

January 11, 2022

Dr. Janet Woodcock, M.D.  
Acting Commissioner  
U.S. Food and Drug Administration  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

Dear Acting Commissioner Woodcock:

I write with regard to the U.S. Food and Drug Administration's (FDA) recent guidance to healthcare providers that outlines which patients should be prioritized to receive COVID-19 treatments, and Democrats' attempt to include an individual's race and ethnicity as a primary factor for receiving treatment. A fact sheet for healthcare providers using the monoclonal antibody, sotrovimab, states that race and ethnicity can be considered "medical conditions or factors [that] may also place individual patients at high risk for progression to severe COVID-19..."<sup>1</sup> As a result, some state health departments, including the New York Department of Health, have followed suit by establishing race-based criteria for administering other COVID-19 treatments. Their December 27, 2021 notice stated that oral antiviral drugs should go to patients that "have a medical condition or other factors that increase their risk for severe illness. Non-white race or Hispanic/Latino ethnicity should be considered a risk factor, as longstanding systemic health and social inequities have contributed to an increased risk of severe illness and death from COVID-19."<sup>2</sup>

While our nation should seek to better understand and address real disparities that exist in health outcomes, that important work is a far cry from the rationing of vital medicines based on race and ethnicity. Rationing life-saving drug treatments based on race and ethnicity is racist and un-American. There is no other way to put it.

Healthcare providers should focus on individual medical conditions that research shows puts patients at higher risk. Appropriate factors include individuals 65 years or older, those who are obese, pregnant, suffering from chronic kidney disease, cancer, diabetes, cardiovascular disease, respiratory disease, and other conditions. Medical research has long documented that many of these comorbidities disproportionately impact people of color. Therefore, by prioritizing an individual's medical history, healthcare providers would ensure racial minorities at highest risk of disease, including all other high-risk patients, can receive these life-saving drugs.

This latest action illustrates how far woke Democrats are willing to go in their quest to further divide America based on the color of our skin. One's race or ethnicity should not be the

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<sup>1</sup> <https://www.fda.gov/media/149534/download>

<sup>2</sup> [http://www.mssnyenews.org/wp-content/uploads/2021/12/122821\\_Notification\\_107774.pdf](http://www.mssnyenews.org/wp-content/uploads/2021/12/122821_Notification_107774.pdf)

driving factor that decides whether or not you live. Everyone that is at high risk should have a fair shot at our nation's growing arsenal of COVID-19 therapeutics.

I call on the FDA to immediately update its guidance to prioritize patients based on their medical history and not on their race or ethnicity. Further, I urge the FDA to notify all state health departments to instruct them to do the same.

Thank you for your attention to this issue, and I look forward to your prompt resolution of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Rubio', written in a cursive style.

Marco Rubio  
U.S. Senator