



August 3, 2022

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Rochelle P. Walensky, MD, MPH
Director
U.S. Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Dear Secretary Becerra and Dr. Walensky:

The undersigned community-based organizations (CBOs) write in follow-up to our July 12 letter, which requested that New York City (NYC) receive a fairer and more equitable share of the federal government's distribution of the JYNNEOS™ vaccine. Per the HHS Administration for Strategic Preparedness & Response (ASPR) webpage, [JYNNEOS Monkeypox Vaccine Distribution by Jurisdiction](#), when the allocation announced July 29 is distributed, NYC will have received 11.7% (124,644/1,069,838) of all vaccine doses distributed since June 28. Yet, as of August 1, NYC is bearing the burden of 25% (1,472/5,811) of known monkeypox (MPV) infections nationwide. By this measure, there is still significant disparity between the proportion of vaccines NYC has received and the proportion of diagnosed MPV infections it carries.

We are very concerned that the time to contain this outbreak in NYC, the nation's epicenter, may have already passed. Unless we receive the number of vaccines needed to meet the need among the gay, bisexual, men who have sex with men, and transgender and gender non-conforming communities at highest risk as soon as possible, which [NYC estimates to be up to 300,000 doses](#) for the two-dose course, the outbreak could spread to additional communities, including the students scheduled to return to public school on September 8.

We respectfully urge the CDC to:

- Increase the proportion of vaccines allocated to NYC so that it is equitable relative to the proportion of all known infections diagnosed in NYC;
- Follow the lead of NY State Governor Kathy Hochul and NYC Mayor Eric Adams by partnering with the White House to declare monkeypox a public health emergency so that funding can support the vaccination, public education, and related patient care needed;
- Require the FDA to shift TPOXX from “Experimental” to “Emergency Use Authorization” to prevent needless suffering among all affected, especially low-income communities of color, immigrants, and transgender and gender-nonconforming patients. While recent changes made by the FDA did make accessing TPOXX slightly easier, more needs to be done to ensure that a broader cross-section of those affected have access. For example, to our knowledge the documentation required is still only available in English;
- Require commercial testing labs to report to local, state, and federal governments, the total number of tests they are conducting and demographic data of those being tested to aid public health goals; and
- Follow the lead of NYC Health Commissioner Dr. Ashwin Asan by requesting that the WHO rename MPV in order to reduce the stigma and harm the history of the name can cause to people of color and LGBTQ+ communities.

We thank you for partnering with us and other CBOs to fight the MPV outbreak and to ensure these efforts are proportional to the known infections in our diverse communities.

Sincerely,

(In alphabetical order)

Apicha Community Health Center

Callen-Lorde Community Health Center

Harlem United

GMHC

Latino Commission on AIDS

Translatinx Network