The best and brightest scientists from all over the world participated in creating these vaccines. Safety profile is unbelievable, there’s very few vaccines available now that are 90+ percent effective.

Yesterday President Biden gave a speech about the COVID vaccination. He said something that we took to heart here. Moving heaven and earth to get this vaccine into the arms of people who need it.

Tonight the town Avertin is stepping up, volunteers are doing the legwork.

Now that the vaccine is available we are taking this to the next step. We set up a call center and we are working through we have people all over Connecticut. We train people to give the vaccine but using town employees to come in and volunteered to help in stepping up to the plate so we can get this vaccine out.

The Board of Health Avenues launched two new mobile wellness units to fight the pandemic.

These will go through the county in the neighborhoods that need them the most. And provide not only COVID testing, COVID vaccine but also chronic care and referrals to our tele-medicine program predicted we are encouraging all of our 65+ residents and their caregivers as soon as possible to go out and get the shot.

I just turned 78. I wanted to make sure that I had the opportunity to fit into getting the COVID vaccine.

How do you feel about getting the vaccine, feeling good?

Good so far.

I’ve been nervous for most of the year.

Just having it is one thing off her shoulders.
>> After I get it I will be considerably relieved, headed to start.

>> If you want to be outside with our loved ones and that work in celebrating things again this is the best way to make it happen.

>> JEFF ZIENTS: Hi this is Jeff Zients the White House coordinator for the COVID response. And I thank you for the opportunity to join you. I appreciate the opportunity to speak to you today. We have reached a grim milestone half a million people have died from COVID 19. Too many of our businesses and schools have been closed for too long a period of time. And third all one constant has been you been on the front lines.

I want to start by saying thank you. Thank you, thank you, thank you. You are true heroes and we are tremendously grateful to your tireless work over the past year. Were grateful about the opportunity to be a partner with you in this fight. President Biden is clear we are at war with this virus. And we are using every resource we have to defeat it. It’s been about one month since the president lost his comprehensive strategy To beat the COVID19 pandemic. There are seven core components of the strategy from a restoring trust American people to mitigating spread to ensuring there are no shortfalls and supplies for PPE, advanced therapeutics and the safety and opening schools and businesses, and vaccinations are central to the strategy which is why we are going to work hand-in-hand with all of you to vaccinate the US population quickly and equitably, ensuring that every person the country is reaching our response we have a long road ahead but together we can get this done.

I want to tell you more about the vaccination component today as we move forward together in this effort. Our vaccination strategy focuses on three key areas. More vaccine supply, more vaccinators and more places to get vaccinated.

First I will start with supply. I can assure you we are acting as aggressively as possible to increase the vaccine supply working with the manufacturers to increase output --and pushing the supply we get from them out the door as quickly as possible.

Since taking office just a little over a month ago, we have increased weekly allocations of faxing delegates to states, tribes and territories, by almost 60%. From 8.6 million weekly doses to 13.5 million doses. In addition we are allocating doses directly to local pharmacies and community health centers around the country. So in total the weekly supply of vaccines has nearly doubled over the last month. And the president has acted swiftly to secure enough vaccines to supply 300 million Americans by the end of July.
Second, in terms of vaccinators remobilizing teams to get shots in the arms, to date we have put over 750 federal personnel as vaccinators and funding 1200 National Park members who are serving as vaccinators. They vaccinated over 1000 members of the military to support vaccination sites. And we've employed an additional 1200 personnel at community vaccination sites an operational roles. We take action to increase the number vaccinators and federal support teams to help our efforts on the ground.

Third recruiting more places where people can get vaccinated. We've expanded financial support to bolster community vaccination centers nationwide. With over 3.6 million in federal funding across 44 states, tribes and territories. We are bringing vaccinations to places, communities know and trust. Community centers, high school gyms, churches and stadiums nationwide. And we are standing up innovative high-volume federally run sites that can provide over 30,000 shots a week. We've also launched efforts to get vaccines to pharmacies and community health centers. Importantly, throughout this work we have put equity front and center and we are partnering with states to increase vaccinations in the hardest hit and hardest to reach communities. Your increasing supply to convenient and trusted locations like community health centers, and deploying mobile units to some of our hardest to reach communities.

