

**Statement on Behalf of
The Alexandria Public Health Advisory Commission
for the 2026 Legislative Package**

December 13, 2025

Submitted by

**Richard Merritt, Former Member and Chair
Alexandria Public Health Advisory Commission**

***“There has not been a single year since
the founding of the United States when
Black people in this country have not been
sicker and died younger than White people.”***

Mary Bassett, M.D., M.P.H. and Sandro Gales, M.D., D.Ph.
New England Journal of Medicine, November 2022

***“Health inequities and disparities affect each jurisdiction’s economy,
every business’s health-care costs and each local government’s annual budget.
And health inequities and disparities also challenge our basic sense of fairness.”***

Patricia Matthews, Former President and Chief Executive
Northern Virginia Health Foundation

Members of City Council. Tobacco and vaping are among the most preventable cause of chronic illnesses and preventable death in Alexandria, with the greatest impact felt in communities far too long encumbered by health disparities. Providing the City with appropriate legislative authority is a practical, evidence-based step to protect public health and advance equity.

The Public Health Advisory Commission's Resolution requesting the 2026 Virginia General Assembly to (1) remove the ceiling on the city's cigarette tax imposed by the 2020 GA; (2) authorize the City to tax vaping products and vaping stores; and (3) increase the state cigarette tax by 10 cents a pack for each of the next four years and rebate a significant portion of the increased revenues to cities and counties for the purpose of mitigating some of the expected dramatic cuts in Federal assistance for Medicaid, SNAP and likely the ACA and improving their public health infrastructures.

The most compelling arguments for this resolution to become part of the 2026 Legislative Package are as follows:

1. The Alexandria Health Department's *2019 City of Alexandria's Community Health Assessment* well-documented significant and alarming racial and ethnic disparities in health outcomes, access and services for low-income minority residents. Data provided in the *Community Health Assessment* clearly show that health promoting resources and opportunities are distributed unevenly across the City of Alexandria. "As a result, on average, Alexandria residents who are White enjoy better health than residents of color." Moreover, data from the *Community Health Assessment* revealed significant disparities among Whites and Blacks with regard to life expectancy, health resources, education, income, and poverty.
2. City Council Resolution No. 2974, *All Alexandria: Committing to Race and Social Equity*, adopted in Jan. 2021, declared *People who live, work and visit in Alexandria today continue to experience bias, discrimination, and unequal outcomes and/or treatment in every field and sector including but not limited to government, housing, employment, environment, wealth, healthcare, education, transportation, the legal system;*Significantly, during the colloquy on the Resolution, Mayor Wilson declared ***Health Conditions*** to be among the "deepest inequities" at work in the City. (The other three included ***Wealth Accumulation, Education Attainment, and Injustice.***) Council members unanimously endorsed the mayor's statement.

3. *“Health conditions”* are extremely broad and Council offered no explanation so it begged the question, what “conditions” should be of paramount importance for the attention by the City? The answer comes by way of a number of stark discoveries and revelations in a September 2023 academic study, DYING TOO SOON, by the Virginia Commonwealth University Center on Society and Health and published by the Northern Virginia Health Foundation.
4. Quoting from Dying Too Soon (In Northern Virginia, the Risk of Dying Before Age 75 Depends on Race, Ethnicity, and Address):

Based on data from 2015- 2019, the pre-Covid years, ...

- ***Life expectancy varied by 16 years across Northern Virginia’s census tracts; In Alexandria, life expectancy at the census tract level ranged from 75.4 years to 86.0 years. Such stark health disparities reflect not only differences in access to health care but also the social and economic conditions that are important to health. ****
- ***In Alexandria, the premature death rate among Black residents was 320.2 per 100,000 in 2015-2019, 117% higher than the rate among White residents (147.9 per100,000).***
- ***The risk of dying prematurely in Alexandria City differed more than four-fold across certain census tracts.***
- ***Of the almost 1,500 premature deaths that occurred in Alexandria between 2015 – 2019, two out of three were, according to the researchers, avoidable.***

*A national study revealed that White life expectancy at birth in 2020 (the first year of COVID-19) dropped by about a third of a year, whereas Hispanic and Black life expectancy dropped 3.7 years and 3.22 years, respectively. Very recent data from the County Health Rankings & Roadmaps team reported that “overall life expectancy in the U.S. has not seen meaningful gains in the last several decades.” A *Washington Post*, November 17, 2025 headline reads: “More Americans are dying before they reach retirement age. Quoting from the story: “Premature deaths among 18-to-64-year-olds rose 27 percent, going from 243 to 309 deaths per 100,000 adults between 2012 and 2022, according to a recent study in JAMA. Among Black adults, the study found the increase was about 10 percentage points higher compared to White adults.”

