

May 31, 2024

The Honorable Brad Wenstrup
Chair
Select Subcommittee on
the Coronavirus Pandemic
Committee on Oversight and Accountability
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Raul Ruiz
Ranking Member
Select Subcommittee on
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Committee on Oversight and Accountability
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Wenstrup and Ranking Member Ruiz:

As the subcommittee holds its June 3 hearing with Dr. Anthony Fauci, the undersigned public health and medical organizations write to urge you to use this opportunity to work in a bipartisan manner to explore how Congress can best support our nation's public health workforce and strengthen our long-neglected public health infrastructure. We urge the subcommittee and all members of Congress to fully support our nation's public health system and workforce at the federal, state, local, tribal and territorial levels and to stand against efforts to weaken the ability of the nation's public health agencies to protect the nation's health.

Throughout the COVID-19 pandemic, we have benefited greatly through the life-saving work of the nation's health care workers and public health professionals as scientists worked to develop safe and effective vaccines at record speed, saving millions of lives. At the same time, the pandemic highlighted our long-neglected public health infrastructure and the strain on our woefully underfunded federal, state, tribal, local, and territorial health agencies. We have despaired as misinformation has spread, costing lives and livelihoods. As we deal with the ongoing challenges of the pandemic, and other new and emerging health threats, the critical role of public health must be prioritized by Congress with an intense focus on renewing and rebuilding our public health infrastructure and workforce.

The nation's public health officials are on the front lines everyday working to improve and protect the health of all of our communities. Unfortunately, during the pandemic, public health professionals who promoted and worked to implement evidence-informed public health measures were contradicted or unfairly challenged as they carried out their responsibilities. Some of these dedicated professionals have been harassed or threatened for doing their work and a substantial number of professionals have been fired, have retired early or have terminated their employment due to fear for themselves and their families and inability to protect the communities they serve.¹²³⁴ Additionally, the authority of some state and local public health agencies is being curtailed. Most recently, between May of 2022 to December 2023, 14 states have passed laws that limit public health authority, reallocate public health authority, limit the state enforcement of federal law, limit public health measures or preempt public health measures.⁵ At the same time, the pandemic has taken a toll on the mental health of many in the public health workforce. In a survey of more than 26,000 workers taken during the pandemic, more than half said they had experienced symptoms of depression, anxiety, PTSD, and suicidal ideation.⁶ Our leaders in Congress must step up and call out these efforts to block public health

authority and the harassment of the workforce. We urge you to use this and other opportunities to help educate our communities and your constituents about the important role public health plays in protecting our nation from health threats and improving the public's health overall.

While the public health system was highly visible during the pandemic, we must remember that this system of dedicated health professionals is hard at work every day, implementing protections and programs to keep the nation safe. Among its many responsibilities, the nation's public health workforce helps ensure our food supply is safe, educates and promotes access to childhood vaccines, implements programs to prevent chronic diseases like cancer, heart and lung disease and diabetes, prevents childhood lead poisoning, prevents birth defects and protects the most vulnerable in our communities from health impacts of extreme heat, wildfires and vector-borne diseases. Additionally, we are currently faced with many new and ongoing health challenges including drug overdose and gun violence epidemics, the H5N1 bird flu outbreak in poultry and dairy cows and at least three human infections, and more than 8 measles outbreaks have been recorded so far in 2024, with 21 states reporting at least one case.

We know there are concrete steps that Congress can take support and strengthen our public health system. These include but are not limited to:

- Ensuring robust and sustained annual funding for our federal public health agencies including the [Centers for Disease Control and Prevention](#), the [Health Resources and Services Administration](#) and others;
- Fully funding HRSA's [Public Health Workforce Loan Repayment Program and the Bio-Preparedness Workforce Pilot Program](#)
- Reauthorizing and strengthening the Pandemic and All-Hazards Preparedness Act to give CDC the authorities it needs to collect public health data directly from healthcare providers, public health and clinical laboratories, state, local and tribal public health departments, and other entities, as to ensure the nation's public health system at all levels can respond adequately to emergencies and other threats in a timely manner;
- Providing continued funding to CDC to [modernize the nation's public health data systems](#);
- Authorize [mandatory funding for an adult vaccine program](#) to ensure that the 1 in 10 uninsured adults in the U.S. have access to recommended preventative vaccines; and
- Providing additional long-term annual mandatory funding for CDC and state, local, tribal, and territorial public health agencies for core public health infrastructure activities by passing the [Public Health Infrastructure Saves Lives Act](#).