We are also improving data collection so that we have a much better understanding of where inequities are occurring so that we can address them head on.

We are making real progress on vaccine supply, vaccinators, and places to get vaccinated.

Let me be clear, let me be very clear we have a lot more to do. On all fronts and we will continue to take the actions needed to beat this virus. The president has put forward a legislative proposal called the American Rescue Plan to allow us to do everything we can to fight that pandemic including scaling up testing and tracing as well as a nationwide vaccination program. Addressing supply shortages, investing in high-quality treatments, providing paid sick leave to contain the spread of the virus. Addressing health disparities, and providing relief to the communities hit by the disease. We need Congress to pass the American Rescue Plan as quickly as possible.

How quickly we execute this process depends on all of us. When it comes to implementing a vaccination program, you are all facing the day to day challenges on the ground and already are founding innovative ways to problem solve. We want to learn
from you as we determine how to best support you from the federal level. Continue consistent two way communication between us will be key to our success.

That is why today's forum is so important to share best practices, learn from each other, and defeat this virus faster. The fact that we are joined today by leaders of the federal, state, local territorial and tribal level, as well as the private sector, medical provider groups, nonprofits and academics, shows this is not only a whole of government approach it is a whole of the country approach. So want to close by thanking Dr. Walensky and our colleagues at the CDC for putting this together and I thank you all for the work you've done and the work you will continue to do to end this pandemic. Now I am pleased to introduce Dr. Besser the CEO of the Robert Wood Johnson foundation will moderate a panel discussion. Thank you.

>> ROBERT BESSA: Thank you to the CDC for Alden this important forum. Thank you for giving us your time today and over the next few days, as we gather together today to talk about the path out of this pandemic is so important that we acknowledge how devastating the pandemic has been. More than half a million people have died from COVID in America, millions more around the globe, and economic crisis for millions of people, an educational crisis for many children. They fully at last we can have some cautious optimism that the end of the pandemic is insight. We see a decrease in hospitalizations and we are recognizing more zonation the following public health guidance, wearing masks, socially distancing, washing her hands, limiting travel and large gatherings that these things truly work and almost miraculously a year into this crisis we have not one but more than one safe and effective vaccine. And it is vaccination that is truly going to get us out of the deadly grip of this pandemic.

We are seeing an increase in supply of vaccines, the systems around the country are improving. But there are a lot of challenges still in getting vaccines to the communities that need the most into the arms of people with the greatest risk. We all recognize that pandemic has hit everyone in America, every community one way or another but not every community is being affected equally. The black, Latino, Native Americans, many who are essential workers are being infected and dying disproportionally at higher rates. Your data just last week from the CDC showed life expectancy during the first half of last year decreased in America by a full year. That is something that is unprecedented.

If you break that down by race and ethnicity, in our nation the black American population, that life expectancy to clean by almost 3 years. For Latinos almost 2 years, how we address that has to be reflected in our vaccination programs. There are new
variants of the virus that spread COVID rapidly and were racing against this and that is why having an effective corrugated strategy for getting people vaccinated is absolutely critical. Right now there's a lot of people confused and frustrated because in every state, sometimes every county, there are different requirements and processes to get vaccinated. We're seeing challenges in reaching many of the people in rural communities and challenges reaching people with disabilities. Some who may not be able to leave their homes to travel to a vaccine clinic.

There are communities of color with a long history of disrespect and mistreatment at the hands of government and health systems and we need our leaders to earn their trust. Equity as Jeff was saying, has to be front and center in everything that takes place. And today's conversations will focus on all these issues. The Townhall sessions will highlight people, and places that are working hard to make vaccine distribution work at the local level. So there is a lot to cover and a lot to learn and let's go ahead and get started. I am pleased to welcome our first panel to discuss how the different agencies of the government or providing safe and equitable distribution of the vaccines but will hear from that panelist individually and then open up for back-and-forth but let's start with Dr. Walensky she will give us a quick overview of where the response efforts are now and what the CDC will do to focus on equity and axis going forward.

