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March 23, 2021

The Honorable William Driscoll
The Honorable Joanne Comerford
Chairs, Joint Committee on COVID-19 and Emergency Preparedness
The State House
Boston, MA 02133

Dear Chairman Driscoll and Chairwoman Comerford,

Thank you and the members of the Joint Committee on COVID-19 and Emergency Preparedness, along with the esteemed leaders of the Joint Committee on Health Care Financing, Joint Committee on Racial Equity, Civil Rights, and Inclusion, and the Joint Committee on Public Health for the hearing that you held on February 25, 2021 regarding vaccine distribution in the Commonwealth. I also want to thank you for your leadership, support, and collaboration during this crisis, and for your continued focus on assisting hospitals, community health centers, and most importantly, our patients, in meeting the pressing needs of our most vulnerable communities in responding to this pandemic.

This hearing was an important opportunity to bring together many important stakeholders and voices, to evaluate the Commonwealth's efforts in vaccinating our residents and our patients, and to achieve consensus on ongoing, critical needs as the vaccination effort continues. We are grateful for the opportunity to offer the following comments.

COBTH Background

By way of background, the Conference of Boston Teaching Hospitals is a non-profit organization dedicated to supporting the full mission of Boston's teaching hospitals: providing world-renowned clinical care; training the next generation of physicians, nurses, and allied health care professionals; discovering and advancing new treatments and cures; and responding to the public health needs of our community.

We are particularly honored to provide support to our hospitals in our role supporting the emergency preparedness efforts for the Commonwealth's Region 4C hospitals (Boston), working closely with the entire team at the Boston Public Health Commission (BPHC) Stephen J. Lawlor Medical Intelligence Center (MIC) on an around-the-clock basis during this pandemic.

Prioritizing Achievement of Racial and Ethnic Health Equity

First, achieving racial and ethnic health equity must be paramount in our vaccination efforts today and going forward. The hearing brought needed clarity to the infrastructure and opportunities already in place to reach populations and patients who have been disproportionately impacted by the COVID-19 pandemic and our member hospitals have proven that we have a critical and trusted role to play in this effort.

Larger statewide efforts will require a carefully crafted, multi-pronged effort that includes our hospitals and health systems; community health centers; local physician practices; mass vaccination sites; community-based organizations; local public health organizations; elder service organizations; and other trusted community members, along with strong cross-sector collaboration. It also requires concrete data to track our progress, and constant dialogue and engagement with our community partners, and most importantly, with our patients. Together, it is essential that we ensure we are calibrating our efforts and outreach in ways that are culturally and linguistically competent and responsive to our communities.

Prioritizing Resources for Outreach and Community Engagement

In addition, and much like the aggressive community-driven efforts to enroll individuals in health coverage upon the passage of the Affordable Care Act, we must prioritize getting needed resources to local community-based organizations to engage in much needed outreach in hard hit and historically marginalized communities. To that end, we have already banded together with other organizations across New England [in urging](#) our Congressional delegation to prioritize resources for vaccine outreach and education in the next federal COVID-19 relief package.

Ensuring Predictability and Accountability for Vaccine Distribution

We are pleased with the tremendous level of transparency and reporting by the Baker administration on so many aspects of this pandemic. Similarly, the Commonwealth’s vaccine distribution effort must be as transparent and predictable as possible, with clear communication when changes are needed based on new information or recommendations and new decisions are made that impact our patients and communities. This includes accountability to the health equity goals in the Commonwealth’s vaccine distribution plans. In addition, we must continually work to improve public access to vaccination opportunities by hearing directly from our patients and community members on strategies that work.

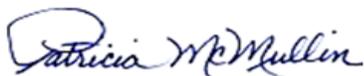
Long Term Emergency Preparedness Planning

Last, even as we continue to respond to the evolving ongoing challenges presented by this pandemic, we urge your continued focus and attention to longer term planning and preparation of a working, response-ready infrastructure to meet the demands of future public health, pandemic, or widescale public emergency challenges. This planning must include adequate financial resources for key components and integration of needed clinical expertise in these efforts. We are particularly grateful for Chairman Driscoll’s expertise in this area and look forward to continued efforts to strengthen our public health and emergency preparedness efforts in Boston and across the Commonwealth.

Again, thank you for convening this hearing and for the opportunity offer comment, and for the ongoing leadership and partnership of the Legislature in our shared efforts to respond to this pandemic.

We are happy to speak with you in more detail on any aspect of the foregoing.

Very truly yours,



Patricia B. McMullin
Executive Director
Conference of Boston Teaching Hospitals