MAYOR
REX RICHARDSON

May 6, 2025

The Honorable Alex Padilla
United States Senate
331 Hart Senate Office Bldg.
Washington, DC 20515

The Honorable Robert Garcia
United States House of Representatives
109 Cannon House Office Bldg.
Washington, DC 20515

The Honorable Adam Schiff
United States Senate
112 Hart Senate Office Bldg.
Washington, DC 20510

The Honorable Nanette Diaz Barragán
United States House of Representatives
2312 Rayburn House Office Bldg.
Washington, DC 20515

RE: Cuts to Federally Funded Public Health Programs

Dear Senators Padilla and Schiff, and Representatives Barragán and Garcia:

The City of Long Beach is strongly opposed to recent and projected cuts to public health programs within the U.S. Health and Human Services Department. The Long Beach Department of Health and Human Services (LBDHHS) is heavily reliant on federal funding for many programs supporting hard to reach and underserved communities. Our entire community is stronger and healthier, when every resident is able to thrive. Long Beach is one of three cities in California that operates its own health department, allowing for rapid response to local challenges and stronger coordination across the community.

On March 24, 2025, four CDC grants with LBDHHS were terminated prematurely without notice, totaling $471,731 in lost funding. These include:

- Epidemiology and Laboratory Capacity Enhancing Detection Expansion
- National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved
- Immunization and Vaccines for Children – COVID Supplemental Rounds 1-4
- Improving the Health of Young Children

A federal judge granted a temporary restraining order (TRO) against the cuts for 14 days, which applies to the LBHDDS. While this is hopeful news, LBDHHS is still in a state of uncertainty. We do not know what the court will ultimately decide, and what the federal administration will do in response to any court decision.

DOGE has recommended an additional $2.9 billion reduction in contracts, separate from the contracts that were already ended a few weeks ago. Currently, LBDHHS manages eight (8) grants through CDC totaling $6.6 million and eight (8) grants through HRSA, totaling $6.7 million. Combined, this represents 16 grants at risk of potential reductions or termination, totaling $13.3 million in unspent funds.

The grants at risk of termination or reduction include:

- Immunization Subvention Grant (CDC)
    - $604,932 in remaining funds
    - Staff impacted: 1.15FTE
    - 1,236 children vaccinated
    - 317 under- and uninsured adults
    - childhood and school vaccinations; education for healthcare providers, schools, and ECE centers; perinatal hepatitis B prevention; surveillance and outbreak control; and flu.
- Public Health Infrastructure Grant (CDC)
    - $3,581,584 in remaining funds
    - Staff impacted: 14FTE
    - Supports LBDHHS to enhance the public health workforce, modernize technology, and strengthen foundational capabilities
- Childhood Lead Poisoning and Prevention Program (CDC)
    - $3,581,584 remaining
    - Staff impacted: 2.95FTE
    - 4,550 clients served annually
    - Mandated by State
    - CLPPP serves children under the age of six, particularly those living in older homes or areas with known environmental lead hazards. The program focuses on high-risk populations, including low-income families, children from minority communities, and those with limited access to healthcare services. It also addresses the needs of pregnant women, as lead exposure during pregnancy can have serious health effects on both the mother and in-utero fetus. • Provide case management services for children with elevated blood lead levels (EBLLs), including risk assessment, medical follow-up, and coordination with healthcare providers. • Conduct environmental home inspections to identify and mitigate sources of lead exposure. • Educate parents, caregivers, and communities about lead poisoning prevention, safe renovation practices, and the importance of lead testing.
- Bioterrorism Preparedness and Response (CDC)
    - $598,582 remaining
    - Staff impacted: 5.25FTE
    - strengthens the capacity and capability of Long Beach's public health systems to prepare for, respond to, and recover from public health emergencies and biological threats,
- HIV Prevention (CDC)
    - $637,972 remaining
    - Staff impacted: 4.35FTE
    - 1,516 HIV and 2,385 STI tests provided to clients. 20,000 condoms distributed
    - HIV/STI prevention, education, case management, and awareness. Rapid HIV testing, and STI testing for chlamydia, gonorrhea, syphilis, and hepatitis C.
    - CLB’s rate of new HIV infections is already over one and a half times that of CA and we have one of the highest rates of syphilis in the state.
- Enhancing STI and Sexual Health Clinic Infrastructure (CDC)
    - $273,412 remaining
    - Staff impacted: 0.62FTE

