people of color, exacerbating longstanding societal inequities.

The vaccines that have been approved promise an end the crisis, but many challenges need to be overcome to keep that promise. Social distancing and other measures must remain in place to control the spread of the virus while the vaccines are rolled out. Vaccines need to be manufactured and distributed in vast amounts as soon as possible. They then need to be administered in an efficient, equitable fashion.

In developing its vaccination plan for the District, the DC Department of Health (DC Health) followed a framework established by the National Academy of Medicine.<sup>2</sup>

The goal of the plan is to reduce severe morbidity and mortality and negative societal impact due to the spread of COVID-19.<sup>3</sup> The plan embraces three foundational ethical principles: (1) the obligation to promote the public's health and socioeconomic well-being; (2) the obligation to treat every person as having equal dignity and value; and (3) the obligation to mitigate health inequities by explicitly addressing the higher burden of COVID-19 experienced by populations affected most heavily, given their exposure and compounding health inequities.<sup>4</sup>

Children's Law Center supports these goals and principles and commends DC Health for its overall efforts in developing and implementing DC's vaccination program. The demand for vaccines far exceeds supply, a problem beyond the District's control. Faced with this hard fact, DC Health has been doing a better job than most other states in getting the vaccines it has received into the arms of its residents and essential workers. Under the supervision of DC Health, 11.3% of DC residents have received at least one shot, which ranks the District in the top 10 states in the nation.<sup>5</sup> DC has a 75% efficiency rate (percent of administered doses out of allocated doses) compared to a national average of 58%, ranking it fifth in the nation.<sup>6</sup>

DC Health, however, needs to improve its efforts to (1) ensure the equitable distribution of the vaccine to low income and black and brown communities in the District, (2) ensure the transparency of its vaccination program, and (3) prioritize the allocation of vaccines to foster-care workers.

## *Addressing Inequities*

The initial vaccine rollout in the District showed alarming racial and economic disparities, with “Whiter and wealthier” wards getting vaccinated at a significantly higher rate.<sup>7</sup> For example, during the initial registration windows opened for residents age 65 and older, 37% of the appointments went to Ward 3 residents while only 1% went to Ward 8 residents, despite the fact that Ward 3 has seen the fewest COVID-19 deaths while Ward 8 as seen the most.<sup>8</sup> National data shows similar disparities, with one analysis showing that White people have been vaccinated at a rate of two to three times higher than Black people.<sup>9</sup>

To its credit, DC Health has modified its vaccine program to try to address these jarring inequities. It has quadrupled staffing at its call center to assist residents who need to register via phone. It has been setting aside vaccines for particularly vulnerable populations, including homeless residents and residents of DCHA senior housing. Its registration portal also now gives priority to zip codes that have the highest COVID-19 infection and morbidity/mortality rates (these zip codes also have the highest share of the District’s black and brown residents).<sup>10</sup> This has helped: during the week prior to the new system, 70% of vaccine appointments for residents age 65 and over went to residents of Wards 2, 3 and 6 while only 30% of such appointments went to residents of Wards 1, 4, 5, 7 and 8; during the week after the new system went into effect, 49% of appointments went residents of Wards 2, 3, and 6 and 51% went to residents of the

remaining wards.<sup>11</sup> In addition, DC Health announced at the February 1 roundtable that it is developing a new registration platform that will, among other things, separate registration from appointment scheduling to make the system more accessible and less stressful for residents.<sup>12</sup>

Still, inequities remain. Low-income residents and people of color continue to face a myriad of barriers in getting vaccinated. They may lack digital devices or an adequate internet connection to register online. Compared to residents in more affluent wards, they are more likely to be employed outside the home and be busy at work when DC Health's registration window opens at 9 am. They may lack access to health care. They are more likely to have lost their jobs or have health conditions or be distracted by the stress and trauma of living in poverty. Anyone faced with these burdens faces long odds in the frenzied online competition for the limited number of vaccine appointments made available in the two weekly, 15-minute registration windows.

