

May 4, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, D.C. 20510

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

The Honorable Charles Schumer  
Minority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Pelosi, and Minority Leaders Schumer and McCarthy:

As Congress continues to work on legislation related to the COVID-19 response, the undersigned state and territorial alumni health officials urge Congress to provide a long-term investment in public health infrastructure via a mandatory funding stream. This approach is needed to not only recover and rebuild from the COVID-19 response, but to fill the gaps from years of chronic underfunding in the public health system from the federal level through the state, territorial, tribal and local health department level. For such an integral part of society, strong and predictable federal investment is essential. The rise and fall of funding over the years and the challenges in responding to this pandemic are indicators that cannot be ignored.

The past should not be a prologue when it comes to public health resources. Additionally, with economic downturns such as those we're experiencing presently, state and local budgets will likely be unable to meet the demands that the public's health requires. By building the core public health infrastructure of states, localities, tribal governments, territories, and the Centers for Disease Control and Prevention (CDC), the nation will be in a better position to maintain and promote the health of our people and to respond to future public health threats.

**We strongly support additional mandatory annual funding for CDC, state, local, tribal, and territorial core public health infrastructure. This funding would be in addition to the annual discretionary appropriations for public health. It would pay for essential activities such as disease surveillance and epidemiology; laboratory capacity; all-hazards preparedness and response; policy development and support; communications; community partnership development; and organizational competencies. This funding would gradually increase over the years for a total allocation of \$4.5 billion annually.**

For too long, the nation has neglected basic public health capacity. More than 56,000 local public health jobs were eliminated between 2008 and 2017—nearly one quarter of the workforce.<sup>1</sup> Many health departments are still dependent on archaic methods of tracking diseases, including phone, fax, and

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<sup>1</sup> New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health. de Beaumont Foundation, 2019. <https://www.debeaumont.org/news/2019/new-workforce-survey-public-health-turnover-could-pose-threat-to-community-health/>

paper.<sup>2</sup> CDC's current funding remains just above that of FY2008 when adjusting for inflation. Funding specific to state and local public health preparedness has been cut from \$939 million in FY2003 to \$675 million in FY2020.<sup>3</sup> There has been little room to modernize, retain a skilled workforce, and address emerging threats. In fact, only 51 percent of the U.S. population is served by a public health system that provides all the essential public health services. The estimated gap in funding foundational public health capabilities throughout the system is about \$13 per person per year, yielding the requested \$4.5 billion.<sup>4</sup>

We are grateful that Congress quickly approved emergency supplemental funding bills that provide \$6.5 billion for the initial response, which included \$2.4 billion for the state and local public health response. However, providing long-term, predictable, and sustained investment in public health is necessary so we can achieve optimal health for all Americans.

Please contact Carolyn McCoy, senior director, federal government affairs, ASTHO ([cmccoy@astho.org](mailto:cmccoy@astho.org)) if you have any questions.

Sincerely,

**Former State/Territorial Health Officials:**

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<sup>2</sup> Written statement of Janet Hamilton, Council of State and Territorial Epidemiologists before U.S. House of Representatives Subcommittee on Labor, Health and Human Services, Education and Related Agencies, April 9, 2019. [https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/20190409\\_lhhs-testimony-jjh.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/pdfs/pdfs2/20190409_lhhs-testimony-jjh.pdf)

<sup>3</sup> In FY 2008, CDC funding was \$6.375 billion (at the program level). FY 2020 funding is \$7.694 billion (program level). Adjusted for inflation, the 2008 number would be \$7.5168 billion in 2020 dollars.

<sup>4</sup> Public Health Leadership Forum. Developing a financing system to support public health infrastructure. Available at: [http://www.resolv.org/site-healthleadershipforum/files/2018/11/PHLF\\_developingafinancingsystemtosupportpublichealth.pdf](http://www.resolv.org/site-healthleadershipforum/files/2018/11/PHLF_developingafinancingsystemtosupportpublichealth.pdf).

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