



“Bringing people together to serve humanity”

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February 20, 2020

Honorable Alex Azar
Secretary of Health and Human Services
U.S. Department of Health and Human Services (HHS)
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And

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THRU

African Methodist Episcopal Church
African Methodist Episcopal Zion Church
American Baptist Churches, USA
Berean Missionary Baptist Association, Inc.
Bible Way Church World Wide, Inc.
Christian Methodist Episcopal Church
Church of God in Christ
Full Gospel Baptist Church Fellowship International

Greater Mount Calvary Holy Church
House of God
International Bible Way Church of Jesus Christ
International Council of Community Churches
Mt. Calvary Holy Church of America
Mount Sinai Holy Church of America, Inc.
National Baptist Convention, USA, Inc.
National Baptist Convention of America International, Inc.
National Council of Churches
National Primitive Baptist Convention, USA, Inc.
Pentecostal Assemblies of the World, Inc.
Progressive National Baptist Convention, Inc.
The Potter's House Church
The Union of Black Episcopalians
Full Gospel Baptist Church Fellowship International

Dear Hon. Chiedi:

The National Black Church Initiative is requesting your office to formally launch an investigation into the misuse of federal funds concerning the immunization flu program of both the Fulton County Health Department of Georgia and the District of Columbia Department of Health from 2009 to 2019.

The National Black Church Initiative (NBCI) is a coalition of 34,000 African American churches with an additional 116,000 sister churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, churches and the public. The National Black Church Initiative's methodology is utilizing faith and sound health science. The National Black Church Initiative's purpose is to partner with major organizations and officials whose main mission is to reduce racial disparities in the variety of areas cited above. NBCI offers faith-based, out-of-the-box and cutting edge solutions for stubborn economic and social issues. NBCI's programs are governed by credible statistical analysis, science-based strategies and techniques, and methods that work.

The findings below clearly illustrate a nagging preventable issue that has been affecting the African American community for decades.¹ The Black Church is shocked that our health officials and authorities have demonstrated a level of moral disregard in developing health solutions for our community. This is particularly evident in the control of the flu.²³ We represent 26.7 million African Americans and what we demand from our officials is a strategic plan to finally bring this issue under control.

¹ Ricardo J Wray et al., "Patients Want You to Address Their Fear of Drug Interactions and Allergic Reactions," *THE JOURNAL OF FAMILY PRACTICE* 56, no. 11 (2007): 6.

² Jennifer L. Logan, "Disparities in Influenza Immunization Among US Adults," *Journal of the National Medical Association* 101, no. 2 (February 2009): 161–66, [https://doi.org/10.1016/S0027-9684\(15\)30830-0](https://doi.org/10.1016/S0027-9684(15)30830-0).

³ Peng-Jun Lu et al., "Trends in Racial/Ethnic Disparities in Influenza Vaccination Coverage among Adults during the 2007-08 through 2011-12 Seasons," *American Journal of Infection Control* 42, no. 7 (July 2014): 763–69, <https://doi.org/10.1016/j.ajic.2014.03.021>.

An analysis of flu -related deaths in these two cities over the last ten years should give us ample evidence and a sharper perspective of the enormous ramification of these two health departments' severe neglect and impact on the health outcomes of the black community. The question must be asked from both a moral and health viewpoint why the Center for Disease Control has allowed conditions to get this bad—we say why only in the black community. This is a classic example of what NBCI calls a systematic case of racial health neglect. These are only two examples and this why the National Black Church Initiative is sounding the alarm.

The most compelling reason for this request is the fact that we see preventable diseases, i.e. the flu, turn into serious chronic diseases right before our eyes in our congregations. The question is why this continues to happen? The government is supposed to safeguard and prevent this from happening by using our taxes appropriately. This is why we are asking for a comprehensive investigation of both of these local governments and their health departments. They continue to fail the most vulnerable communities for which they are set up to serve. And the Black Church will have none of that going forward.