Vaccine hesitancy and distrust of the health care system is another obstacle. Deputy Mayor Turnage described a survey that found that, compared to their White counterparts, Black DC residents are 36% less likely to seek vaccinations, and that about 40% of Black DC residents are disinclined to get a COVID-19 vaccination.<sup>13</sup> A national survey "found that Black adults are less likely than other groups to say they would get a coronavirus vaccine if it was free and determined safe by scientists, with most citing

safety concerns or distrust of the health care system as reasons why they would not get the vaccine. These findings likely reflect the medical system's historic abuse and mistreatment of people of color, particularly Black Americans, as well as ongoing experiences with racism and discrimination in health care today."<sup>14</sup>

We urge DC Health to increase its efforts to overcome these obstacles. It should enhance current outreach campaigns to educate and reassure DC residents who lack information or trust concerning the vaccine. The State University of New York at Albany has issued a useful report recommending strategies for countering COVID-19 vaccine hesitancy. It recommends an outreach campaign that "acknowledges and addresses the historical injustices that drive distrust within communities of color, emphasizes understandable and culturally appropriate messages that directly address people's concerns about the vaccine-development process, and taps existing community infrastructure to make full use of trusted voices to deliver timely and accurate information about the vaccine."<sup>15</sup>

DC Health should also closely monitor trends in the data and adjust its vaccination program to plug gaps and address disparities in the allocation of vaccines as they arise. In addition, as the Office of the Attorney General and others have proposed,<sup>16</sup> DC Health should consider other practical steps to reduce barriers to vaccination, including:

- Ensure a minimum number of appointments are available for residents who call the hotline.
- Open registration windows outside of regular work hours.
- Offer person-to-person registration and educational outreach for targeted communities at community centers or through door-to-door visits (using social distancing and face coverings).
- Optimize online registration for cellphones and non-broadband connections.
- Offer vaccinations in more locations at more times of day to accommodate mobility barriers and work schedules.

### *Increase Transparency*

DC Health deserves praise for responding to criticism of its initial vaccine rollout and adjusting its plan to make it more equitable. At the same time, it is essential for DC Health to be fully transparent about its vaccination plan and the changes it makes. In straightforward, understandable terms, it needs to explain the reasons behind the priorities behind the plan, how residents can register and get appointments, and the importance of getting a vaccine. DC Health needs to do more in this regard. For example, its website provides only limited information on the vaccination program and should use a more user-friendly, accessible design. It should also share more data and information as its plan evolves. For instance, the informative PowerPoint presentations used by government witnesses during this Committee's February 1 roundtable should be made easily accessible online to the public. Full transparency is necessary to ensure the trust of the community.

### *Childcare Workers*

DC Health is distributing vaccines in phases that prioritize residents who are at the highest risk of COVID-19 morbidity and mortality as well as essential workers who play the most important roles in preserving societal functions. We are now in Phase 1B – Tier 2, which extends vaccine eligibility to several new categories of residents and essential workers, including staff working in K-12 educational facilities and childcare workers.<sup>17</sup> Although District officials announced on January 19 that it would delay vaccination distribution to childcare workers, it subsequently reversed course and is now making appointments available to these essential workers, many of whom have been providing in-person childcare for months at the Mayor’s request. As Chairperson Gray and other members of the Council have stated, “the work of educating our youngest minds in childcare is every bit as important as the education from Pre-K3 to 12<sup>th</sup> grade, and we need to pay and treat [childcare] professionals equitably.”<sup>18</sup> Children’s Law Center supports the reinstatement of childcare workers in the line of priority.

### *Child Welfare*

We know that there currently is not enough vaccine to meet the need and demand. We know that key populations and workers remain lower on the priority list. However, we want to highlight one particularly important category of essential workers for priority consideration: employees of the DC Child and Family Services Agency



(CFSA) who provide in-person services to children and families involved in foster care. This includes social workers, investigators and other CFSA staff who have in-person contact as part of investigating reports of abuse or neglect and assisting children and families involved in the foster care system. In-person visits by staff play a critical role in protecting the health and safety of DC children and promoting stable, nurturing families. In our view, CFSA staff play as important a role in preserving social functioning as law enforcement personnel, teachers, childcare workers and other essential employees currently listed in Phase 1B – Tier 2. In addition, foster children visiting with birth families and siblings is critical to maintaining family connections and helping families reunify. These visits are currently very difficult because of legitimate health concerns. Adding families and birth families involved in child welfare to a priority list as well as other workers outside of CFSA who provide services to the families would help this very vulnerable population.