>> DR. WELENSKY: I'm really energized to be here today with you and anticipate the engaging three days that we have ahead come out you've all gathered over 11,000 of you from 6000 organizations across 50 states, most territories and 128 tribes and tribal organizations, ready to learn entries.

Today's my 34th day as director and when I was asked to sign onto the form about seven days into my tenure I could think of no more important thing that we could do to ensure we were all leveraging our own expenses for the benefit of the nation. This event especially on such short order would not have been possible without the tireless work of our organizers and without all of you leaning in, giving more of yourselves when you've been giving so much already. For that, you have my deepest gratitude.

We all recognize that we remain in a very serious situation and yet we happen to see trends moving in the right direction COVID 19 cases in the US have been declining for five weeks with the seven day average dropping 74% since the peak seven day average on January 11, the current seven day average of approximately 66,000 cases is similar to the highest they average from last year's peak. The 7 day average for a new hospital admissions, 6500 reflect a 60% decline since the peak 70 average on January 9.

This represents the lowest seven day average in new hospital admissions. We dropped
39% since the prior seven day average, this is the lowest seven day average since December but death remain nearly double the number reported during last summer's peak and as a nation we are reaching the hard to fathom 500,000 death toll.

Still we are learning more and more about COVID 19 variants and remain worried., the continued spread of more transmissible variants could jeopardize the progress we’ve made in the last month if we let down our guard. We have seen how this is devastated our allies and we do not want to relive the prior several months. Now is the time to keep up the incredible resiliency that you have all demonstrated throughout this response. Public health and healthcare workers have guarded the front lines of the COVID pandemic since the beginning.

Our extremes this pastor reminds us to be humble to follow evolving science and take extra care of our most vulnerable and even some cautiously optimistic. There will be bumps in the road which is to be expected but never has our country been asked to mobilize in the ways we have to at this moment. Our charge is to vaccinate the nation and 300 million people quickly ease safely and equitably. And were doing this when the vaccine except as most constraint. A critical part of the vaccine COVID update will be building vaccine confidence everyone here has a unique role in supporting these efforts and we are relying on extraordinary cooperation and social, political, houses of worship, sports, to get our voices to people who will listen.

In doing so we face a coincident challenge the sharp decline in pediatric vaccinations caused by disruption in care during the pandemic. Despite small improvements in this area are gaps in vaccination we must address in helping spread the message about vaccination is essential. I am new at being a CDC director but I know the critical importance of partnership in summary people are here today because you're committed to doing the right thing for health. You help build vaccine confidence and helping to strengthen the COVID 19 safety data. You've worked to promote health equity and expand access to vaccines particularly in communities that have been the hardest hit by the COVID 19 pandemic. Your hard work is evident and key to the shared goal of protecting all Americans from the devastating impact of the virus and am thrilled that all you will join us of the next three days to more deeply explore how we can ensure vaccination strategies are implemented in every community and I share with you the thirst for how we can improve, I want to thank my fellow panelists for joining me today, this is an extraordinary cross collaboration of agencies engaged and have a key stake in how we respond to the pandemic and how we vaccinate America. Against this virus.

Together we can promote safe, effective and equity vaccination in communities across the country. Thank you.
>> JEFF ZIENTS: Thank you so much, Rochelle, next we will hear from David Bibo, the acting associated administrator for the federal emergency management agency and he will tell us how FEMA is working to support the efforts of partners at the state, tribal and, local territorial levels to vaccinate in a safe and equitable manner.

>> DAVID BIBO: Thank you for having us join. Bob Fenton Since his greetings and he’s actually in New York today where along with our state partners he will open two community vaccination centers later this week, more on that in a minute. Along with responding to urgent disasters in the south and southeast most notably Texas over the last week, FEMA has no greater priority than ensuring every American who wants to get vaccinated can do so.

