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January 25, 2021

The Honorable Muriel Bowser
Executive Office of the Mayor
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

RE: Achieving health equity means prioritizing the vaccination of people of color who disproportionately have chronic liver and other serious diseases

Dear Mayor Bowser,

As a global liver patient advocacy organization proudly headquartered in Washington DC, we applaud your leadership, and the policy changes made to date in our home city in response to the COVID crisis. We also acknowledge that the current COVID-19 pandemic has put unprecedented pressure on the district's health care system, and recognize the many concerns that COVID-19 presents to many people. However, we are particularly concerned about the health and well being of people with serious chronic liver conditions, and others impacted by liver disease who are particularly vulnerable to the virus and its health consequences.

On January 21st, DC Health announced the plan to open up vaccine access, possibly as soon as February, to an expansive population including habitual smokers or anyone with a body mass index over 25. As patients with serious chronic conditions we appreciate the expansion of the vaccine priority list, and the increase in vaccination sites however, we have serious concerns about the list being so expansive that it will swamp the already strained vaccine delivery logistics.

The Centers for Disease Control and Prevention (CDC) clearly reports that people of any age with certain underlying medical conditions, like liver disease, severe obesity (<40 BMI), cancer, hypertension, chronic kidney disease, immunocompromised state from solid organ transplant, and diabetes, are at increased risk of severe illness from COVID-19.[1]

The CDC is following evidence-based research. In the case of liver disease, this research clearly shows that COVID-19 has been found to cause increased levels of liver enzymes and liver

[1] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

damage, which can lead to far worse health outcomes from COVID-19 for people who already have liver fibrosis/cirrhosis.[2] It also has found that obesity plus high liver fat posed the highest clinical COVID-19 risks for people with obesity.[3] We have already seen negative outcomes of this connection, and the CDC reports that there are increased mortality rates from COVID-19 among people with chronic liver disease and cirrhosis.

These underlying medical conditions are also more prevalent in communities of color, which, as you know, have been hit hardest by the COVID-19 pandemic. According to a November report from the Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation (ASPE), Blacks and Hispanics represent a disproportionately greater number of COVID-19 hospitalizations and cases, whereas Blacks are disproportionately represented in COVID-19 deaths across the majority of U.S. states.

Pairing these two factors has added to long-standing racial and ethnic health disparities that we have sought to eliminate for years, including:

- Asian Americans are four times more likely to have liver cancer than any other ethnic population.
- Excess liver cancer incidence and liver cancer mortality are highest among non-Hispanic Black males versus other races.
- Due to environmental and genetic factors the prevalence of nonalcoholic steatohepatitis (NASH) in Latino adults is 19.4%.
- Asian Americans comprise 60% of the U.S. population living with Hepatitis B.
- American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including cirrhosis, diabetes, suicide, and liver cancer.

Not only are communities of color at a much higher risk for developing liver disease, but with COVID-19 added to the equation these communities are at an even greater risk of severe illness or death. Which is why, as long as vaccine supply remains low, vaccines should be distributed to the most vulnerable. DC must adhere more closely to the risk data, and ensure an appropriate allocation of vaccines. At a minimum DC should hew closely to President Biden's COVID-19 response plan.[4]

COVID-19 is disrupting the normal life of many Washingtonians, but especially for individuals with liver disease or in an immunocompromised state from solid organ transplant, and communities of color. As important public health, and rebuilding strategies continue to be applied across the District to respond COVID-19, we request that adequate steps are taken to ensure that people living with liver disease are protected in this ongoing crisis.

We can not thank you enough for your continued leadership during this crisis, and look forward to working together to protect people impacted by liver disease. If you have any questions please don't hesitate to reach out to our Policy Director, Andrew Scott, at ascott@globabliver.org or 831-246-1586.

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[2] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/liver-disease.html
[3] https://natap.org/2020/AASLD/AASLD_116.htm
[4]https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf

Sincerely,

Donna R. Cryer, JD
President & CEO
Global Liver Institute

CC: Dr. LaQuandra Nesbitt, D.C. Health Director
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