With the disproportionate impact from the COVID-19 pandemic among racial and ethnic minority and American Indian/Alaska Native communities, U.S. Department of Health and Human Services (HHS) leadership has responded to several questions addressing various issues in media interviews, public town halls and press conferences, and other virtual events.

In an effort to provide substantive questions and credible responses for clinicians, providers, partners and stakeholders, HHS Office of Minority Health has compiled the following excerpts of HHS leadership’s responses related to COVID-19 and vaccines.

**COVID-19 AND VULNERABLE POPULATIONS**

- The Impact of COVID-19 in Minority Communities
- Importance of Research to Reduce Disparities
- Children Participating in Clinical Trials

**VACCINE HESITANCY**

- Public Trust
- Hesitancy Among African Americans
- Hesitancy Among Undocumented Immigrants

**SAFETY MEASURES**

- COVID-19 Fatigue
- Masks and Social Distancing
- Mitigating COVID-19 During Flu Season

**VACCINE ACCESS AND DISTRIBUTION**

- Roll Out Phases of Vaccines
- Vaccine Distribution

**COVID-19 AND VULNERABLE POPULATIONS**

**Question: What are the disparities in minority communities?**

Joint Op-Ed Statement: “Latinos, along with African Americans and American Indians, account for more than half of all COVID-related cases, even though they represent just a third of the population. According to the Centers for Disease Control and Prevention (CDC), these groups require hospitalization at a rate about five times higher than whites, due to the severity of their illnesses or lack of early access to health care. And the mortality outcomes reflect this as well: Latinos and American Indians die at 1.5 times the rate of whites, and African Americans, at 2.4 times the rate.”

*Source: The Power of Trust and Truth Op-Ed, November 17*

**HHS Leadership:** Dr. Gary H. Gibbons, National Heart, Lung, and Blood Institute Director and Dr. Eliseo J. Pérez-Stable, National Institute on Minority Health and Health Disparities Director

**Question: What efforts have been implemented to address disparities?**

Joint Op-Ed Statement: “Our sincere hope is that, working together, we will find ways to overcome COVID-19 in a manner that takes into account the history, cultural differences, and unique input and needs of the people it affects most. How do we do this? We start by offering reliable and easily understood information based on science, by dispelling myths, and by explaining the importance of research. CEAL is working with trusted members in communities like yours to ensure access to information that can be shared through virtual town halls, infographics, animated videos, and in many other ways – like social media posts.”

*Source: The Power of Trust and Truth Op-Ed, November 17*

**HHS Leadership:** Dr. Gary H. Gibbons, National Heart, Lung, and Blood Institute Director and Dr. Eliseo J. Pérez-Stable, National Institute on Minority Health and Health Disparities Director

**Question: Have children participated in the vaccine trials?**

Dr. Collins: “The Pfizer trial is now looking at children down to age 12. But no vaccination trials have been done - had kids younger than that. First, you want to find out, is it safe and effective in adults before you try this on children, recognizing that they may be more vulnerable. There’s every reason to think this vaccine is going to work in kids, but we will need to get that data and make sure that’s true. So, kids will be coming late in the schedule of those who get immunized.”

*Source: We Need To Double Down on Efforts to Stop COVID-19, NIH Chief Says, December 7*

**HHS Leadership:** Dr. Francis Collins, National Institutes of Health Director
**VACCINE HESITANCY**

**Question: What would you say to vaccine-hesitant people, and within the Black community specifically?**

Dr. Corbett: “It is most certainly an issue, and I wake up to oftentimes on social media, to people who are vaccine hesitant with lots of questions and concerns, and I think that what I would say to people who are vaccine hesitant is that you've earned the right to ask the questions that you have around these vaccines and this vaccine development process… And so, one of the things that I've had to step out of this and say that we're not going to be able to prove trustworthiness in this instance quickly, and that is OK. But what we do need to do is decide that we're going to take steps and, even beyond this pandemic, move in a direction to be more trustworthy.”

*Source: Lead Vaccine Developer Says She Wants to Help Rebuild Trust Brick by Brick, December 18*

HHS Leadership: Dr. Kizzmekia Corbett, National Institutes of Health Immunologist

**Question: How are you going to persuade the Black community to overcome their hesitancy?**

Dr. Adams: “Well, I’m the United States surgeon general, but make no mistake about it, I’m an African-American, I grew up poor, Black, rural. I know that long before COVID there were many diseases: hypertension, cancer, diabetes that were plaguing communities of color. And COVID just unveiled those disparities that have been around for a long time. And what I want to tell people most of all is I walk the talk. I got vaccinated on Friday. I actually feel great. You know, my mother-in-law and my mother are watching, and they've been asking me all weekend, how are you feeling? I feel great. And I hope people will get the vaccine based on information that they get from trusted resources because it’s okay to have questions.”

*Source: Face the Nation, December 20*

HHS Leadership: VADM Jerome Adams, United States Surgeon General

**Question: What is your guidance about the concern of undocumented residents in this country getting the vaccine?**

Dr. Adams: “I want everyone to hear me. No one in this country should be denied a vaccine because of their documentation status, because it’s not ethically right to deny those individuals.”

*Source: Face the Nation, December 20*

HHS Leadership: VADM Jerome Adams, United States Surgeon General

**SAFETY MEASURES**

**Question: What is the recommendation as families seek to gather for events?**

Dr. Fauci: “We’ve been under this situation of COVID fatigue, as we call it, everyone is fatigued about this. We have been going through this now for almost a year. But now’s not the time to say you know I’m just so tired of all of that would only make matters worse.”

