February 7, 2021

The Honorable Nancy Pelosi
Speaker
House of Representatives
U.S. Capitol Building
Washington, DC 20515

The Honorable Kevin McCarthy
House Republican Leader
House of Representatives
U.S. Capitol Building
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

On behalf of the Big Cities Health Coalition (BCHC), I write in support of legislation to implement President Biden’s American Rescue Plan. We are so grateful that Congress recognizes the importance of providing resources to local communities to address the COVID-19 pandemic. With the circulation of new variants of the virus, it is likely that this threat to our communities will last for a long-time to come. We urge you to take swift action on this legislation as we work in concert with state and federal governments to protect the public’s health, a critical component to ensuring the nation’s economic recovery as well.

BCHC is made up of health officials leading 30 of the nation’s largest metropolitan health departments, who together serve nearly 62 million, or one-in-five, Americans. Our members have been on the front lines for a year now addressing the COVID-19 pandemic, and they, and their communities, need the resources this plan would provide. Below we highlight some of the key areas of the American Rescue Plan that will have the greatest impact in strengthening our members’ COVID-19 response:

Local health departments need funding and durable goods. While Congress provided critical funding in 2020, our member departments and their communities need sufficient resources to get local expeditiously. Specifically, they need additional funding to provide vaccination, testing, and contact tracing services. And, they need increased and direct access to durable goods ranging from vaccines and needles to testing supplies to personal protective equipment (PPE). Without additional funding, their response, including vaccine distribution, will lag. We fully support the proposal to increase production of necessary PPE, and urge Congress and the Administration to use the Defense Production Act (DPA) to manufacture more and better masks, with the goal of have N-95s available for the public at large (recognizing we must first have sufficient supply for first responders).

Vaccines and vaccinations. Local health departments have been consistently vocal that the “last mile” of getting shots in people’s arms was going to be extremely difficult. Unfortunately, the slow and limited supply coupled with contradictory messaging has led to what is perceived as chaos, and what in reality are real challenges, on the ground. Specifically, we support the $20 billion earmarked for vaccines, which needs to address increased supply and scaling up vaccination sites and data collection, which the American Rescue plan recognizes.
Testing. Testing remains a challenge in some communities, particularly as health department staff must also distribute vaccines, and schools are trying to get and stay open. A sufficient supply of accurate tests are a way to build confidence in school and business reopenings and can help slow the spread while awaiting a robust vaccine supply for the community at large.

Governmental Public Health Workforce. The public health workforce has been losing jobs for well over a decade, and with each economic downturn, the workforce contracts. While emergency funding allows an immediate surge to assist with the response, it in no way can sustain the public workforce over time. Investments over time are necessary to build a pipeline of jobs in communities across the country that reflect the community in which they serve. Doing so will strengthen the system for the ongoing public needs and the next public health emergency. As such, we strongly support the $8 Billion earmarked for the public health workforce in the American Rescue Plan.

Data Infrastructure and Systems. Data systems in public health departments are antiquated, suffer from decades of underinvestment, and don’t talk to each other. We can’t keep putting a new and separate system in place every time there’s a crisis. Rather, we need sustained investments in systems that health care and public health at all levels of government and in communities across the country can access and use effectively. The $700 million in the American Rescue Plan is a needed down payment building on other emergency dollars Congress has allocated for data since the pandemic began. It is critical to the public’s health that these systems are upgraded and fully funded for years to come; it necessitates significant federal investment to do so.

Equity. COVID-19 has laid bare the many inequities so many of us have worked to address over the years – systemic racism, income inequality, a lack of paid sick leave, and enormous health disparities that all of these challenges exacerbate. COVID-19 has taken advantage of those with pre-existing conditions, like diabetes or asthma, and others who needed to work during outbreaks to provide for their families. Both of these realities have disproportionately impact people of color and low-income Americans. Moving forward, vaccine distribution, funding, and policy at all levels of government must work to address the inequitable impact of COVID-19 on communities of color and the most vulnerable among us. We also need to make sure that our data systems are able to hot spot disparities and work to address varying impacts in our communities.

State and local government funding. As large local jurisdictions, we urge you to include overarching support for local and state governments. Funding to offset decreasing tax revenues is critical to ensuring that needed services at the local and state level continue. Most of our jurisdictions, along with most states, cannot run deficits and must balance their budgets. Our member jurisdictions also need support to fund policy measures like paying people to stay home if sick or if they need to quarantine, or paying restaurants and bars to stay closed. Now is not the time to let up on common sense public health measures or efforts to assist people in our communities stay afloat until the economy recovers. Such actions go hand in hand to both bring the pandemic to an “end” and to support the rebuilding of our devastated economies as quickly as possible.

Communications and messaging. Finally, we also need your help as the nation’s leaders to reset the public’s expectations around vaccination and public health measures, including consistent and accurate information about the pandemic and its impact. Our elected and health leaders at the federal government, and in states and communities across the country, must use their bully pulpit to reinforce the safety of these vaccines. We also need to be clearer about the current supply of vaccine, and that
while we each wait our turn, public health mitigation measures – masking, social distancing, staying home when one can – are our best response to be able to send our kids back to school, reopen safely, and truly put this pandemic behind us. A massive communication campaign to reach all segments of society is an important part of getting this message out.

Thank you again for your continued support as we tackle the COVID-19 pandemic together. We once again urge swift passage of legislation to get resources into communities as soon as possible. Should you have any questions, please do not hesitate to contact me at juliano@bigcitieshealth.org or 202-557-6507.

Sincerely,

Chrissie Juliano, MPP
Executive Director
Big Cities Health Coalition