It is important to repeat that these disparities are based on data from 2015-19. There is widespread agreement that inclusion of more current data, i.e. covering the Covid years of 2020-2024, will undoubtedly exacerbate those disparities. Moreover, absent any significant offsetting or countering the Trump Administration's draconian forthcoming reductions in Medicaid, SNAP and the ACA, the racial disparities will continue to grow, so that it will require at least a full generation to turn them around.

Among the Report's various key policy recommendations for reducing health inequities:

- **IMPROVE HEALTH CARE ACCESS AND QUALITY**
The community could save many lives by reducing the prevalence of risk factors for disease and injury and improving social and economic conditions. Many deaths can be prevented by enhancing access to clinical preventive services and evidence-based treatments, but the quality of care may matter as much as access. Many patients fail to receive accurate, and care delivery is often poorly coordinated and inefficient.
- **PRIORITIZE THE SOCIAL DETERMINANTS OF HEALTH**
The most effective policies to address these inequities are investments in education, income and wealth-building, and access to affordable food, housing, health care, transportation and childcare.
- **STRENGTHEN THE PUBLIC HEALTH INFRASTRUCTURE AND PREPAREDNESS**
The COVID-19 pandemic underscored current deficiencies in the public health workforce, infrastructure, data systems, and public image.
- **ADDRESS THE LEGACY OF SYSTEMIC RACISM**
Efforts to address systemic racism should be prioritized in Northern Virginia, both in government and the private sector, from workplaces and schools to health care settings. We must acknowledge history and the role of past policies and their cumulative impact across generations in producing current inequities. And we must assess the role of current policies and structures that continue to limit access to opportunities and to expose people of color to disproportionate risks to health and safety.

The report's primary conclusion is summed up by the following:

The opportunity for good health should be available to all residents of Alexandria City, and reducing inequities is also good for the economy. Both Government and the private sector should redouble their efforts to improve access to education, good jobs that pay livable wages, and affordable food, housing, health care, transportation, and childcare. Until this occurs, the risk of dying prematurely in Alexandria City will continue to depend on one's ZIP code.

5. Data provided by the Commonwealth Institute of Virginia, indicated that in 2022-2023, there were approximately 13,000 uninsured in the City of Alexandria, which was a significant reduction from the 16,400 uninsured residents between 2016-2020. Of the approximately 13,000 uninsured about 8,000 (61%) identified as Latino, 2,600 (20%) identified as Non-Hispanic Black and almost 1,600 (12%) as Non-Hispanic White. Of the total uninsured, 11,400 (87.5%) were aged 19-64. Roughly 2,100 (16%) had incomes under 138% FPL; 4,800 (37%) had income between 139-300 FPL; and a little more than 6,000 (47%) had incomes of 301 FPL or over. Of the total uninsured, 4,200 (32%) were U.S. citizens, while about 8,800 (68%) were non-citizens.
6. It is widely understood that being uninsured is bad for your health. The uninsured receive less preventative care, have greater difficulty obtaining prescription drugs and dental care, and are less likely to get the specialty care they need. It certainly can be bad economically for the uninsured individual, but an unhealthy populace is bad for the economy as well. Long-standing research reveals that having insurance coverage as a child improves future productivity as an adult. By age 28, those who had Medicaid coverage as a child had higher college enrollment, higher wages, and used fewer government benefits.
7. Smoking is still the number one preventable cause of death in the U.S., killing over 490,000 people per year. A 2021 study found that menthol cigarettes were responsible for 1.5 million new smokers (the large majority are Black), 157,000 smoking-related deaths and 1.5 million life years lost among African Americans from 1980 to 2018. While overall cigarette use declined by 26% from 2009 to 2019, 91% of that decline was due to non-menthol cigarettes. It is estimated that smoking costs the U.S. economy over \$600 billion in direct health care costs and lost productivity every year. Moreover, secondhand smoke costs the U.S. economy \$7 billion per year due to premature death. Nationwide, the Medicaid program spends more than \$68 billion in healthcare costs for smoking-related diseases each year—more than 20.3% of total Medicaid spending. Smoking rates are over twice as high for Medicaid recipients (17.6%) compared to those with private health insurance (8.4%). Significantly, just a few years ago, Virginia joined twenty other states offering a comprehensive cessation benefit to tobacco users on standard Medicaid.
Virginia is ranked 44th in the U.S. for its cigarette tax of 60 cents per pack (enacted in 2020), compared to the national average of \$1.93. (New York has the highest tax at \$5.35 and Missouri the lowest at 17 cents. Interestingly, while Alexandria's tax at \$1.26 a pack, more than double the state tax, together they are the lowest in the DMV. In the District of Columbia, a pack of 20 cigarettes is \$5.03, only 3 cents higher than the \$5 per pack in Maryland.