The president gave us very clear direction we work alongside the CDC and the nation’s public health professional to marshal the resources of the federal government, and expedite and expend the availability of the vaccines. Through our response coordination Center in Washington DC and 10 regional offices across the country we have been coordinating with the CDC, Department of Defense at all range of federal agencies to bring states, tribes, territories, local governments, the resources and support that they need to get the vaccination mission accomplished.

As Jeff noted at the top just in the last 34 days, we've been able to provide more than $3.6 billion to 44 states, tribes and territories across the country. And there is more to come. The dollars are helping with expenses related to leasing facilities and hiring staff, transporting and logistics. The whole range of missions that help make vaccinations something that we can all accomplish quickly, safely, effectively and equitably.

We have deployed thousands of federal personnel in clinical and nonclinical roles across the country and we have more yet to deploy. We will continue to be responsive to the requests that we are receiving from the states and tribes and territories and as you may know, the president took the action of providing 100% federal support to the nation's governors to use their National Guard in all of the COVID 19 response admissions. As I noted Bob is in New York today, because we are partnering with a series of states to establish community vaccination center federal pilot sites in heavily populated socially vulnerable areas, and its omission where you may have heard that the Department of Defense is and will continue to be a vital part.

Last week the FEMA administrator joined Governor Newsom in California to open the first two of these federal pilot community vaccination centers in Oakland and Los
Angeles. Each has the vaccination capacity to vaccinate 6000 people a day. We have reinforced the critical burdens of working with community and faith-based organizations promote equity. Intel foreknew we work side-by-side with True Vine ministries La Familia the Asian-Pacific healthcare venture the LA black workers, the workers alliance and the Filipino workers Center of Southern California to promote awareness and ensure communities they serve an equal opportunity to get vaccination sites. Beyond Oakland and LA, the White House has announced plans for additional pilot sites in Brooklyn and Queens this week with more sites in Pennsylvania and Florida slated to open next week.

These pilot sites are designed to add to ongoing vaccination efforts in using CDC for social vulnerability index census data as well as input from our state and local partners. Local input, public health principles, equity considerations are informing everything that we do. In fact, we have convened here at the national level civil rights an advisory group that for the first time has integrated fully international response ordination center and their operations pretend we have deployed civil rights the advisors to sit with the regional ministers across the country as they support state, local, tribal and territorial governments and the full range of support we are marshaling across the government. No cut there’s no question that we have a hill to climb and we are expanding the ability the Apple take all of us working together, FEMA is all and we look for to supporting you in the days ahead and I encourage you to check out FEMA.gov/Corona Virus where you can learn about eligibility with our FEMA programs and is always I encourage all of the public health officials and emergency management officials to continue to work to head to access the available FEMA resources and those of the water FEMA family, rich, back to you.

>> RICHARD BESSER: Let’s turn now to Diana Espinoza who is the acting administrator of the health resources and services administrator and she will tell us about the recent steps being taken to use community health centers at vaccination sites and how her site is working with severely underserved communities including people experiencing homelessness and people who have difficulty speaking or understanding English. Diana?

>> DIANA ESPINOSA: It is an honor to be here today with all of you to discuss this topic which is so important to our nation, the Health Resources and Services Administration or HRSA is playing a vital role in supporting local community responses to the COVID 19 public health emergency and we are working hard to ensure the nations hardest hit in the nation to receive the COVID 19 vaccine. HRSA is the primary organization there ensuring vaccinations are available to the vulnerable. From primary service care directly to hospitals and providers on the frontline of the pandemic, HERSA
reach more people in need. It does its work in partnerships and we do not do it by ourselves. We reward more than 3000 organizations, grants each year and these include community and faith-based organizations, colleges and universities and tribal governments. HRSA Close ties with community local and state organizations enable our agency to respond to urgent public health issues so since the onset of the COVID 19 pandemic HRSA has been at the forefront of the governmental response continuing to ensure the essential healthcare services while standing up to COVID 19 testing, therapeutics and vaccine administered efforts.

