Filipino Young Leaders Program - Tayo Help Desk



To: Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP)

From: The Filipino Young Leaders Program

Date: June 20, 2025

Re: Public Comment for the CDC Advisory Committee on Immunization Practices meeting on

June 25–27, 2025

To the Health and Human Services (HHS) health secretary Robert F. Kennedy Jr. and Members of the CDC ACIP committee:

We, the Filipino Young Leaders Program (FYLPRO) Tayo program, respectfully submit our input for the CDC Advisory Committee on Immunization Practices meeting between June 25th and 27th, 2025. We are writing to express deep concern over the recent dismissal of all 17 members of the CDC ACIP committee announced on June 9th by Robert F. Kennedy, Jr. As independent expert scientists or clinicians, these former members contributed vital knowledge on the safety and efficacy of FDA-approved and authorized vaccines to the ACIP committee. The CDC ACIP committee's work directly informs public health guidance in relation to vaccination practices, immunization schedules, insurance coverage policies, and prevention of vaccine-preventable diseases in the US population. For this reason, it is important to preserve an independent decision with CDC's ACIP in order to ensure the ACIP's recommendations regarding vaccines are rooted in unbiased science.

National Vaccination Trends and Health Disparities. Across the United States, routine vaccination rates for children and adults have continued to decline, driven by vaccine-related misinformation and persistent access barriers^{1,2}. National data has consistently shown that disaggregated Asian American vaccination rates reveal significant intra-group disparities that aggregated data obscures. Although Filipinos are found to have higher vaccination rates within the Asian subgroups, it is important to understand that this statistic does not hold true in all Filipino communities and contexts³. For example, in Los Angeles County, the community with the largest population of Filipinos in the United States numbering over 500,000 Filipino Americans, were found to rank below other Asian populations in terms of COVID-19 vaccination rates in 2023^{4,5}.

Additionally, other critical immunizations like pneumococcal and shingles vaccines show inconsistent uptake among Asian subgroups⁶. To responsibly guide vaccine policy, the CDC must establish mechanisms for transparent, data-driven oversight that recognizes these disparities and acts upon them.

Our organization, through the FYLPRO Tayo Help Desk (https://www.tayohelp.com), has firsthand experience addressing disparities in vaccination rates and vaccine hesitancy within the Filipino community during the COVID-19 pandemic. Tayo is a culturally tailored, bilingual help desk platform serving the Filipinx/a/o community that has been funded by the Booz-Allen Foundation, the Centers for Disease Control (CDC) Foundation, and the Department of Health and Human Services (HHS) We Can Do This Campaign. Committed to providing accurate and trustworthy information, Tayo helps Filipinos navigate misinformation and disinformation, particularly around public health and media literacy.

Tayo has been dedicated to community-based participatory research in Asian American/Native Hawaiian and Pacific Islander (AA/NHPI) communities in the regions with large Filipino populations and Philippine Consulates General locations such as Los Angeles, San Francisco, Honolulu, Chicago, Houston, New York, and Washington, DC. With an interdisciplinary team of Filipino American (FilAm) professionals in medicine, law, journalism, and other fields, Tayo has delivered vaccine-related updates (e.g., vaccine eligibility, federal aid, available social services) using culturally relevant examples and language that acknowledges the history of vaccine hesitancy within the community. Today, the Tayo Help Desk continues its mission to illuminate the lived experiences of the Filipino/a/x diaspora by using data to amplify community narratives and possibilities⁷.

COVID-19 and the Filipino American Experience. During the COVID-19 pandemic, FilAms represented the most at-risk group of frontline healthcare workers⁸. A study published in the *Nursing Management Journal*, found that nearly a quarter of Filipino nurses in the US worked in acute and critical care settings. Nationally, Filipino nurses make up only 4% of RNs, but accounted for 30% of COVID-related deaths, according to the National Nurses United. The *Filipino Lived Experiences during COVID-19 (FILLED) Project*, which documented community outcomes during the pandemic in Southern California, revealed that a lack of health and safety protections for Filipino frontline workers—particularly in residential care facilities for the elderly—led to an increased spread of COVID-19 between workers and patients⁸.

While hospital policies on personal protective equipment and widespread mishandling of gear distribution may have contributed to these outcomes, the sociocultural factors affecting FilAm nurses must also be considered. Systemic discrimination, exploitative immigration policies, and misinformation further exacerbated these vulnerabilities⁸.

This highlights the need for multi-layered protective measures, including COVID-19 vaccinations and safety protocols to protect Filipino American frontline healthcare workers⁸. For this reason, we strongly advocate for the preservation of a universal recommendation for COVID vaccines for people of all ages, including children and pregnant people. Vaccination reduces the risk of symptoms, critical illness, hospitalization, disability, and death for people of all ages, including previously healthy people⁹. These statements and our alarm at the recent dismissal of all 17 of the former ACIP committee are backed not only by rigorous scientific evidence, but by numerous medical specialty organizations such as the American Academy of Pediatrics, the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Pharmacists Association, the American Public Health Association, and the American Medical Association¹⁰⁻¹⁶.

