March 20, 2020

The Honorable Mitch McConnell

Majority 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 Charles Schumer

Minority Leader

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. Health departments are still dependent on archaic methods of tracking diseases, including phone, fax and paper. CDC's funding remains just above level with FY2008, when adjusting for inflation, 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.

 $[\]underline{\text{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 Ihhs-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

Segirus

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