HRSA's Health center program has been a critical part of the administration's national strategy to equitably distribute and administer COVID 19 vaccines across the country. HRSA-Funded health centers are community-based and patient directed organizations that deliver quality plenary healthcare to medically underserved communities. Health center's deliver care to the nation's most vulnerable individuals and families including families experiencing homelessness, agricultural workers, residents of public health housing and the nations veterans. Nearly 1400 HRSA health centers operate nearly 13,000 sites that provide primary and preventative care to nearly 30 million patients each year regardless of their ability to pay. Over 91% of health care centers with individuals or families live at or below 200% of the federal poverty guidelines and nearly 63% are racial and ethnic minorities, HRSA is leveraging these trusted provider relations to accelerates vaccinations and disproportionate communities. To date the health centers provided more than 9 million COVID 19 tests and more than 800,000 health center patients and staff have received the COVID 19 vaccine.

38% of the health center patients who have initiated their COVID 19 immunizations are racial or ethnic minority patients.

On February 9, HRSA and the CDC launched the health center COVID 19 vaccine program to directly allocate a limited supply of COVID 19 vaccines to select health centers, ensuring that our nations medically underserved and vulnerable communities and those disproportionately impacted by COVID 19, are equitably vaccinated against COVID 19. These vaccine allocations are designed to complement and not replace existing COVID 19 doses already being distributed by states and territories and the first stage of the program, 250 HRSA-funded health centers were invited to participate, the health centers invited for this initial phase specializing in caring for populations that are disproportionately affected by COVID 19 including people experiencing homelessness, agricultural workers, residents of public housing and patients with limited English proficiency. We are also prioritizing health centers that serve a significant population of patients, 65 years and older, and ensuring at least one health center from each state or territory was included in the first stage of the program for the full list of the health
center is invited to participate is available on the HRSA website, this past weekend vaccine orders were completed for the first 25 health centers and vaccines will begin being administrated to patients in the upcoming days by the week of March 1, HRSA expects 250 health center serving about 13 million patients to be eligible to receive vaccines. Eventually all HRSA health centers will have the option to access vaccines through the program. HRSA and CDC are working with state and territorial public health officials, primary care associations and health centers to address the health center readiness and capacity to participate in the program.

We are very excited about this new program and thank you so much for the opportunity to share information about this.

>>> RICHARD BESSER: Next we will hear from Liz Richter the acting administrator for the centers for Medicare and Medicaid services and she will talk about what CMS is doing to make it as easy as possible for providers to give people safe and fair access to the vaccine. Liz?

>>> ELIZABETH RICHTER: Thank you, Rich, good morning everybody. At CMS we are focusing the COVID vaccine efforts on three areas, affordability, accessibility and addressing the vaccine. Above all we want to help smooth the path for providing the vaccine at no cost. Were also working actively with the CDC to increase acceptance of the vaccine by beneficiaries, enrollees and healthcare workers especially those in nursing homes. Let me elaborate.

We want to ensure anyone covered by group and individual health insurance can get vaccinated at no cost. Healthcare providers and groups delivering shots can and should be paying for vaccine administration, even before COVID 19 was available, the established Medicare provider payment rates for vaccine administration and we worked with the provided error community to establish billing codes so providers can build Medicare immediately when the COVID vaccine became available.

I want to emphasize that all vaccine recipients regardless of insurance coverage or immigration status can get vaccinated at no cost even if a person has no insurance. In Medicare this means that no beneficiary should pay a co-pay deductible for a COVID vaccine. For Medicaid patients, states will pay for vaccine administration without co-pays. Additionally issuers at most groups and individual health insurance plan coverage must cover COVID vaccine without coaching in and out of network during the public health emergency. For uninsured patients thanks to the CARES Act healthcare providers who administration the Vaccine can claim reimbursement under a HRSA program. Called COVID 19 Claims Reimbursement for Healthcare Providers for Testing
Treatment and Vaccine Administration for the Uninsured.

