

Health Equity Hearing Written Testimony

Panel #16 Housing = Health and Housing Stability

Organization Housing = Health

Topic: Vaccine Education and Anti-Racism as tools to Eliminate Racial and Economic Health Disparities

Over the course of almost a year, the COVID19 pandemic has highlighted the extent of this country's many inequities. National data from the CDC shows that Black and Latinx individuals are two to three times more likely to contract COVID, and two times more likely to die from COVID than white individuals¹. Massachusetts is no exception. After adjusting for age, Black and Latinx individuals are over two times more likely to contract COVID and die from COVID than their white counterparts.² These racial disparities are not linked to inherent characteristics of racial minority groups. Countless studies have demonstrated race as a social not biological construct.³ Rather, the unequal burden of the pandemic on minority populations is tied to the systemic racist policies that have plagued this country since its inception. Discriminatory housing policies prevent Black, Brown and Indigenous peoples from accessing safe and affordable housing. Centuries of economic and educational disenfranchisement lead to these communities being overrepresented in low-income jobs that place them at the greatest harm for exposure to COVID. These are only a few examples of how racism, and not race, has led to the disparities in the pandemic we see today. (include indigenous impact as well)

While the effects of centuries of racism cannot be undone in the span of a year, there are ample opportunities to begin addressing the inequities that the pandemic has exposed. The first step is to provide education and protection to the communities most at risk from the consequences of the virus. Condescending communication with these communities is not the right way to approach this issue. Black, Brown, and Indigenous communities have valid mistrust against America's healthcare system due to years of harm perpetuated by our healthcare system. The Tuskegee Syphilis study is a well known example, but is only one of the many instances where the system charged with keeping us safe was used to actively harm us. What is necessary is collaborative communication with vulnerable communities. This is essential to convey accurate and impactful information about the efficacy of the COVID vaccine. Funding for community outreach and education regarding the vaccine is essential. These initiatives should be used to amplify the work of existing community leaders that is already underway. Several grassroots COVID education projects are underway to help combat the issues the pandemic has highlighted.

Although equitable vaccine education and distribution is an important first step in tackling these issues, it is far from the only step. The vaccine is far from a magic bullet: **There is no data to indicate that vaccines prevent contracting or transmitting COVID.** Additionally, further research is needed to determine if the vaccine is safe and efficacious in more vulnerable groups such as children, pregnant

¹ <https://www.bostonglobe.com/2020/08/27/nation/new-study-finds-staggering-racial-disparities-covid-19-cases-massachusetts/>

² https://www.bostonindicators.org/reports/report-website-pages/covid_indicators-x2/2020/december/persisting-covid-disparities

³ <https://www.genome.gov/genetics-glossary/Race>

patients, and immunosuppressed individuals.⁴ Clearly, addressing the root cause of the racial disparities in COVID outcomes is essential to helping our most at risk communities. This means supporting policies such as rent control that provide safe and affordable housing to unhoused and displaced peoples. It means providing economic support to community members who have lost income due to the pandemic. It means dismantling existing policies that continue to perpetuate systematic racism on a daily basis. **It means listening to the communities and peoples that are most affected by the inequities in our society.** Their ideas and values should be centered in every decision that is made in any real attempts to address the disparities in COVID outcomes and beyond.

I would like to thank the committee for taking the time to read this testimony. As a Black medical student at Harvard Medical School I have committed to use my privileged position to fight for the health of those who do not have access to these spaces. I implore that you do the same.

Terrance Mensah

Housing = Health

Harvard Medical Student, Class of 2023

⁴ Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, Pérez Marc G, Moreira ED, Zerbini C, Bailey R, Swanson KA, Roychoudhury S, Koury K, Li P, Kalina WV, Cooper D, Frenck RW Jr, Hammitt LL, Türeci Ö, Nell H, Schaefer A, Ünal S, Tresnan DB, Mather S, Dormitzer PR, Şahin U, Jansen KU, Gruber WC; C4591001 Clinical Trial Group. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. *N Engl J Med.* 2020 Dec 31;383(27):2603-2615. doi: 10.1056/NEJMoa2034577. Epub 2020 Dec 10. PMID: 33301246; PMCID: PMC7745181.