These are the issues we are requesting you to focus on:

- We want you to look into whether these departments have an overall strategy aimed to serve the most vulnerable communities to which they are charged to serve.
- Have they taken the time to engage the communities in which they are charged to serve? In other words, what is the evidence that they have reached out to communities to find out what are the underlying challenges that they face in launching a campaign in those communities particularly focusing on the target population?⁴
- Have they consulted with the experts in the field concerning methodology and approach, including cultural competency?⁵⁶
- Are there public relation campaigns that have clear evidence of cultural competency? Look at the advisement message in both cities' campaigns; the messaging is inconsistent with the target groups that they are supposed to attract and encourage to get the flu shot.⁷
- Are they sufficiently staffed to conduct a flu vaccine campaign in the specific communities they are targeting?

⁴ Gregory A. Poland, Laura Lee Hall, and Jennifer A. Powell, "Effective and Equitable Influenza Vaccine Coverage in Older and Vulnerable Adults: The Need for Evidence-Based Innovation and Transformation," *Vaccine* 37, no. 16 (April 2019): 2167–70, <https://doi.org/10.1016/j.vaccine.2019.02.076>.

⁵ Peng-jun Lu et al., "Racial and Ethnic Disparities in Vaccination Coverage Among Adult Populations in the U.S.," *American Journal of Preventive Medicine* 49, no. 6 (December 2015): S412–25, <https://doi.org/10.1016/j.amepre.2015.03.005>.

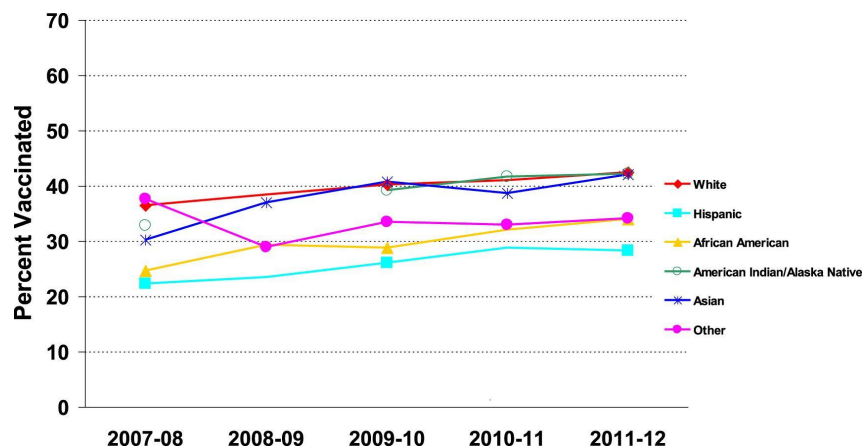
⁶ Sandra Crouse Quinn et al., "Breaking down the Monolith: Understanding Flu Vaccine Uptake among African Americans," *SSM - Population Health* 4 (April 2018): 25–36, <https://doi.org/10.1016/j.ssmph.2017.11.003>.

⁷ Vicki S. Freimuth et al., "The Role of Risk Perception in Flu Vaccine Behavior among African-American and White Adults in the United States: The Role of Risk Perception in Flu Vaccine Behavior," *Risk Analysis* 37, no. 11 (November 2017): 2150–63, <https://doi.org/10.1111/risa.12790>.

- Given the limited budget are they getting the best return on a per cost basis, based upon the population?
- We request an analysis of the past three years that looks into what particular creative programmatic techniques or strategies (including social media campaigns) these health departments have employed in order to increase the number of people reached with their messages, the number of targeted individuals to be motivated to get the flu vaccine, and the strategies to improve the quality of their messages and the number of individuals reached in their targeted groups.⁸ (See Appendix 1)
- Have either of these departments dealt with the issue of demographics and distance as the reason why their numbers are so dangerously low and how can they improve or minimize the distance between where the individual lives and the physical location of where the vaccine is received?

We believe that the evidence you will find will show that both of these departments have neglected the mandates set forth in their grant application to Health and Human Services (HHS)/Center for Disease Control (CDC) specifically pertaining to the target populations in the African American community.

