



**Written Testimony for the House Energy & Commerce Committee: Subcommittee on Health  
"Road to Recovery: Ramping up COVID-19 Vaccines, Testing, and Medical Supply Chain"  
February 3, 2021**

Dear Chairman Pallone and Health Subcommittee Chairwoman Eshoo:

On behalf of the National Health Care for the Homeless Council, thank you for receiving this written testimony on vaccine and testing issues that have been impacting homeless population to inform the February 3<sup>rd</sup>, 2021 hearing entitled "Road to Recovery: Ramping up COVID-19 Vaccines, Testing, and Medical Supply Chain."

During COVID-19, people who are homeless are [at very high risk](#) of contracting the illness because of numerous vulnerabilities: many are older and/or have significant health care conditions that make them especially susceptible, they live and receive services in congregate settings, and they have very limited ability to wash their hands and maintain a sanitary environment because of limited access to bathrooms. [Nearly 1.5 million people experience homelessness over the course of a year, which is more than the number of people living in nursing homes.](#) Those without homes are rightly considered a priority group for vaccination, and issues related to their care should be getting more attention.

Below are two key issues that have created significant challenges for testing and vaccinating people experiencing homelessness. We hope that these issues can be raised during the discussion and help inform the Committee's understanding of how COVID-19 has impacted this population:

**Lack of capacity at local and state health departments:** As individual health care providers, we lack the authority to allocate public resources or direct public responses to COVID-19 outbreaks. Unfortunately, state and local health departments are woefully understaffed and under-resourced—the result of decades of disinvestment in public health. Hence, many are unable to fulfill their mandate to protect community public health, and are especially unable to attend to the specific needs of special populations, like those who are homeless when there is an outbreak of COVID-19 in shelters or encampments. Fragmented and/or antiquated computer systems have only compounded these problems. We rely on our public health partners to help with [pro-active, surveillance testing in shelters](#) to identify and contain clusters when they occur, as well as ensuring that [vaccines are able to reach this population](#) in a systematic way.

**Dual stigmas in the health care system drive vaccine hesitancy:** People experiencing homelessness are often [treated poorly](#) in our health care system. They are routinely denied care, treated with disrespect, prematurely discharged (often to the street or a shelter that cannot accommodate them), and traumatized by [poor experiences](#). This factor is compounded by long-standing racism in our public policies, which have ensured that [Black, Indigenous, and other People of Color \(BIPOC\) are over-represented in the homeless population](#), comprising 41% of those in shelters and on the streets. As you know, racism in health care is [well-documented](#). Hence, people who are **both** homeless **and** BIPOC have dual reasons for being especially hesitant to trust in the health care system and be confident in getting the COVID-19 vaccine.

We believe the changes proposed in the Administration's [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) will increase the supply chain, improve testing activities, and better ensure successful vaccine campaigns among vulnerable populations like those experiencing homelessness. We request the Committee (and the subcommittee on Health) specifically include issues related to homelessness (and housing status in general) as it continues its work to guide the nation's response to COVID-19.

Thank you for the opportunity to outline some of our concerns. Should you wish to discuss further how the COVID-19 pandemic is impacting people experiencing homelessness and the providers who treat them, please contact Barbara DiPietro, Ph.D., Senior Director of Policy, at 410-409-3616 or at [bdipietro@nhchc.org](mailto:bdipietro@nhchc.org).

Sincerely,



G. Robert Watts, MPH, MS, CPH  
Chief Executive Officer

### **About the National Health Care for the Homeless Council**

*The National Health Care for the Homeless Council is a membership organization representing Health Care for the Homeless (HCH) federally qualified health centers (FQHCs) and other organizations providing health care to people experiencing homelessness. Our members offer a wide range of services to include comprehensive primary care, mental health and addiction treatment, medical respite care, supportive services in housing, case management, outreach, and health education. Last year, 300 HCH programs served over 1 million patients in 2,000+ locations across the country. We work every day to help our patients access health care, housing, and food assistance so they can meet their basic needs and escape homelessness.*