    - Enhancing STI clinical infrastructure to provide clinical services to areas most impacted by STIs. Launch a clinic in North Long Beach, which has some of the highest numbers of STIs in the city
    - CLB has one of the highest rates of syphilis in the state
- HIV Care Program (HRSA)
    - $4,874,873 remaining
    - Staff impacted: 6.08FTE
    - Outpatient medical clients served 191, referral for health care services clients served 123, outreach clients served 127
    - HIV medical care services, referral to health care services, and outreach/linkage to care.
    - CLB's rate of new HIV infections is already nearly twice that of CA
- Black Infant Health (HRSA)
    - $494,146 remaining
    - Staff impacted: 7.9FTE
    - 400 pregnant and post-partum Black women served annually
    - Connecting Black women with the vital care and support needed to promote healthy behaviors during pregnancy and continuing after her baby is born. goal is to increase healthy birth outcomes and ultimately improve survival rates for African American infants and mothers.
- Black Infant Health Media Campaign (HRSA)
    - $875,499 remaining
    - Subcontractors
    - media campaign aims to raise awareness about infant and maternal health disparities within Black communities and to promote enrollment in the BIH program.
- Medical Care Coordination (HRSA)
    - $117,468 remaining funds
    - Staff impacted 2.34FTE
    - 193 clients served last year
    - Provides case management and wraparound support for HIV patients focusing on access to care, interventions for mental health and substance use, education around the importance of HIV medication and access, and coordination of services including referrals to subspecialty care.
    - CLB's rate of new HIV infections is already nearly twice that of CA
- Maternal, Child, and Adolescent Health Titles V & XIX grants (HRSA)
    - $170,025 remaining
    - Staff impacted: 3.95FTE
    - 600 clients served annually
    - Mandated by State
    - The MCAH Program focuses on improving the health and well-being of mothers, infants, children, and adolescents, focusing on underserved and vulnerable populations. The program provides a range of services, including prenatal and postpartum care coordination, health education, and linkage to community resources, while addressing critical public health issues such as infant mortality, maternal health disparities, and access to preventive and reproductive care.
- HIV/AIDS Benefits Specialty (HRSA)

    - $23,674 fuds remaining
    - Staff impacted: 1.17FTE
    - 177 clients served last year
    - Provide HIV benefits screening, assistance and enrollment into various benefits/assistance programs, including providing education and access to health care/insurance enrollment.
    - CLB's rate of new HIV infections is already nearly twice that of CA
- Outpatient Medical Services (HRSA)
    - $123,019 remaining
    - Staff impacted: 0.47FTE
    - Avg 153 clients served annually
    - Provide core HIV Medical Services for persons living with HIV who are uninsured or underinsured.
- HIV Transportation Services (HRSA)
    - $7,166 remaining
    - No FTE impacted
    - LB transit rides provided: 344 annually
    - Taxi rides provided: 221 annually
    - Transportation vouchers for medical care
- Biomedical HIV Prevention (HRSA)
    - $51,671 remaining
    - Staff impacted: 0.5FTE
    - 104 patients served and 511 medical visits
    - Provide treatment related to PrEP (pre-exposure prophylaxis)for people at high risk of HIV who are not yet infected and PEP (post-exposure prophylaxis) for emergency treatment taken after a potential HIV exposure
    - CLB's rate of new HIV infections is already nearly twice that of CA

The termination of Federal grants currently administered by LBHHSD would impact 46.38 FTE, nearly 50 employees, and cut services for at least 9,000 community members.

Three weeks ago, Secretary Kennedy reduced the HHS workforce by an additional 10,000 staff. Combined with previous RIFs, this represents a 25% reduction in the overall HHS workforce. Entire divisions in CDC and HRSA have been eliminated such as HIV and STI prevention, childhood lead poisoning prevention, immunization service division, disease Intervention and response, Maternal and Child Health bureau (HRSA) and much more. These eliminations are well-aligned with many of LBDHHS's at-risk grants. There are no staff within these respective divisions to oversee our grants, which makes them prime for elimination.

These funds have been instrumental in rebuilding long-ignored public health infrastructure and workforce needs. It is especially concerning that LBDHHS was given no notice of this funding being clawed back, nor time to wind down the program or identify alternative funding. The reduced timeline for submitting final paperwork from 120 days to 30 days further jeopardizes the City's ability to be fully reimbursed for completed work.

The Long Beach Department of Health and Human Services remains committed to serving the greater Long Beach community, but these actions put us all at risk. Public health threats are on the rise and local health departments need to be properly equipped to respond quickly and effectively. Public

health protects all of us from conditions old and new. Local health departments are on the front lines, ensuring our food supply is safe, our restaurants are clean, and our children are protected from illness. As local health departments across the nation face simultaneous health emergencies, reducing federal capacity to support local public health agencies is not how we improve the overall health of the nation. We need a strong and reliable commitment from the federal government to continue investing in public health, ensuring the safety and wellbeing of all residents.

Sincerely,

Mayor Rex Richardson
City of Long Beach