

**U.S. House of Representatives Select Subcommittee on the Coronavirus Crisis Briefing:
“Ensuring Equity in Coronavirus Vaccinations”**

**Opening Statement of
Frankie Miranda, President and CEO of Hispanic Federation**

Friday, February 19, 2021

Good afternoon Chairman Clyburn, my name is Frankie Miranda, and I am the President of the Hispanic Federation. Thank you for the opportunity to address you and the members of this committee.

For 30 years, Hispanic Federation’s work has centered on building power and capacity in Latino and immigrant communities and in the non-profits that serve them. In response to challenges presented by the coronavirus pandemic, we created the most far-reaching Latino Covid-19 Relief Fund in the nation, investing \$16 million dollars partnering with nearly 300 nonprofits in 30 states and Puerto Rico to provide care and hope to severely impacted families and communities. We recently launched our [VIDA](#) initiative to provide one million dollars in support to 15 community health centers that serve low-income Latinos across the country struggling without adequate funding to administer COVID vaccine programs.

I come to you today as a leader in a community that has been devastated by Covid-19. The impact of the coronavirus on the health, financial security, and educational progress of Latino communities has been nothing short of devastating. The impact is compounded by our government’s inadequate preparation for vaccine distribution.

Latinos are disproportionately represented among so-called “essential workers,” in occupations with lower wages, non-existent benefits, and no job security. Latinos are also overrepresented among the unemployed. “Essential” can also feel like “disposable.” Latinos account for the largest share of the nation’s undocumented immigrant population and our communities are home to millions who have spent the last four years in constant fear of family separation. Many will not seek essential government services for fear of having it counted against them.

Inequities are now playing out in the ability to receive the potentially life-saving vaccinations.

Available data shows a consistent pattern of Hispanic and Black people receiving smaller shares of vaccinations. For example, in Texas, only 20% of vaccinations have gone to Hispanic people, who make up 40% of the population, 42% of COVID cases, nearly half of all deaths (47%) in that state.

As of [this week](#), the CDC reported that race/ethnicity was known for just over half (55%) of people who had received at least one dose of the vaccine. Among the group, nearly two thirds were White (63%), 9% were Hispanic, 6% were Black, 5% were Asian.

Latinos make up nearly 1 in 5 of the U.S. population - over 18 percent - yet we represent nearly 33 percent of COVID cases nationwide. We have been dying at rates more than [twice as high](#) as the white population. Yet, as of two days ago, we have received only 9% of reported vaccinations administered.

We need to do better not only for Latinos but for the health of this country. We know from our own work and from our partners on the ground what the problems are and what needs to happen to address them. You just need to ask us.

I am here today to recommend strategies in three areas that will result in more equitable, targeted, and effective distribution of vaccines:

1. **Accessibility**

- Barriers to access include language, lack of transportation, and availability of things people take for granted like having internet or even an email account.
- We need targeted programs that provide vaccination strike teams to go into communities where hard to reach populations live and work. Continuing to simply open mega sites lacks creativity and a commitment to reaching hard to reach populations. You would not open a mega-site to conduct the census.

2. **Resources**

- Money must be allocated to community-based non-profits that have the cultural competence to educate and combat the rampant misinformation, distrust, and now fraud preying on Latino communities, by designing education and outreach programs modeled on successful community-based census programs.
- There also need to be resources for case management personnel with the cultural competence to reach hesitant populations, persuade them to get vaccinated, help

them sign up over the phone for the vaccine, and then follow up to ensure they go back for their second dose. Providing the vaccines is not enough.

3. Equity and prioritization

- Federal distribution guidelines must be created to target need and impact. There must be priority guidelines, [guardrails](#) to prevent abuse and jumping the line, and oversight - especially while shortages remain. Simply providing vaccines to people over 65 will not reach Latinos who have the highest numbers of deaths among younger age-groups. Almost half of all COVID-related deaths in the 35-44 age range are Latino (48.9 percent), compared with 27.3 percent of Black people and 15.5 percent of whites.¹

We cannot open the economy on the backs of brown, black, undocumented, and low-income workers who continue to suffer disproportionately high infection rates, economic hardship, and death. They must be valued and treated as essential, with adequate compensation, paid family and medical leave, childcare coverage, and protections from family separation.

But the immediate need is to provide equitable access to vaccines. We are not asking for equity for the sake of equity. Continuing to give low priority to Latinos and immigrants is not merely unfair; it is terrible public and economic policy. This country will not recover as quickly as it needs to if Latinos and immigrants continue to be treated as disposable, made invisible in policy discussions, or are left behind in the life-saving race to provide vaccines.

Thank you for asking us how - together - we can do better for our communities, our country, and our future.

¹ Center for Disease Control and Prevention COVID Data Tracker <https://covid.cdc.gov/covid-data-tracker/#demographics> (accessed 12/29/20)