

Good afternoon, Mr. Chairman, Mr. Ranking Member, and Members of the House Ways and Means Subcommittee on Health. My name is Ann Lewandowski, and I am the Rural Wisconsin Health Cooperative Liaison and Executive Director of the Wisconsin Immunization Neighborhood. I would like to thank Representative Kind and Chairman Doggit for the opportunity to be here today. The issues I am highlighting impact Americans regardless of their geographic locality, even while I address them from a rural lens.

I am proud to represent a network of over 190 immunization coalitions that have worked to keep their communities free from infectious diseases for many years. No doubt many of us will continue to address vaccine access and hesitancy long after the much desired day that COVID-19 is no longer a national topic of discussion.

The message I want to share with you today is simple. We must ensure that the choice to be vaccinated is easy for all Americans. We must support this choice with funding for vaccine infrastructure and community relationships.

The biggest challenge today is the limited vaccine supply. The Wisconsin Department of Health Services reports that providers requested 400,000 first doses of vaccine this week. The Federal allocation Wisconsin received that week was 120,000 first doses.

The message that vaccine remains scarce is getting lost as federal policy makers discuss millions of vaccine doses over many months. Please allocate funds to create a federal communications taskforce to help the public understand vaccine scarcity. This taskforce should help federal spokespeople create consistent messaging that reduces confusion with the public. Finally, it can ensure that changing science is communicated effectively for the vast majority of the public who are non-scientists.

Like many states, Wisconsin is rapidly approaching expanded eligibility for some essential workers. The most effective way to reach these workers is to bring vaccine to worksites leaving primary care to continue to vaccinate those above 65. We must make sure these clinics are held on nights and weekends to accommodate non-traditional schedules, if needed.

Community based clinics should be easy to access. We can leverage data determine the best place to locate vaccine clinics. This data is expensive to purchase locally, but economies of scale make it a relatively inexpensive purchase at the Federal level. For example, Community Data Platforms estimates they can cover the entire United States for roughly 5 million dollars.

We can help to get all willing Americans get vaccinated by funding partnerships with faith groups, clarifying rules for mobile vaccinators, and using civic groups such as Rotary, Lions International and the National Council of Negro Women. These trusted messengers will help us begin to address vaccine hesitancy.

Vaccine hesitancy comes down to two key emotions: fear and distrust. These emotions leave communities vulnerable to misinformation that spreads much like a virus according to data from the World Health Organization. These emotions do not listen to data or numbers. Facts don't matter when you are worried about your livelihood. If you distrust big government, you likely won't trust a vaccine

developed with government support. If you distrust the government, you likely won't trust government officials when they say to be vaccinated. It's that simple.

We overcome distrust by diving deep into communities. We find the person that family's call when they are in crisis. This is the best person to become a COVID-19 vaccine champion. They may be hesitant themselves, but the time we spend helping them understand the COVID-19 vaccine will pay dividends in the long run when it comes to vaccine uptake in their community. If we can coach them on how to address vaccine hesitancy, they become the most cost effective investment in vaccine infrastructure.

The Ad Council has done extensive research on the messages that motivate people. It comes down to our relationships with others. We know that caring for the neighbor who has heart disease, the woman battling breast cancer at church, and a diabetic friend are ways to motivate people to action. We do not need to add more statistics for people as we talk about these vaccines, we need stories of hope. We need to talk about the things that bind us together, community and relationships.

Thank you for the opportunity to speak with you today, and I look forward to your questions.