*Source: CNBC Healthy Returns Livestream Today, December 16*

HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director

**Question: Can those who receive the vaccine stop wearing masks and social distancing?**

Dr. Fauci: “You need to keep wearing masks and doing the fundamental public health measures. You have to do that until we get enough people vaccinated in this country, so that the level of virus the viral dynamics is so exceedingly low, that it would be extremely unlikely that you would acquire or transmit the infection. So, a vaccine should not be a substitute for public health measures. It should be a complement to public health measures. And only after this virus is really under extraordinarily good control, can you start pulling back on public health measures.”

*Source: CNBC Healthy Returns Livestream Today, December 16*

HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director

**Question: What steps should the public take to mitigate COVID-19 during flu season?**

Dr. Messonnier: “The concern of course is that co-circulation of flu and COVID-19 will be really difficult. The mitigation measures that we’re all undertaking to respond to COVID are exactly the same measures that one would expect to have an impact on influenza. But flu is unpredictable, and especially a flu season amid a pandemic, so what I would tell people is while we should definitely hope that mitigation measures are going to decrease the risk of flu, we still believe that people should get vaccinated because vaccination is an important way that they can protect themselves.”

*Source: CDC’s Messonnier Says She Trusts COVID Vaccine Process, September 21*

HHS Leadership: Dr. Nancy Messonnier, Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases Director
**Question: Can vaccines still transmit COVID-19?**

Dr. Fauci: “We do not know now whether or not you prevent a person from getting infected. We know for sure that the vaccine is highly efficacious in preventing the clinical disease. As we get further into the trial and follow people for longer and then do follow up studies, we may get the answer to that. But right now, we do not definitively know whether or not the vaccine prevents you from getting infected and transmitting it to others. One of the reasons why we say you still should wear a mask, even though you’ve been vaccinated.”


HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director

**VACCINE SAFETY**

**Question: Will the vaccine affect genetic makeup?**

Dr. Marks: “We do have some experience giving these to humans, albeit not to this tremendously large group. One of the concerns that’s commonly asked about these is, is there a chance somehow that a retrovirus will get the mRNA and get it into our genome somehow? And what we can tell from everything we know from animal experiments and from previous human experience is although it is theoretically possible, practically, it hasn’t been observed. Now, obviously we’ll have a lot more data soon, but it’s simply not, it’s not something that at this point we are concerned enough about to prevent us from moving forward.”


HHS Leadership: Dr. Peter Marks, U.S. Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER) Director

**Question: Can the vaccine alter DNA?**

Dr. Fauci: “They’re getting a snippet of RNA which is coding for a protein. It has nothing to do with your own genetic material. It gets injected, it gets into a cell, and it starts pumping out the spike protein that you want the body to make an immune response. It doesn’t integrate into any aspect of your own genetic material. It’s totally separate from your own genetic material.”


HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director

**Question: What threat does the new COVID strain pose?**

Dr. Adams: “Well, very important for people to know that viruses mutate all the time, and that does not mean that this virus is any more dangerous. We don’t even know if it’s really more contagious yet or not or if it just happened to be a strain that was involved in a super spreader event. Right now, we have no indications that it is going to hurt our ability to continue vaccinating people or that it is any more dangerous or deadly than the strains that are currently out there and that we know about.”

Source: [Face the Nation, December 20](https://www.cbsnews.com/amp/face-the-nation/)

HHS Leadership: VADM Jerome Adams, United States Surgeon General

**Question: Considering the fast development of the vaccine, is it safe?**

Dr. Fauci: “The speed of it is a reflection of the extraordinary scientific advances that have been made in platform technologies for vaccines. It was not at the expense of safety, nor was it at the expense of scientific integrity. It was purely a reflection of years of work, which antedated this outbreak, which allowed us to do things in a matter of months that formerly a decade ago would have taken several years. In addition, an enormous amount of money. Hundreds of millions if not billions of dollars were put into the development and the production of vaccine doses, so that they would be ready to give to people. As soon as the vaccine was shown to be safe and effective. So, people need to understand speed reflects extraordinary investments in science and has nothing to do with compromising safety or scientific integrity.”


HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director

**VACCINE ACCESS AND DISTRIBUTION**

**Question: When is it expected to be able to notice vaccine distribution’s impact infection rates?**

Dr. Fauci: “We’re starting to roll out, you know, the primary individuals - namely, health care providers like the nurse that you just mentioned - as well as people who are in facilities such as nursing homes. But once you get beyond that, you have people who are essential personnel. You get students. You get elderly. You get those with underlying conditions. And then hopefully by the time we get to, let’s say, the end of March, the beginning of April, we’ll be vaccinating people who otherwise are what we’d say normal population, don’t have any underlying conditions. That would prioritize them. Once we get there, if in the subsequent months - April, May, June, July - we get as many people vaccinated as possible, we could really turn this thing around before we get towards the end of the year.”


HHS Leadership: Dr. Anthony Fauci, National Institute of Allergy and Infectious Disease Director
**Question: What is the status of the vaccine roll out?**

Dr. Slaoui: “Distribution has now taken place to all 636 locations that we have identified and were given to us by the states. The key point, which is frankly my preference is to talk about people immunized because that’s what counts. We can immunize 2 million people by the end of this month and give them a second dose within the month of January, as well as immunize another 20 to 30 million people, 30 million people in the month of January with their first dose.”

**Source:** CNBC Healthy Returns Livestream Today, December 16

HHS Leadership: Dr. Moncef Slaoui, Operation Warp Speed Chief Advisor