Dec. 4, 2020

Vice President Mike Pence
Chair of the White House Coronavirus Task Force
The White House
1600 Pennsylvania Ave.
Washington, D.C.

Office of the Director Robert R. Redfield, MD.
Centers for Disease Control and Prevention
Washington, D.C.

Dr. José Romero
Chair of the CDC's Advisory Committee on Immunization Practices (ACIP)

Dr. Amanda Cohn
Executive Secretary of the CDC's Advisory Committee on Immunization Practices (ACIP)

To the Honorable Vice President Mike Pence, et. al.:

This correspondence concerns plans by federal, state and local health authorities to prioritize the allocation and distribution of COVID-19 vaccinations over the course of the coming weeks and months.

On behalf of the signatory organizations to this letter (see full list below), which represent and/or are affiliated with hundreds of thousands of people with intellectual and developmental disabilities and

service providers in the United States and Canada, we strongly recommend that your respective agencies designate people of color with a disability among the highest priority categories to receive the forthcoming COVID-19 vaccine.

As the data presented below affirms, the risks from COVID-19, already heightened for people with serious disabilities – especially those with intellectual and developmental disabilities, IDDs – are magnified among people of color living with a disability, most notably among African American, Latinx and Native American populations, which have recorded starkly disproportionate rates of infection and death over the past eight months as a result of the pandemic.

As reported by the American Network of Community Options and Resources (ANCOR) and other organizations in its letter to the *Committee on Equitable Allocation of Vaccine for the Novel Coronavirus, National Academies of Sciences, Engineering, and Medicine*: "People with intellectual and developmental disabilities [IDDs] face a particularly high risk of complications and death if exposed to COVID-19, and the severe outbreaks in institutional and congregate settings have meant an increase in exposure risk for many, as the committee has recognized in its discussion draft," but the Committee on Equitable Allocation of Vaccine for the Novel Coronavirus "proposal does not adequately address that risk, and inappropriately separates congregate facilities into Phase 1 and Phase 2."

We concur with ANCOR's assessment and its specific assertion that IDDs should be "explicitly included in the list of high-risk diagnoses." Similarly, a recent study by Fair Health explains, "Across all age groups, COVID-19 patients with developmental disorders (e.g., developmental disorders of speech and language, developmental disorders of scholastic skills, central auditory processing disorders) had the highest odds of dying from COVID-19." Referencing the Fair Health study, the New York Times reports: "People with intellectual disabilities and developmental disorders are three times more likely to die if they have Covid-19, the illness caused by the coronavirus, compared with others with the diagnosis, according to a large analysis of insurance claims data."

In addition to the critically important concerns raised by ANCOR and the Fair Health study, we also strongly recommend that the CDC, as well as state and local health authorities, take into account the following research regarding people of color with disabilities and the pandemic as it considers its vaccine allocation plans.

According to a 2015 report, *The Double Burden: Health Disparities among People of Color Living with Disabilities*:

- "The 2010 U.S. Census reported that 22.2% of African Americans, 14.5% of Asians, 17.8% of Hispanics, and 17.6% of non-Hispanic whites have a disability. However, these numbers fail to show the enormous health disparity amplifying phenomenon that individuals from minority racial/ethnic groups who also have disabilities confront."

- "Data from the 2012 Behavioral Risk Factor Surveillance System (BRFSS) show that approximately 50% of Hispanic and African American individuals with a disability rated their health status as fair or poor, compared to 41.5% of non-Hispanic, white individuals with a disability. This data is of particular concern, considering only 9.7% of people *without* a disability rated their health status as fair or poor."

- "BRFSS data from 2011 indicated that people of color with a disability are more likely to report fair or poor health, be obese, have a chronic health condition, and have greater

difficulty accessing care than do racial and ethnic minorities without a disability. This is especially troubling when one considers the disparities in the rate of diagnosis of diabetes – itself a disability – by race and ethnicity. According to the 2014 National Diabetes Statistics Report, the rate of diagnosed diabetes by race and ethnic background are 15.9% of American Indians/Alaska Natives, 13.2% of non-Hispanic African Americans, 12.8% of Hispanics, 9.0% of Asian Americans, and only 7.6% of non-Hispanic whites."

- "The Health and Human Services Advisory Committee on Minority Health has described living as a member of a racial or ethnic minority group with a disability as a "double burden" due to the added sociopolitical [and economic] challenges encountered. As powerfully stated by researchers, the 'omission of disability as a critical category in discussions of intersectionality [with race and ethnicity] has disastrous and sometimes deadly consequences for disabled people of color caught at the violent interstices of multiple differences.' "

- According to the Annual Report on People with Disabilities in America, poverty is an important determinant of health. In 2018, "the poverty rate was 26.9 percent for individuals with disabilities. In contrast, the poverty rate of individuals without disabilities was estimated at 12.2 percent.

  "People of color with disabilities experience the compound effect of race and ethnicity and disability with an increased poverty rate, plus the many additional barriers to climbing out of poverty," according to *The Double Burden: Health Disparities among People of Color Living with Disabilities.* In 2018, the poverty rate for Whites and Asian Americans was 8.1%, as compared to 20.8% for Blacks, 17.6% for Hispanics and 25.4% for Native Americans, according to the U.S. Census Bureau.

  Bloomberg News recently reported that an estimated 7 million people joined the poverty rolls between May and October 2020.

Our organizations collectively believe this research highlights but a few of the factors that contribute to what researchers call the "amplifying phenomenon that individuals from minority racial/ethnic groups who also have disabilities confront." If we also take into account the disproportionate incidence of COVID-19 in communities of color, the result could be described as a "Triple Burden" that people of color with disabilities are confronting during the pandemic.

Note that as of this writing more than 275,000 people in the U.S. have died of COVID-19, including more than 50,000 Latinos and 2,000 Native Americans who are dying at a rate one and a half times that of whites, according to the Centers for Disease Control and Prevention. Similarly, more than 50,000 African Americans have died of the coronavirus at a rate more than two times that of whites. And Latinos and Blacks are being hospitalized with the virus more than four times as often as whites. All told, Latinos, Blacks and Native Americans make up about 40 percent of all deaths in the nation from the coronavirus but only 31 percent of the U.S. population.

To reiterate, on behalf of signatory groups to this letter we strongly urge your respective agencies to designate people of color with a disability, especially those with intellectual developmental disabilities, among the highest risk categories to receive COVID-19 vaccine.

We also request that you collect and make available the necessary resources at the local, state and federal level to administer vaccines to those individuals who might have difficulty accessing traditional health care providers and ensure appropriate processes for consent among individuals with

developmental disabilities, along with resources needed for follow-up data collection concerning any adverse side-effects in these community as a result of the vaccinations.

We thank you for your consideration and look forward to your response and any feedback regarding this critically important matter.

Respectfully,

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- ANCOR – Shaping Policy, Sharing Solutions, Strengthening Community / Contact Sarah Meek, smeek@ancor.org
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