

RAUL RUIZ, M.D. Member of Congress 36th District of California

## Congress of the United States House of Representatives Washington, DC 20515-3605

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Larry Merlo CEO CVS Health One CVS Drive Woonsocket, Rhode Island 02895

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Dear Mr. Merlo,

As a public health expert, I was disappointed to learn that the list of CVS vaccination sites in Southern California released this week did not include a single location in Riverside County. As you consider future vaccination sites, I urge you to choose locations in the hardest hit, highest-risk underserved communities in California's 36th district in eastern Riverside County.

Riverside County has the 7<sup>th</sup> highest percentage of new cases in the entire state of California, and its ICU capacity is at 94%.¹ Moreover, twelve communities in Riverside County are defined by the Health Resources and Services Administration (HRSA) as Medically Underserved Areas, including Blythe, Hemet, San Jacinto, Coachella, Indio, Idyllwild/Pine Cove, Banning, Beaumont, Chiriaco Summit/ Desert Center, which are all in my district.²

Many of those same communities have been hit particularly hard by the pandemic, compounding the problem, including Hemet, Indio, and Coachella which have all had approximately 10-15% of their populations test positive for COVID-19, compared to 8.4% in California.<sup>3,4,5,6</sup>

Despite these significant areas of infections and the lack of medical access in those communities, CVS has not included my district in Riverside County in the CVS vaccination location plan. This pandemic has highlighted the acuteness of health disparities in our system. We are seeing disparities in rates of infection, hospitalizations, and deaths, as well as who has access to care. We certainly saw it play out in access to testing, when nurses treating COVID-19 positive

<sup>&</sup>lt;sup>1</sup> https://covidactnow.org/us/california-ca/?s=1580520

<sup>&</sup>lt;sup>2</sup> https://data.hrsa.gov/tools/shortage-area/mua-find

<sup>&</sup>lt;sup>3</sup>https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Feb2021/Dashboard/1/WEEKLY\_BOS\_REPORT\_DISTRICT%20 3\_1.25-1.31.pdf?ver=2021-02-02-101228-620&timestamp=1612289577656

<sup>4</sup>https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Feb2021/Dashboard/1/WEEKLY\_BOS\_REPORT\_DISTRICT%204\_1.25-1.31.pdf?ver=2021-02-02-101228-633&timestamp=1612289574457

<sup>&</sup>lt;sup>5</sup> https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Feb2021/Dashboard/1/COVID-19%20Tests%20Jan18-Jan%2024%20byCDP\_RiversideCounty%20Feb12021\_Merged.pdf?ver=2021-02-02-101227-807&timestamp=1612289694248 
<sup>6</sup> https://covid19.ca.gov/state-dashboard/

patients struggled to access testing, but professional baseball players were able to get tested multiple times a week. I sounded the alarm that vaccine access would head down that same path if there weren't a coordinated, strategic plan that prioritizes groups according to risk and then ensures those high-risk groups actually received the vaccines expeditiously. Prioritizing based on risk isn't enough if people who qualify for a vaccine can't actually access them.

Unfortunately, we are experiencing disparities in vaccination rates. Underserved communities with higher rates of infections have disproportionately low inoculation rates, as do individuals of color, despite the fact that they are more likely to contract COVID-19 and die from the disease. A recent Kaiser Family Foundation analysis found that in Mississippi, Black people account for 15% of vaccinations, while accounting for 38% of cases and 42% of deaths. In Nebraska, 4% of vaccinations have gone to Hispanic individuals, even though they make up 23% of cases and 13% of deaths. While we don't have data broken down by race and ethnicity from all of 50 states, including California, most states who did submit their numbers are showing similar disparities in race.

Fortunately, retail pharmacies have an opportunity to address this troublesome trend. Because retail pharmacies are located in every community, they can play a pivotal role in getting the vaccine into the arms of the individuals in communities that have been disproportionately overburdened with infections and death by COVID-19. They can also help disseminate important vaccine information and help patients overcome vaccine hesitancy – in doing so they can significantly contribute to saving lives and ending the pandemic.

We must do better. We have a moral responsibility to make sure that we do not leave people behind simply because they lack resources or live in certain zip codes. As you expand the number of CVS vaccination sites in Southern California in the coming weeks, I urge you to prioritize high-risk, underserved communities like those in California's 36th district. Not doing so will lead to further disparities and prolong the pandemic.

Thank you for your consideration, and we look forward to working with you to ensure that these communities are prioritized as you develop your plans for future vaccination sites.

Sincerely,

Raul Ruiz, M.D.