Fig1. Influenza vaccination coverage, United States, individuals aged ≥ 18 years, by race/ethnicity (2007 – 2012).



Source: Peng-Jun Lu et al., “Trends in Racial/Ethnic Disparities in Influenza Vaccination Coverage among Adults during the 2007-08 through 2011-12 Seasons,” *American Journal of Infection Control* 42, no. 7 (July 2014): 763–69, <https://doi.org/10.1016/j.ajic.2014.03.021>.

⁸ Naheed Ahmed et al., “Social Media Use and Influenza Vaccine Uptake among White and African American Adults,” *Vaccine* 36, no. 49 (November 2018): 7556–61, <https://doi.org/10.1016/j.vaccine.2018.10.049>.

The target populations, according to scientific data, for the African American community are: African American women with dependent children under the age of five⁹¹⁰¹¹, seniors¹², the black poor who are dual-diagnosed of two chronic health diseases or more¹³, the homeless population, and those who have weakened immune systems as a result of illness or genetics.

We are arguing that the flu immunization programs created by the health departments of Fulton County and the District of Columbia were, from their inception, poorly planned, lacked key components and were poorly executed.

The data will show that both of these departments are neither concerned with nor have a particular health preventive plan to provide comprehensive service in the form of education, community outreach, targeted and actionable literature, and a persuasive targeted public relations campaign to either motivate or persuade these targeted populations to participate in whatever program was created to serve them. Simply put, these departments spend little or any time trying to improve from the previous year's activities. They are lacking in moral imperative as well as in creative impulse. In addition, they fail to properly consult and involve the very communities they are directed to serve; including the National Black Church Initiative (NBCI), who presented to both health agencies over the past two years with a proposal for a new creative marketing approach. Organizations like NBCI are unusual in so far it encompasses all of the targeted populations and has a creative approach to drastically increase their compliance rate well over the current level.¹⁴ The NBCI proposal, had it been taken into account, would have met and exceeded the goals set by HSS and CDC for those communities

Such rates of 40% would have quadrupled the compliant rate and the expectation of both HHS through CDC which the government would have never held or required any of these health departments to achieve those numbers. (See Appendix).

Despite of having no government funding, the NBCI has been launched an evidence based analysis through its *New Southern Clinical Strategy* (See **Appendix 2**)

Further, we sustain that some of the designated funding for the flu campaign has been converted or completely misused for other priorities within the department of health in both Atlanta and DC.

⁹ Indu B. Ahluwalia et al., "Disparities in Influenza Vaccination Coverage among Women with Live-Born Infants: PRAMS Surveillance during the 2009–2010 Influenza Season," *Public Health Reports* 129, no. 5 (September 2014): 408–16, <https://doi.org/10.1177/003335491412900504>.

¹⁰ Lauren D. Arnold et al., "Racial Disparities in U.S. Maternal Influenza Vaccine Uptake: Results from Analysis of Pregnancy Risk Assessment Monitoring System (PRAMS) Data, 2012–2015," *Vaccine* 37, no. 18 (April 2019): 2520–26, <https://doi.org/10.1016/j.vaccine.2019.02.014>.

¹¹ Helen Ding et al., "Influenza Vaccination Coverage Among Pregnant Women in the U.S., 2012–2015," *American Journal of Preventive Medicine* 56, no. 4 (April 2019): 477–86, <https://doi.org/10.1016/j.amepre.2018.11.020>.

¹² Poland, Hall, and Powell, "Effective and Equitable Influenza Vaccine Coverage in Older and Vulnerable Adults."

¹³ Degan Lu et al., "Racial and Ethnic Disparities in Influenza Vaccination among Adults with Chronic Medical Conditions Vary by Age in the United States," ed. Benjamin J. Cowling, *PLOS ONE* 12, no. 1 (January 12, 2017): e0169679, <https://doi.org/10.1371/journal.pone.0169679>.