We’re doing what we can to make sure billing instructions are clear and under a simple five billing process called raster billing it can be easily submitted. We set up an enrollment hotline the providers can call to enroll in Medicare and our online toolkit which can be found at -on our website at www. CMS.gov/COVIDvax, has information that could Medicare providers need on enrollment, coding and billing for COVID 19 vaccines. With Medicaid we are working with states to expand their provider capacity to include pharmacists, technicians to administer the COVID 19 vaccine. As we focus on affordability and accessibility we are focused on hesitancy to get the vaccine and on that end Medicare and Medicaid in our communication channels are engaging partners and educating their communities about vaccine safety and coverage. Through our emails or constituencies, social media and partners we are encouraging social distancing, promoting vaccine safety and encouraging people to get vaccinated when they can.

We are working with state Medicaid agencies to ensure that individuals who are traditionally harder to reach are not left out or left behind. We will be wrapping up these efforts in the coming months. We host a series of fireside chats on vaccine safety in December and January in partnership with the CDC. These chats were aimed at nursing home staff and designed to address questions and concerns about the vaccine.

Additionally we had several listening sessions with minority health leaders will continue listening to the needs of minority populations that are most vulnerable communities. Finally, at this year’s virtual CMS quality conference next week on March 2 and third, we will be convening a COVID 19 vaccine panel discussion addressing facts, concerns and myths about the COVID 19 vaccines. A diverse panel will provide perspectives from the medical community, researchers and frontline staff. Going forward, CMS will continue to address all issues related to successful vaccine administration including those with affordability, accessibility and hesitancy as we work within the agency within the department with other federal partners, to expand and advance COVID vaccine vaccination throughout the nation.

Thank you and back to you, Rich.

>>   RICHARD BESSER: Thank you very much, Liz and thank you. we are now going to hear from our final panelist, Josh Peck the deputy assistant Secretary for public engagement at the department of Health and Human Services and will talk about the need for the importance of strong public health, strong public education campaign about vaccination. Josh?
JOSHUA PECK: Thank you, Rich and to my colleagues at the CDC for hosting this important forum. Public education is a critical component of America’s COVID response because it is our collective behavior that impacts the way the virus does or does not spread. Public education is a shared effort and the department of Health and Human Services and its agencies state and local governments, public health officials, doctors and nurses, employers, community-based organizations and even individuals have been working to teach people how to protect themselves, their families, their coworkers, customers and patients. We are here today because we are entering a new phase of this effort did vaccines offer a new way to protect her communities and families but they do depend on our collective behavior. Public education includes people have love no intention to get vaccinated to those with questions to those who want it as soon as possible. A successful public education effort will need to people across the spectrum.

Complacency is the perception of risk that the Corona Virus poses if risk seems low vaccination and protective behaviors like masking may not seem necessary. Confidence is the trust in the effectiveness and safety of the vaccines in the system that delivers them. We must give people answers to the reasonable questions that they have about the vaccines. Convenience is how easy it is to get vaccinated. Our vaccines are available, affordable, accessible, convenience is a problem when you cannot get to the apartment, you need to drive an hour speak another language or get time off workers even some who really was a vaccine may not get one if the process is not easy. And for some even the smallest obstacles will seem like mountains.

We will collectively need to address all three C's to combat vaccine hesitancy. I want to talk about two values that will be central to our efforts. Our work will be the signs clients we provide to the American public will be driven by silence and we will aim to make sure it is as accessible as possible. Over the last month we’ve been working to embed experts from the CDC directly into the decision-making in day to day operations.

our work will place equity at its core, vaccine hesitancy is highest in communities of color and low income communities. The very communities but that have been hit hardest by COVID. Public education efforts that target these communities and the specific challenges they face will be a priority. This administration is committed to a robust public education efforts to help Americans protect themselves from their process and make the process easier. In the weeks to come we will roll out the new efforts but we cannot do it alone for this is a historic undertaking and it will require a society wide response for us to succeed.
Thank you, Richard.

>> RICHARD BESSER: Thank you very much to Josh. And thank you to all of you for your initial common spread I will ask some questions and then throw one in, question from someone who's joined us today submitted at registration. Rochelle, you are now one month into the job at CDC and I imagine it feels like it has been a long month. With clinical experience, what initial reflections you have on how we can collectively help drive vaccine uptake and how can the CDC best support the activities across the nation?