The COVID-19 pandemic disproportionately impacted vulnerable populations and highlighted existing inequities in access to treatment and health outcomes, particularly for racial and ethnic minority populations. The abundance of disinformation on social media during the pandemic and beyond contributed to COVID-19 misinformation to the point of becoming labeled as an "infodemic" by the World Health Organization¹⁷. The recent policy changes increase barriers to vaccine access, limiting access for children, pregnant people, and adults under age 65, while adding fuel to public confusion about the continued importance and effectiveness of COVID vaccines¹⁸.

In a time of increased social media reliance to stay connected to the global community, what the US population and the Filipino American community needs is evidence-based clarity, not more confusion.

The Importance of Vaccines. The CDC Advisory Committee on Immunization Practices (ACIP) must strengthen and uphold its role in ensuring equitable access to vaccines and maintaining trust through evidence-based, expert guidance. The ACIP must recognize that currently available FDA-approved vaccines are safe and effective, and that children, adults, and pregnant people all rely on its recommendations to access vaccines and insurance coverage. This is especially critical for historically underserved populations like Filipino Americans, who face both higher risks and persistent disparities.

Filipino Americans are not only overrepresented in frontline healthcare roles, but disproportionately live in multigenerational households, which are factors that elevate exposure risk to COVID-19 and similar infectious diseases¹⁹. The median age of the Filipino American population is 50 years, compared to 44 years for all immigrants and 36 years for native-born Americans, with 22 percent of the Filipino population in the United States aged 65 or older, thus placing them at significantly increased risk for severe illness or death from COVID-19²⁰. According to the CDC, individuals aged 65 to 74 are five times more likely to be hospitalized

and 90 times more likely to die from COVID-19 compared to those aged 18 to 29²¹. Federal inaction on ensuring broad, science-guided vaccine access could cost lives and worsen inequities in an already vulnerable community.

To ensure the long-term success of national immunization efforts, the CDC must prioritize broad vaccine access and reinforce the ACIP's role in guiding policy through inclusive, evidence-based practices. This includes not only expanding vaccine availability, but also investing in culturally grounded strategies that meet the specific needs of Filipino Americans. Without targeted efforts to close gaps in access, data, and trust, our public health system risks deepening the very disparities it seeks to eliminate. We urge federal agencies to institutionalize science-based oversight and equitable vaccine policy as central pillars of pandemic preparedness and response.

Need For Unhindered Access to Vaccines. Widespread and unhindered access to vaccines remains a critical need across the United States, especially among Asian American communities where significant disparities persist. As previously discussed, research shows that disaggregated data reveals stark differences within Asian populations, yet public health policy often overlooks these nuances⁶. The Advisory Committee on Immunization Practices (ACIP) must continue to recommend policies that guarantee comprehensive, barrier-free access to a broad range of vaccines for people of all ages, ensuring no community is left behind.

Tayo firmly believes that unhindered access to vaccines is a fundamental public health necessity for historically excluded communities, such as Filipino Americans. Our work has shown that simply making vaccines available is not enough. True access must be equitable, linguistically inclusive, and culturally grounded. To meet this need, we have previously organized vaccine clinics in areas with large Filipino populations—including Arkansas, Illinois, California, Hawaii, Texas, and Florida—to bring vaccines directly into the communities where they are most needed²²⁻²⁵. These efforts addressed not just geographic and logistical barriers, but also the unique cultural and informational needs that influence vaccine uptake. We have also produced public service announcements (PSAs) in both English and Tagalog, featuring trusted community figures, to counter misinformation and build vaccine confidence through familiar and resonant messaging²⁶.

In tandem with these outreach efforts, Tayo is researching Filipino American perspectives and behaviors related to COVID-19 vaccines in order to contribute to the greater body of literature that examines the barriers to acceptance of vaccines, especially amongst immigrant communities and non-native English speakers. This research will illuminate the nuanced challenges this community faces, which are challenges often hidden within broader Asian American/Pacific Islander (AAPI) data. Support for similar community-based research on barriers to vaccine uptake within historically marginalized communities is essential to highlighting gaps in public health surveillance for the creation of future interventions that prioritize vaccine equity²⁷.

In summary, vaccines are a fundamental part of disease prevention and protecting the health of our communities. It is critically important to ensure that federal agencies like the CDC support community-driven models of access, where science-based strategies are implemented through culturally competent frameworks. This encompasses a variety of actions: (1) supporting committee members who are scientific or clinical experts in public health guidance and vaccination practice while requiring ACIP members to disclose all conflicts of interest to ensure committee actions are based on data-driven science; (2) emphasizing disaggregated data collection, culturally competent education campaigns, and community-informed interventions as mandated components of vaccine outreach strategies; (3) promoting federally-funded vaccine access and public health campaigns to improve availability, address systemic barriers, empower trusted messengers, and prioritize the health equity of every racial and ethnic group.

We respectfully urge this committee to take these concerns into serious consideration as you shape transparent and equitable vaccine policy decisions in the future.

Thank you for your time and consideration.

Sincerely,

Members of Tayo, a program of the Filipino Young Leaders Program (FYLPRO)

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https://fylpro.org/

https://www.tayohelp.com/

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