¹⁴ Logan, "Disparities in Influenza Immunization Among US Adults"; Chandra R Story, "Commentary: Sources of Medical (Mis)Trust: How Can We Improve Flu Vaccine Rates among African Americans?," n.d., 4.

If HHS inspect general will authorize and conduct a forensic account analysis of the funds dispersed to both Fulton County and the District of Columbia, you would undoubtedly find mass financial discrepancies. We are urging you to do this investigation.

These charges should not be new to HHS through CDC. But instead of these charges being raised by a national faith-based health prevention organization we are quite sure that some of these charges that we raised in the body of this letter has been noted throughout the 10 years when CDC official has rigorously evaluated both of these programs. We are demanding that those evaluations are made public to verify the issues we are raising in this document. These complaints should not be new to HHS. We suspect that similar concerns have been raised in the past

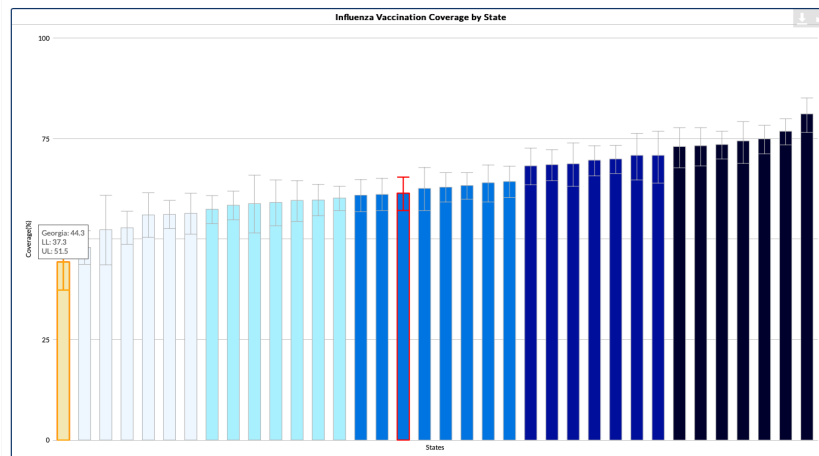
We are also calling for HHS through CDC to release, for public consumption, the evaluation of each of these programs for the last 10 years starting in the year 2009.

There is mounting evidence that shows the increase in lack of immunization efforts for the influenza vaccine among the black communities of Fulton County Georgia and the District of Columbia.

Please review the data sheet in which we have provided for over the last 10 years and its scientific explanation.

Fig. 2: Georgia has the lowest vaccination coverage in the country among women who had a recent birth, according to the CDC

Influenza vaccination coverage among women who had a recent live birth by State, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016-17 influenza season



Source: Centers for Disease Control and Prevention. *2016-17 Influenza Season Pregnant Women Vaccination Coverage Report*. <https://www.cdc.gov/flu/fluview/pregnantwomen/report1617/reporti/index.html>

NBCI contends that both of these health departments have totally misused federal dollars to such an extraordinary level that they have ignored the targeted groups in which they have been charged to cover. In some cases, their success has been so minuscule in attracting, sustaining, and providing flu shots that one is forced to ask - what have they done with all that money?

For example, five out of eight wards in the District of Columbia reported influenza and pneumonia as one of the top 10 leading causes of death in their 2017, Behavior Risk Factor Surveillance System (BRFSS) Annual Health Report. The report analyzes, over the past 12 months, the impact of the District of Columbia's initiatives for major health-related issues that its residents encounter.

Among the most highly affected wards was Ward 8 with 90.8% of its population being predominantly comprised of African American individuals. Ward 7, while not on the list of top 10, also shows 93.1% of its population is African American.

Both of these wards also reflected households with the least amount of median income in all of the districts. There were 42.7% of people who did not receive an annual flu shot that fell in the less than \$35,000 income bracket and 56.7% of people in the \$35,000 to \$49,999 income bracket. These findings coincide with the reported documentation that there was a higher rate of incidence (for individuals not getting immunized in the past 12 months) of those making \$49,999 or less per year.

