Dear Secretary Becerra and Director Walensky,

According to the Centers for Disease Control and Prevention (CDC), there are 16,603 confirmed cases of monkeypox virus (MPV) with more cases expected as the virus continues to spread. Recent data emerging from some states and localities closely tracking MPV indicate significant racial disparities in infections. We know that your agencies are deeply committed to reducing racial disparities in our nation’s health care system. For that reason, we urge you to monitor and address racial disparities in our nation’s response to the MPV public health emergency to ensure our state and local health officials can lead informed responses and best direct resources to those in need.

Similar to the COVID-19 outbreak, the U.S. monkeypox outbreak is disproportionately affecting Black and Latino Americans. At the beginning of the COVID-19 pandemic, limited data/reporting on cases, hospitalizations, deaths, and tests disaggregated by race or ethnicity made it difficult to assess its implications across communities and focus on response and relief activities. Over time, federal, state, and local data showed that the majority of COVID-19 cases and fatalities affected people of color, with most illnesses and deaths occurring in regions with higher percentages of Black and Latino populations. Furthermore, vaccination rates initially lagged among these same communities. The devastating racial and ethnic disparities during the peak of the COVID-19 pandemic underscored the underlying social, economic, and health inequality that has long existed within our health care system due to racial and discriminatory systematic and structural barriers, and the disparities began to narrow with targeted education, outreach, and resource distribution.

Existing racial disparities and inequities in health outcomes and health care access often mean that the nation's response to preventing and mitigating the harms of monkeypox will not be felt equally in every community. The same is true of the spread of MPV across the country, as of the end of July, Black people made up 26% of MPV cases with known race and ethnicity information, and Latino people made up 32% of all cases.1 Currently, the CDC does not

independently collect demographic data on MPV vaccine uptake, relying on state and local health departments, many of which aren't reporting or collecting data. Public health experts worry that the fact that white men appear to be receiving a disproportionately higher share of the MPV vaccine nationally is undermining efforts to safeguard communities that are more susceptible and have less access to medical resources. Lack of racially and ethnically disaggregated data on both diagnosis and treatment of MPV will exacerbate existing health disparities and result in the loss of lives in vulnerable communities.

Given that currently available data is incomplete because not all states report racial and ethnic data, we cannot accurately gauge the extent of the disparities. However, the limited state data that is available shows that we are headed towards a concerning trend. On August 10, 2022, the North Carolina Department of Health and Human Services released a report of the state's monkeypox data, including how many vaccines have been administered across the state since July. This data shows that while 70% of cases are in Black men, Black North Carolinians have received less than a quarter of the vaccinations so far. In Chicago, 59% of Chicagoans are Black or Latino, but only 18% of MPV vaccines went to Black or Latino Chicagoans. In the Atlanta metro area at least 54% of doses have gone to white people, but the overwhelming majority of cases have been among Black people. In New Jersey, the week of August 15th, for the first time, the state Department of Health posted data which shows that white people have received a disproportionate share of the vaccines, compared to the number of infected individuals, while Latino and Black people have received less.

Experts fear that the virus may spread and become entrenched if we fail to roll-out a comprehensive public health response to halt the MPV outbreak. Vaccine access must be equitable, even in the face of high demand. Any federal targeted response and aid must not inadvertently stigmatize the ongoing public health crisis, but there should be intentional outreach to get resources to impacted communities. The implementation of a rapid and efficient vaccination program is essential to containing and eradicating MPV in communities across the

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United States. Collecting quality data is crucial to direct our vaccination and testing in the proper directions.

We appreciate the actions taken by the Biden administration, including the activation of the CDC’s Emergency Operations Center, the designation of a Federal Emergency Management Agency official as the primary coordinator for the MPV response and assignment of a CDC official as deputy, and the declaration of the ongoing spread of MPV in the United States as a public health emergency. Additionally, we are glad that the CDC has launched its Data Modernization Initiative to improve gaps in public health data collection over the next several years. 8 As the number of monkeypox cases in the United States continues to grow, we urge you to continue your efforts to enhance data collection and to take any additional necessary steps to ensure that all Americans have the access they need to diagnosis and treatment. We appreciate your consideration of this urgent matter.

Sincerely,

Cory A. Booker
United States Senator

Robert Menendez
United States Senator

Benjamin L. Cardin
United States Senator

Elizabeth Warren
United States Senator

Edward J. Markey
United States Senator

Martin Heinrich
United States Senator
