

February 10, 2021

The Honorable Frank Pallone Jr.
Chairman
House Committee on Energy & Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Pallone:

Thank you for your continued advocacy and work to ensure that the next COVID relief package prioritizes and address health disparities that COVID-19 has exacerbated. We are grateful for your efforts to secure a set aside \$300 million for vaccine distribution and administration and \$2.5 billion for testing and contact tracing in high-risk and underserved populations, including racial and ethnic minority populations and rural communities, in the *Consolidated Appropriations Act, 2021* and for your continued support for the COVID Community Care Act. We are writing to you to share our full support for the inclusion of targeted funding for medically underserved communities and the Indian Health Service, in the Energy & Commerce's Budget Reconciliation Legislative Recommendations Relating to Public Health. We also urge the inclusion of direct funding for community-based organizations to carry out testing, tracing, vaccination, and public outreach services is included in the final COVID relief package.

From the beginning of this pandemic, people of color and Indigenous people in the United States have suffered the largest burden of illness, hospitalization and death from COVID-19. The Centers for Disease Control and Prevention (CDC) reports that American Indian/Alaska Native people are four times as likely as white people to be hospitalized for COVID-19, and that Black and Hispanic/Latino people are 2.8 times as likely to die of COVID-19 as white people. Mortality rates within the Asian American and Pacific Islander communities are also high. Now, we are seeing alarming disparities in the rates of vaccinations. In many cases, white people are getting vaccinated at three times the rate compared to Black people.

At the same time, a legacy of discrimination and abuse by the health care system has created mistrust in many communities of color, which can lead to under-utilization of needed health care. The people who are best positioned to repair this legacy of mistrust are those who know their communities best. We must empower trusted local leaders to fight COVID-19 in order for essential public health tools such as information campaigns, testing, and contact tracing to be effective.

Thank you for including funding for public outreach campaigns related to COVID-19 vaccines, testing, contact tracing, and other mitigation efforts are culturally responsive and multilingual. I also urge you to include funding for direct grants to faith-based and community-based organizations to conduct testing, contact tracing, vaccinations, and public outreach in medically under-served communities, as outlined in the COVID Community Care Act. It requires that persons hired to conduct engagement have experience and relationships with the people living in the communities they serve. It is critical that COVID testing, contact tracing, and vaccine information are delivered through trusted messengers from the communities they serve.

Thank you again for your continued efforts on this issue. Again, we support the Energy and Commerce Committee's text that would provide targeted relief for communities disproportionately impacted by the COVID-19 pandemic due to historic and system inequities.

Sincerely,
Sheila Davis, DNP
Chief Executive Officer
Partners In Health