### *Conclusion*

Inoculating 700,000+ DC residents and essential workers against a deadly pandemic with an inadequate supply of vaccines is clearly a daunting challenge. Children’s Law Center applauds DC Health for its hard work and commitment in tackling this challenge. With adjustments to ensure its plan is equitable and transparent, we can beat the virus and, at long last, return to some semblance of normalcy.

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<sup>1</sup> Judges, pediatricians, and families turn to Children’s Law Center to be the voice for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With almost 100 staff and hundreds of pro bono lawyers, we reach one out of every nine children in DC’s poorest neighborhoods--more than 5,000 children and families each year. We multiply this impact by advocating for city-wide solutions that benefit all children. See <https://www.childrenslawcenter.org/>.

<sup>2</sup> See DC Health Public Hearing Presentation at slides 34-35 (Oct. 28, 2020), available at [https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/2020.10.26%20FINAL%20DC%20Health%20Oversight%20Hearing%20Presentation.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/2020.10.26%20FINAL%20DC%20Health%20Oversight%20Hearing%20Presentation.pdf) .

<sup>3</sup> To achieve this goal, the plan calls for vaccines to be allocated in a manner that most effectively reduces the risk of (1) people acquiring infection; (2) severe morbidity and mortality; (3) negative societal impact; and (4) transmitting infection to others. *Id.*

<sup>4</sup> *Id.* See also <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus> .

<sup>5</sup> See <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html> .

<sup>6</sup> See Testimony of Deputy Mayor Wayne Turnage before Committee on Health, Public Oversight Roundtable on Feb. 1, 2021 (using data as of Jan. 26, 2021).

<sup>7</sup> A. Gomez, “New Residency Data for Vaccinations Is Concerning,” CityPaper (Jan. 19, 2021), available at <https://washingtoncitypaper.com/article/506172/new-residency-data-for-vaccinations-is-concerning/> .

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> See January 25 Councilmember Letter. For example, during the week of January 18, DC Health made a total of 2975 vaccine appointments available through two registration windows on its portal, with 75% of these appointments made available only to residents of the prioritized zip codes in the first window (on January 21) and 25% of the appointments made available to any DC resident in the second window (on January 22). Mayor’s January 21, 2021 Situational Update at 12-14, available at [https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/Situational%20Update%20Presentation\\_01.21.2021.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Situational%20Update%20Presentation_01.21.2021.pdf) .

<sup>11</sup> See Testimony of Deputy Mayor Wayne Turnage before Committee on Health, Public Oversight Roundtable on Feb. 1, 2021.

<sup>12</sup> See Testimony of Patrick Ashley, DC Health, before Committee on Health, Public Oversight Roundtable on Feb. 1, 2021.

<sup>13</sup> See Testimony of Deputy Mayor Wayne Turnage before Committee on Health, Public Oversight Roundtable on Feb. 1, 2021.

<sup>14</sup> S. Artiga & J. Kates, Kaiser Family Foundation, “Addressing Racial Equity in Vaccine Distribution” (Dec. 3, 2020), available at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/> .

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<sup>15</sup> State University of New York at Albany, “Strategies to Counter COVID-19 Vaccine Hesitancy and Mitigate Health Disparities in Minority Populations” at 1 (Oct. 2020), available at <https://www.albany.edu/communicationsmarketing/covid-19-documents/COVID-19-Vaccine-Hesitancy-White-Paper-121620.pdf> .

<sup>16</sup> Statement of Kate Vlach, Office of the Attorney General (Feb. 1, 2021), *available at* 1 <https://oag.dc.gov/sites/default/files/2021-02/COVID-19%20Testimony%202021.02.01.pdf> .

<sup>17</sup> *See* [https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/Vaccination-Program-Phases-with-Tiers.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Vaccination-Program-Phases-with-Tiers.pdf) .

<sup>18</sup> Letter from Councilmembers Gray, Nadeau, Allen, Henderson, Pinto and Bonds to Deputy Mayor Wayne Turnage (Jan. 25, 2021) (January 25 Councilmember Letter), available at <https://www.scribd.com/document/492240488/Letter-to-Turnage-on-COVID-Vaccination-Process> .