The report further denotes the high contrast between the numbers of Caucasians versus the number of African Americans that had not received an immunization from the flu virus over the past 12 months. A staggering 47.9% of blacks were not taking advantage of being vaccinated in comparison to 27.5% of their white counterparts.

Other key factors listed in the report showed a 1.9% higher ratio of women depicted as not having been vaccinated. In reference to education, those noted as having less than high school education in the report represented 48.1% of those not getting flu shots annually. This clearly signals a group within these communities that require increased efforts in order to achieve the immunization goals. This particular target population constitutes over 50% of the Black Church, making us a key and essential partner in any health campaign in the African American community.

This information is a direct correlation to the ineffective efforts by the District of Columbia and Fulton County boards of health to actively target the most disadvantaged African Americans in order for them to receive proper flu shot immunization programs and resources.

When you dissect the data for both Fulton County and District of Columbia health departments, there were little-to-no devoted efforts being done to specifically target these populations? There is an overwhelming need to increase the number of flu vaccinations in the African American community's most affected demographics of: women and their children especially those under the age of five, the elderly, blacks of low social-economic status who are dual-diagnosed of two chronic health diseases or more, individuals that are homeless and those who are immunocompromised due to illness or genetics. These five categories constitute 30% to 45% of the black population depending on which census you are using for evaluations.

If you closely evaluate these particular categories within the populations of both Fulton County and the District of Columbia, you will find that they have never come close to providing a proportional representation of flu shots or immunizations to these particularly targeted groups in reference to the general population.

In recent years, medical professionals have noticed these disparities and have begun to investigate the reasons behind the African American community's absence in obtaining the flu vaccine. Stigmas such as distrust towards health care facilities and professionals because of racism and the idea that the flu vaccine, alone, can be very dangerous has misled individuals in the black community to believe that the idea of getting inoculated for the flu is much worse than the actual dangers of the complications resulting in contracting the influenza virus.¹⁵ Not to mention, the basic widespread belief by many that getting a flu vaccine is really not necessary.¹⁶

According to the African American Wellness Project, “the last flu season was even deadlier than the 2016 to 2017 season. In a recent report, the Centers for Disease Control and Prevention said

the flu killed about 80,000 Americans in the 2017-2018 seasons, the most in decades. In other recent years, death estimates have ranged from 12,000 to 56,000, according to the CDC. That compares with about 40,000 annual deaths from motor vehicle crashes.”

A 2018 report also lists both Washington, DC and Atlanta, Georgia as having severe levels of influenza cases and being in the Top 10 worst cases for a week in February of 2018.

These, amid other misunderstandings, show the African American areas affected by both the Health Department of Fulton County and the District of Columbia Health Department have not conducted valid efforts to implement proper initiatives that are tailored to individuals of their respective communities.

We must hold them accountable and require both health departments to justify the decisions put forth from the previous 10 years in reference to the scope of their flu immunization programs and the metrics used to engage the five targeted groups who display poor results in flu vaccine coverage.

You will find that neither department of health was able to successfully motivate the five populations listed above to get the flu shot on their own or were not able to create effective programming to provide adequate flu shots for said target populations.

In addition, you will find that both of these health departments do not have an overall strategy for handling the epidemiological consequences present surrounding blacks when it comes down to the rates of flu-related illness.

¹⁵ Vicki S. Freimuth et al., “Determinants of Trust in the Flu Vaccine for African Americans and Whites,” *Social Science & Medicine* 193 (November 2017): 70–79, <https://doi.org/10.1016/j.socscimed.2017.10.001>.

¹⁶ Amelia M. Jamison, Sandra Crouse Quinn, and Vicki S. Freimuth, “‘You Don’t Trust a Government Vaccine’: Narratives of Institutional Trust and Influenza Vaccination among African American and White Adults,” *Social Science & Medicine* 221 (January 2019): 87–94, <https://doi.org/10.1016/j.socscimed.2018.12.020>.

