

September 4, 2020

The Members of the Committee on Framework for Equitable Allocation of Vaccine for the Novel Coronavirus  
National Academies of Science, Engineering and Medicine  
500 Fifth St., N.W. Washington, D.C. 20001

RE: Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine

The American Society for Metabolic and Bariatric Surgery & The Obesity Society appreciate the opportunity to provide the following comments in response to the National Academies of Sciences, Engineering, and Medicine (NASEM) “Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine.” We are pleased that the discussion draft focuses on the need to prioritize allocation of any COVID 19 vaccine to a number of key groups including people of all ages with comorbid and underlying conditions that put them at significantly higher risk – including obesity.

As highlighted in the discussion draft, the Centers for Disease Control and Prevention (CDC) lists the following as factors associated with an increased risk of severe COVID-19 disease: Cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), immunocompromised state from solid organ transplant, obesity (body mass index [BMI]  $\geq 30$ ), serious heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathies), sickle cell disease, and type 2 diabetes mellitus.

We agree with NASEM’s observation that “vaccinating all individuals with the above comorbid conditions in Phase 1b would prove unmanageable, as the group includes hundreds of millions of people in the United States... and that “In a highly constrained vaccine scenario, the initial group of recipients with comorbid and underlying conditions could focus specifically on individuals with two or more of these designated conditions.” We also agree that it will be “critical to recognize that not all comorbid conditions are equal when it comes to their placement in an allocation framework.”

Multiple studies have explored a range of comorbid and underlying conditions as potential risk factors for severe COVID-19 disease. According to CDC’s surveillance data for March 2020, people with COVID-19 who had underlying health conditions—most commonly hypertension, obesity, cardiovascular disease, diabetes mellitus, and chronic lung disease—were 6 times as likely to be hospitalized and 12 times as likely to die from the disease as those without underlying health conditions. A study from a large health care system in New York found that individuals below age 60 with a BMI of 30 or higher were more likely to be admitted to acute and critical care than patients in the same age categories with a BMI below 30 (Lighter et al., 2020). Another recent study suggests that, in particular, those with chronic heart failure, kidney disease, and a BMI of 40 or higher are particularly high-risk groups (Petrilli et al., 2020).

Additionally, this pandemic has magnified the health inequities experienced by racial and ethnic minority communities and we appreciate NASEM for recognizing this fact in the “Fairness” section of the discussion draft. Early data is showing that African Americans are impacted by COVID-19 at a much higher rate than other ethnicities. These same communities also experience high rates of obesity and diabetes. Among African American adults, 48% have obesity and 13% have diabetes. Meanwhile, people of color and low-income households are disproportionately living in communities with comparably less access to health care, healthy food, and opportunities to be active. Further complicating the risks, these individuals are more likely to hold “frontline” jobs that increase their risk of exposure to COVID-19.

We applaud NASEM for highlighting that “the principle of fairness includes the obligation to develop allocation criteria based only on relevant non-discriminatory characteristics, already noted under the principle of equal regard, to apply these criteria impartially, and to employ fair procedures in allocation and distribution” ...and that “the principle of fairness here entails formulating criteria focused on individual, community, and social needs and risks, and vigilantly avoiding the sometimes conventional practices that create and sustain discrimination.”

Throughout the past decades, the prevalence of obesity has skyrocketed across our country. Despite this fact, many policymakers continue to view obesity as a lifestyle choice or personal failing. Others acknowledge that obesity is a chronic and complex disease, but believe that all that’s needed is more robust prevention. However, this approach is not shared by our leading clinicians and scientists who focus on obesity who acknowledge the need for both prevention and treatment of this chronic disease. These perceptions and attitudes, coupled with bias and stigma, have resulted in health insurance plans taking vastly different approaches in determining what and how obesity treatment services are covered for their members. We are hopeful that your strong work surrounding equitable allocation of a COVID-19 vaccine will also be a signal to public and private health plans across the country about obesity and the significant role this disease plays in severe poor outcomes with COVID-19 and other obesity-related comorbidities. We must ensure that all individuals affected by obesity have access to and coverage of all evidenced based treatment avenues for obesity.

Should you have questions or need additional information, please feel free to contact ASMBS/TOS Washington Representative Chris Gallagher via email at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com) or telephone at 571-235-6475. Thank you.

Sincerely,

American Society for Metabolic and Bariatric Surgery & The Obesity Society

**About TOS:**

Founded in 1982, The Obesity Society is the leading professional society focused on obesity science, treatment and prevention. With approximately 2,800 members worldwide, TOS’ mission is to promote innovative research, effective and accessible care, and public health initiatives that will reduce the personal and societal burden of obesity.

**About ASMBS:**

Founded in 1983, ASMBS currently has more than 4,000 members including general surgeons and integrated healthcare professionals practicing in the field of metabolic and bariatric surgery. The vision of the Society is to improve public health and well-being by lessening the burden of the disease of obesity and related diseases throughout the world.