>> ROCHELLE WALENSKY: I think Josh spoke a bit about this but we have so much work to do to understand and meet people where they are and we can do some of this work at the CDC but we need our partners in states, tribes and localities to tell us about the community spirit we need to engage at all levels and engage the community, individuals, social networks and really understand at the core what is it making people lack confidence in the vaccine if they infect you, is it that they perceive they are not at risk? Does it feel like the science moved too fast? Is it that they believe that they, that is not convenient to them or are they worried about the safety profile and side effects? We need to understand where they are and that hesitancy and then informed them. With our local partners, with toolkits and with support, with informed knowledge and to do so with community-based organizations, faith-based organizations, really, using all the networking at our disposal to make sure we can be people where they are and then we need to have not just one opportunity for vaccination but opportunities for people to say maybe not today but next week I might be ready.

>> RICHARD BESSER: I think that last point is critically important, what someone decides today may not be where they are tomorrow. Or next week. And respecting that it is a personal decision and different people will reach conclusions in a different timeframe. This next question is for both David and Diana. How can community-based organizations and other partners help FEMA and her set ensure the most vulnerable Americans have an equal chance to receive vaccinations and how are you leveraging community-based data to administer the vaccine?

>> DAVID BIBO: For FEMA we've learned acutely from the first two sites that we have opened in partnership with California, the critical importance in the value that community-based organizations have played in allowing us to reach socially vulnerable communities or communities that may not be reached through broad-based communications and messaging strategies. What we are doing now is taking those lessons and reinforcing all 10 of our regions not only for the federal pilot sites I
mentioned in the weeks ahead but also as the regional administrators support state
health officers and regional managers with others for funding and supplies and
equipment it gives us an opportunity to have conversations with them and promote the
connections with these community and faith-based organizations that have social
capital that we all need to tap into to reach hard-to-reach communities.

FEMA funding can be used to communicate about vaccination efforts including in
creative ways but so I would encourage the public health officials to work with local and
state emergency management officials where resources are a limiting factor to try to get
funding from FEMA to support those efforts.

>> DIANA ESPINOSA: From the HRSA perspective, we just have these wonderful
relationships that are already built through the community through the various
programs. We have made investments in rural testing and learned a lot from that.
We have home visiting and programs that are focused on young families and so
leveraging the existing relationships and have the discussion we’ve been talking about,
about getting vaccinated and when the right time is. The data piece is important and
we been tracking to see what areas may need more resources but we can also collecting
more informal data by having conversations and hearing stories so we can help from the
federal level coordinate and get resources and come up with strategies to address some
of the challenges that folks are facing.

I think that is an important part to recognize that the data is not just the quantitative
but the qualitative and experiential so we can continuously improve this process
because it is a massive undertaking.

>> RICHARD BESSER: Josh, here is a question for you. Let’s talk a little more
about education campaigns. When you are thinking about creating and launching the
education campaigns, what sort of data do you rely on to craft those, and how do you
get that data?

>> JOSHUA PECK: Data will play a critical role in decision-making and building
confidence will require different things in different communities there is not a one size
all solution and this is where data can be helpful. Surveys will help us assess the
attitudes and knowledge of vaccines and the Corona Virus more broadly but specifically
among some populations. Right now the census is currently asking Americans
questions about vaccine confidence through the household poll survey which is a very
powerful data set that will inform work across government, the Kaiser family foundation
and others are also running surveys, looking into vaccine hesitancy and we will be
tracking vaccine confidence over time and use all the survey data out there to target
populations with higher vaccine hesitancy but to develop the answers to unique challenges each subpopulation might face.

>> RICHARD BESSER: Thank you, Josh. Liz, this question comes to you. And I know CMS has been hosting fire side chats, helping certified nursing assistants and healthcare providers -- what if you been learning from these far sight chats? And how is that information going to be used?

>> ELIZABETH RICHTER: We've been working with Nursing Home since the beginning of the pandemic and we are partnering with Nursing Home industry to expose myths about the vaccine. I would point to two things we've been learning. The first is the importance of as peers as influencers, people trust their peers. In some of those far sight chats for example that we mentioned, certified nurse assistant of answered questions and explained why they took the vaccine to other certified nurse assistants. And that has helped them get comfortable with the vaccine in a way that may be hearing from us would not have because they are hearing from people who have experienced the same things that they do.