Only about 41% of African Americans get vaccinated according to the CDC. It is imperative to reach these targeted groups as vulnerable African American children and adults are more at risk to develop severe medical complications from contracting the flu such as pneumonia, bronchitis, asthma flare-ups, sinus infections, heart problems, organ failure, and ear infections.

Furthermore, many in the black community reside in multi-generational residences. These domiciles can have a spectrum of ages from very young children to the elderly where all individuals of the household can be at potential risk for complications if one of them were to unknowingly bring the flu virus home with them.

To change the cumulative attitude about yearly flu immunizations in black adults, would allow us to encourage them to motivate accompanying family members, from their children to their parents and grandparents, to conform to the practice of obtaining flu immunizations regularly.^{17 18}

However, the Health Departments of District of Columbia and Fulton County have dropped the ball on this vital correlation that impacts the participation of the African American community. They have not been successful in addressing for African Americans: the racial differences in vaccine attitudes, fallacies in accordance to risk perception, overall trust issues of medical institutions and health care professionals, and hesitancy due to lack of confidence that the flu vaccination is, in fact, beneficial to the black population as a whole.

Critical to our argument is that in the District of Columbia there are 330,856 African Americans (47.1 % of the district's population) and in Fulton County Georgia there are 435,000 African Americans (43.5% of the population). When you compare the amount of African Americans who actually receive messaging pertaining to either of the flu vaccines programs and the amount of African Americans who actually take the flu vaccine and look at over a 10-year span one has to wonder why the numbers have not significantly improved over these 10 years. In addition, why HHS/CDC continue to fund these health entities to continue to fail the African American community of the past 10 years.

Those of us in the faith community are disturbed by this continued moral failure that seems to serve as a plague on our community. We plan to use all of our might to work with HHS/CDC to improve the approach, methodology, techniques, strategies and creative means to put an end to the cycle of failure. We strongly believe that there must be a more creative way like the one that the National Black Church Initiative has proposed to drastically improve the education, outreach, messaging, and getting more people immunized against the flu. If this does not happen in short order within the next 12 months, the approach of both of these health departments and others will continue to cause premature death in the categories cited above especially among our most vulnerable population the elderly.¹⁹

¹⁷ Sandra Crouse Quinn et al., "Exploring Racial Influences on Flu Vaccine Attitudes and Behavior: Results of a National Survey of White and African American Adults," *Vaccine* 35, no. 8 (February 2017): 1167–74, <https://doi.org/10.1016/j.vaccine.2016.12.046>.

¹⁸ Story, "Commentary: Sources of Medical (Mis)Trust: How Can We Improve Flu Vaccine Rates among African Americans?"

¹⁹ Sandra Crouse Quinn, "African American Adults and Seasonal Influenza Vaccination: Changing Our Approach Can Move the Needle," *Human Vaccines & Immunotherapeutics* 14, no. 3 (March 4, 2018): 719–23, <https://doi.org/10.1080/21645515.2017.1376152>.

The Black Church wholehearted morally condemns any health professional or organization who allows this carnage to continue in our community unabated.

Notwithstanding, the general hardships that individuals of these African American categories must face like limited proximity to access proper health care, lack of transportation to travel to facilities offering flu shot immunizations, difficulty comprehending how the flu vaccine works

and why it is important, uninsured or underinsured individuals (making them less likely to seek preventive care treatments like getting vaccinated) and the paucity of quality health care services and resources to those from lower-income or impoverished locations.

In addition to the request we are making in this letter, we are also submitting a request to the CDC to substantially increase the funding for these programs in order to cover the concerns we have raised. We are also demanding that these agencies be compelled to work with organizations like the NBCI as foundational partners in improved health care campaigns.

Sincerely Yours,

The Right Most Rev. Anthony Evans
President

CC:

Honorable Rep. Frank Pallone, Jr.
Chairman
House Committee on Energy and Commerce

Honorable Rep. Anna G. Eshoo
Chair
Subcommittee of Health

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