

March 20, 2020

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

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

The Honorable Lamar Alexander
Chairman, Committee on Health, Education,
Labor and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor and Pensions
U.S. Senate
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Alexander and Ranking Member Murray:

As the Senate undertakes the next iteration of legislation to speed the response to the COVID-19 pandemic, the undersigned organizations urge you to include a significant, long-term investment in public health infrastructure to prepare for the next pandemic and avoid the loss of life and social and economic disruption we are facing today. By building the core public health infrastructure of states, localities, tribal governments and territories, as well as the Centers for Disease Control and Prevention (CDC), the nation will be better prepared for the next threat.

Our groups recommend \$4.5 billion in additional annual funding for CDC, state, local, tribal and territorial core public health infrastructure to pay for such essential activities as disease surveillance, epidemiology, laboratory capacity, all-hazards preparedness and response; policy development and support; communications; community partnership development; and organizational competencies.

For too long, the nation has neglected basic public health capacity. More than 56,000 local public health jobs were eliminated between 2008 and 2017.¹ Health departments are still dependent on archaic methods of tracking diseases, including phone, fax and paper.² CDC's funding remains just above level with FY2008, when adjusting for inflation,³ and funding specific to state and local public health preparedness has been cut from \$939 million in FY2003 to \$675 million in

¹ 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/>

² 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

³ 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.

FY2020. That means there has been little room to modernize, retain skilled workforce, and address emerging threats. In fact, only 51 percent of the U.S. population is served by a comprehensive public health system, and the estimated gap in funding foundational public health capabilities is about \$13 per person per year, yielding the requested \$4.5 billion.⁴

The COVID-19 pandemic is illustrating in the direst terms the consequences of underfunding public health. The delays in diagnostic testing are hampering communities' ability to suppress the virus. Public health departments are attempting to conduct statewide situational awareness and management of medical supply shortages. The response is personnel-heavy – investigating cases, managing supplies and volunteers, conducting risk communications, coordinating with governmental and healthcare partners, and planning for the next phase of response.

The U.S. has followed a pattern of underfunding of vital public health services, followed by a crisis, a quick infusion of cash, and then dwindling investments over time.⁵ This pattern is placing American lives at risk. We must think not just of the short-term needs of this pandemic, but the long-term readiness of our nation. We applaud Congress for taking quick action to provide \$8.3 billion for the initial response, which included \$950 million for the state and local public health response. However, short-term, supplemental funding does not allow public health to recruit and retain the expert workforce needed for protecting the nation against emerging threats. We urge you to do act now to prevent and prepare for the next pandemic.

Sincerely,

1,000 Days
317 Coalition
Advocates for Youth
African American Health Alliance
AIDS Alliance for Women, Infants, Children, Youth & Families
The AIDS Institute
AIDS United
Alliance for Aging Research
Alzheimer's Association and Alzheimer's Impact Movement
American Association of Colleges of Osteopathic Medicine
American Association on Health and Disability
American College of Clinical Pharmacy
American College of Preventive Medicine
American Dental Hygienists' Association
American Diabetes Association
American Foundation for Suicide Prevention

⁴ 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.

⁵ The Impact of Chronic Underfunding of America's Public Health System: Trends, Risks, and Recommendations, 2019. Trust for America's Health. <https://www.tfah.org/report-details/2019-funding-report/>

American Geophysical Union
American Lung Association
American Mosquito Control Association
American Public Health Association
American Sexual Health Association
American Society for Microbiology
American Society of Tropical Medicine & Hygiene
American Thoracic Society
Americas TB Coalition
Association for Professionals in Infection Control and Epidemiology
Association of American Cancer Institutes
Association of American Medical Colleges
Association of Maternal & Child Health Programs
Association of Nurses in AIDS Care
Association of Public Health Laboratories
Association of State and Territorial Health Officials
Biophysical Society
Bipartisan Policy Center Action
CAEAR Coalition
Campaign for Tobacco-Free Kids
CDC Southeastern Center of Excellence in Vector Borne Diseases
Center for Science in the Public Interest
CenterLink: The Community of LGBT Centers
Children's Environmental Health Network
Commissioned Officers Association of the USPHS
Council of State and Territorial Epidemiologists
Delta Vector Control District
Endocrine Society
Entomological Society of America
Epilepsy Foundation
GLMA: Health Professionals Advancing LGBTQ Equality
Global Health Security Roundtable
Green & Healthy Homes Initiative
Healthy Teen Network
Human Rights Campaign
Infectious Diseases Society of America
International Certification & Reciprocity Consortium
Lakeshore Foundation
Los Angeles LGBT Center
March of Dimes
NAACP
NACDD
National Alliance of State and Territorial of AIDS Directors (NASTAD)
National Association for Biomedical Research
National Association of County and City Health Officials
National Coalition of STD Directors

National Health Care for the Homeless Council
National League of Cities
National Network of Public Health Institutes
National Tuberculosis Controllers Association
National Viral Hepatitis Roundtable
National WIC Association
New Jersey Health Care Quality Institute
NMAC
Novavax
Peggy Lillis Foundation
PFLAG National
Prevent Blindness
Prevention Institute
Project HOPE
Public Health Accreditation Board
Public Health Institute
Research!America
Safe States Alliance
Seqirus
SIECUS: Sex Ed for Social Change
The Society for Healthcare Epidemiology of America
Society for Vector Ecology
Spina Bifida Association
Stop TB USA
Treatment Action Group
Trust for America's Health
USA Patient Network
Vaccinate Your Family
YMCA of the USA