The other thing I think in time people can change their minds and as more information became available, some people who initially declined the vaccine are now taking it. So that is why we continue our efforts within communities. It is not just a one-time intervention.

>> RICHARD BESSER: Thank you, Liz. Rochelle, here is a question for you from one of our registrants, Heidi from Wisconsin asks, how can we overcome the politicization of COVID 19 vaccination that has been taking place?

>> ELIZABETH RICHTER: Thank you for the question. I think now is the time for unity, we have had half a million deaths in this country, we note that this disease has no borders and across his demographics and it crosses red blue and it crosses all people of this country and around the world.

We also know we can be very much influenced by what happens in other areas, so the more the virus is replicating, the more the variance will be a concern. So now really is the time to unify. We do need quite a bit vaccination around this country if we are going to reach this golden herd immunity people are talking about. Now is the time to mobilize your neighbors, your community, and social networks to understand that we all want the same thing.

>> RICHARD BESSER: Thank you so much. In the last few minutes that we have
left, I want to do a lightning round, a round robin. It has to do with the future and I know in a rapidly changing situation it is so hard to predict what will be coming. For each of you, if you could imagine that it is now six months into the future, six months ahead, what will you be most proud of as it relates to the COVID 19 vaccination efforts in America? And let’s see, Josh, do you want to kick it off?

>> JOSHUA PECK: Yes, the first thing that I would say is it is both a journey and a destination, every single vaccination over the next six months is a victory. And it will help slow the spread of the Corona Virus. I will be proud of our work if we can run a public education effort that reaches every American especially those that have the hardest hit. Helps address the unique questions or challenges they face.

>> RICHARD BESSER: Liz what will you be proud of?

>> ELIZABETH RICHTER: If the general public has numerous options for where to get a vaccine, and providers are paid efficiently for administering it. No matter where they live and whether they have insurance, if everyone has access to the free vaccine. And most of all in some senses if you live in a nursing home, that you can have visitors and enjoy social activities again because enough people have been vaccinated.

>> RICHARD BESSER: Diana?

>> DIANA ESPINOSA: I guess I would probably just add in addition to just having vaccines available with equity, with an equitable system, being able to see the healthcare system has gotten back to where it should be and people have gotten those preventative services and immunizations they may have delayed because I think we cannot forget that this is also impacting people’s health in other ways.

>> RICHARD BESSER: David?

>> DAVID BIBO: I’m optimistic that we will be able to be proud of the way that folks from DoD and from FEMA and from other professions came into support, back up and follow the nation’s public health leaders and getting this vaccination mission accomplished as a team. And equitably. And the other thing we will be able to do on the other side of this is take the approach that we had to promoting and driving equity in this mission into our broader disaster response and recovery mission, which I think will be a really important knock on benefit.

>> RICHARD BESSER: Thank you, Richelle?
ROCHELLE WALENSKY: Much of what has been said, I think six months from now we will have enough vaccines for 300 million people and I would love to see 300 million people vaccinated and would love to see that when we did so every step of the way we were laser focused on the equity lens and made sure that the people who were hardest hit by the pandemic were vaccinated at a rate that was comparable to how they were hit, if not overcompensated, and then really at the end, in the fall that we leverage the lessons we have learned in doing so and reaching those hardest hit communities and leverage them to make sure we did so in all aspects of health.

RICHARD BESSER: Well, from your words make it all be so. I want to thank all of you for being here and sharing your remarks on this all-government effort. I want to think the audience are being here today. And encourage you all to stay with us for the next few days. I want to hear how central equity is to the work across government because without that the color of your skin or how much money you earn will have a disproportionate impact on how you whether this pandemic. Maybe I’ll look back after six months and say that was not the case, the vaccines were available to everyone in America particularly to those hit the hardest.

So thank you and it is now time for our next session so please stand by.