- The use of the local tobacco tax to finance public health interventions is very much supported by long-standing research from the Centers for Disease Control and Prevention. Increases in tobacco prices along with access to smoking cessation have been “dubbed” by CDC as the Tobacco Control Vaccine—such that when implemented, they provide robust population-protection for communities (particularly communities of color) and drive down racial disparities in tobacco use and exposure to secondhand smoke.
8. In a recent editorial in JAMA, titled “How We Are Failing U.S. Children”, scholars reported several alarming findings: The percentage of U.S. children aged 3 to 17 years with 1 or more of 15 parent-reported chronic conditions increased by approximately 20% between 2011 and 2023. They examined electronic medical records data from 10 pediatric medical centers and found that nearly half (45.7%) of patients aged 3 to 17 years had a chronic condition. In particular, the prevalence of depression, sleep apnea, anxiety, and obesity increased, as did symptoms such as poor sleep, activity limitation, pain and loneliness.” It also pointed out that “the supply of pediatric mental health professionals has not kept pace with the growing caseload of children with mental health problems, putting greater demands on already overburdened primary care clinicians and emergency departments.”
 9. Drawing from various sources, the Congressional Republican Budget bill, signed by President Trump between 187,000 to 210,000 Virginians could lose Medicaid coverage due to the Work Requirements; a loss of the ACA premium subsidies and other changes in the ACA marketplace could affect 84,000 people. An analyst with the Commonwealth Institute indicates that while there aren’t any estimates at the City and County level, “8,379 people in Alexandria are currently enrolled in Medicaid expansion, which is the target population for most of the provisions including work reporting requirements, more frequent eligibility checks, and new co-pays.”

In conclusion, closing the premature death gap between Blacks and Whites in the City of Alexandria is not simply about repairing a historical and contemporary injustice, it is really more about saving lives. We respectfully urge Council to support these legislative priorities so that Alexandria can reduce preventable harm, strengthen its public health infrastructure, and better promote the health and well-being of all residents.



**City of Alexandria, Virginia
Commission on Aging**

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TESTIMONY ON 2025 ALEXANDRIA CITY LEGISLATIVE PACKAGE

Alexandria Commission on Aging

December 13, 2025

Good morning Mayor Gaskins, City Councilmembers and City Manager Parajon. My name is **Michael Schuster**. I am co- chair of the Alexandria City Commission on Aging. I am testifying on behalf of the Commission today. Congratulations on putting together a very strong, and succinct legislative package. I commend the city council and the city staff, especially Legislative Director, Wendy Ginsberg, for adding several items addressing the needs of older Alexandrians -specifically, the items promoting the development of affordable assisted living, eviction protections, and the increase in funding for area agencies on aging, such as for our Division on Aging and Adult Services, and local long-term care ombudsman programs.

As you know, the Commission on Aging each year approves the legislative platform of the Northern Virginia Network on Aging or NVAN and submits it for inclusion in the



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City's Legislative Package. Many of us then make visits to Richmond to advocate for these items.

We are pleased to see increase funding for Area Agencies on Aging (AAAs) in the legislative package. AAAs are local/regional entities designated by the state to address the needs of older Virginians, their families and caregivers, by coordinating and delivering a range of essential home and community-based services such as nutrition, transportation, in-home care, and caregiver support.

We have a caregiver crisis in Virginia. Caring for a loved one comes with both direct and indirect costs. 57% of Virginia family caregivers work. They often have to take time away from their jobs without pay or stop working.

An estimated 70 % of people over age 65 will need long-term support and services in the future. Home-based care, like that coordinated/provided by AAAs, costs less than institutional care options like nursing homes, saving individual and government



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resources. [USAging.org](https://www.usaging.org). Providing adequate funding for AAAs will alleviate these family burdens

Another very important, related item, we support in 2026 is a statewide Certified Nursing Assistant (CNA) recruitment and free workforce pilot training program to address staffing shortages at nursing homes, assisted living residences, home care agencies, and veteran care centers

CNAs meet essential, personal needs of individuals in healthcare settings – especially with activities of daily living, and instrumental activities of daily living – like bathing, dressing, and grooming. According to the Virginia Health Care Association, currently 93% of facilities have CNA vacancies, and 58% have no qualified applicants. Both AARP Virginia and NVAN support this proposal, which is based on a successful CNA training program in Minnesota. Senator Favola of Arlington will be the Senate sponsor of this budget proposal.

This concludes my testimony. Thank you.



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Subject: [EXTERNAL]AOBA Comments on Proposed General Assembly Legislative Package (Item 28 - Tuesday, 9 December)
Date: Monday, December 8, 2025 8:59:44 AM
Attachments: [image001.png](#)
[AOBA Letter on Alexandria City Council 2026 Legislative Agenda - Rent Control and Right of First Refusal.pdf](#)

Mayor Gaskins and City Council members,

I hope this message finds you all well. Please find attached a letter from AOBA with comments on the inclusion of advocacy for local authority related to rent stabilization and a right of first refusal to purchase housing at the end of its affordability commitment in your legislative package for the 2026 General Assembly session. Whilst we trust that the Council's intent in advocating these positions is to seek to preserve affordability of housing in Alexandria – and we share this goal – we must note that experience with these two policies shows that their true effect runs counter to this earnest objective. Although some incumbent residents would likely benefit, enactment of these policies risks deterring future investment in affordable housing in Alexandria and throughout the Commonwealth and degrading the quality of the affordable housing that we already have. We encourage the Council to remove these positions prior to adopting the legislative package.

Please don't hesitate to reach out with any questions or if I can be of any assistance. I extend my best wishes for a productive meeting tomorrow and a most joyful holiday season and conclusion to the year.

Regards,
Scott

Scott E. Pedowitz

Director of Government Affairs, Virginia

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December 8, 2025

The Honorable Aliya Gaskins, Mayor
Alexandria City Council
301 King Street
Alexandria, VA 22314

Dear Mayor Gaskins:

The Apartment and Office Building Association of Metropolitan Washington (AOBA) again urges the Alexandria City Council to remove authority for localities related to rent stabilization and a right of first refusal to purchase housing at the end of its affordability commitment from its 2026 Legislative Priorities. As we have shared, rent control policies have a well-documented record of stifling housing supply and forcing properties into a state of disrepair, and right of first refusal provisions interfere with the housing market, leading to worse conditions for housing providers and residents.

As you know, AOBA is the premier non-profit organization representing owners and managers of nearly 485,000 apartment units and more than 150 million square feet of office space in the District, Maryland, and Virginia. Of that portfolio, more than 2.6 million square feet of office space and 31,000 multifamily residential units are located in the City of Alexandria. Our members play a critical role in building and operating the commercial and residential buildings that will accommodate the economy and workforce of the future. As such, our member companies consider themselves part of the Alexandria community and maintain a vested stake in the city's long-term sustainability and well-being.

Numerous empirical studies show that limiting rents creates a range of adverse effects on renters and the community that offset any benefits for specific, individual residents. Common outcomes include reduced new housing construction, increased rents for unregulated units, decreased quality of existing housing, and lower residential mobility as incumbent residents cling to their below-market rents. Exemptions for recently constructed properties do not mitigate this impact as developers consider the long-term expected income and expenses for projects when determining whether to proceed.

Montgomery and Prince George's Counties, Maryland adopted rent control in 2023. Multifamily transaction volume in both counties fell 13% in the first three quarters of 2024 compared with the same period in 2023, according to data from MSCI Real Assets. One major brokerage reported multifamily transactions in Montgomery and Prince George's declined by 80% compared to 2023. New projects have fallen by approximately 90% in the two years since rent regulation policies were approved, with many of the remaining projects having already been in the pipeline prior to the Councils' action.

Similarly, right of first refusal policies change the economics of affordable housing, risking the delivery of such projects. Housing developers and financiers base investment decisions on income streams across the life of the project. As such, affordable housing projects might not get built at all if right of first refusal is enacted. Any potential future private purchaser would factor the risk of losing their bid to a City match into their calculations, demand a higher return on investment, and offer a reduced purchase price. The lower expected return may turn a viable project into one that cannot be financed.

We thank you for your consideration of our comments.

Sincerely,

Scott E. Pedowitz
Director of Government Affairs, Virginia
Apartment and Office Building Association of Metropolitan Washington (AOBA)

cc: Alexandria City Council; James F. Parajon, City Manager; Wendy Ginsberg, Legislative Director