As public health advocates, we stand ready to work with Congress on these and other efforts to improve the nation's public health system, strengthen the workforce and protect the health of our communities.

Sincerely,

Addiction Professionals of North Carolina
American Association for Dental, Oral, and Craniofacial Research
American Association of Colleges of Nursing

American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Podiatric Medicine
American Association on Health and Disability
American College of Clinical Pharmacy
American College of Physicians
American Lung Association
American Medical Women's Association
American Public Health Association
American Society for Clinical Pathology
American Society for Microbiology
American Society of Tropical Medicine and Hygiene
Arizona Public Health Association
Association for Diagnostics & Laboratory Medicine
Association for Professionals in Infection Control and Epidemiology (APIC)
Association of Accredited Public Health Programs
Association of American Medical Colleges
Association of Maternal & Child Health Programs
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials
Asthma and Allergy Foundation of America
Big Cities Health Coalition
CAEAR Coalition
California Consortium of Addiction Programs & Professionals
Children's Environmental Health Network
Connecticut Certification Board
Connecticut Public Health Association
Delaware Academy of Medicine/Delaware Public Health Association
District of Columbia Public Health Association
Endocrine Society
Entomological Society of America
Faces & Voices of Recovery
Gerontological Society of America
GO2 for Lung Cancer
Healthy Teen Network
HIV Medicine Association
IC&RC
Illinois Public Health Association
Indiana Public Health Association
Infectious Diseases Society of America
International WELL Building Institute
Iowa Public Health Association
Kansas Public Health Association
Lakeshore Foundation
Maryland Public Health Association
Medical Students for a Sustainable Future (MS4SF)
Mental Health America of Hawaii

Midwest Center of Excellence for Vector-Borne Disease
Mississippi Public Health Association
Missouri Public Health Association
Mosquito and Vector Control Association of California
National Association of County and City Health Officials
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Association of State Emergency Medical Services Officials
National Athletic Trainers' Association
National Behavioral Health Association of Providers
National Coalition of STD Directors
National Environmental Health Association
National League for Nursing
National Network of Public Health Institutes
National Rural Health Association
NC Public Health Association
Nevada Public Health Association
New Jersey Public Health Association (NJPHA)
New York State Public Health Association
Northeast Mosquito Control Association
Northeast Regional Center for Excellence in Vector-Borne Diseases
Ohio Public Health Association
Oregon Public Health Association
Pacific Southwest Center of Excellence in Vector-Borne Diseases
Pennsylvania Public Health Association
Prevent Blindness
Prevention Institute
Public Health Institute
Safe States Alliance
Society for Healthcare Epidemiology of America
Society for Maternal-Fetal Medicine
South Dakota Public Health Association (SDPHA)
Southeastern Center of Excellence in Vector-Borne Diseases (SECVBD)
Tennessee Public Health Association
The AIDS Institute
Trust for America's Health
Utah Public Health Association
Vaccinate Your Family
Vermont Public Health Association
Washington State Public Health Association
WE Public Health
Wisconsin Public Health Association

¹ American Public Health Association Policy Statement 20228- Preserving Public Health Capacity by Protecting the Workforce and Authority. Adopted November 8, 2022. <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2023/01/18/Preserving-Public-Health-Capacity>.

² Royster, J., Meyer, J. A., Cunningham, M. C., Hall, K., Patel, K., McCall, T. C., & Alford, A. A. (2024). Local public health under threat: Harassment faced by local health department leaders during the COVID-19 pandemic. *Public Health in Practice*, 100468.

³ Burke, R. V., Distler, A., McCall, T. C., Hunter, E., Dhapodkar, S., Chiari-Keith, L., & Alford, A. A. (2023). An analysis of public health officials' experience in California during COVID-19: Priorities and recommendations. *Frontiers in Public Health*, 11, 1175661.

⁴ McCall, T. C., Alford, A. A., Cunningham, M. C., Hall, K., & Royster, J. (2023). The role of harassment of local public health professionals in mental or emotional well-being and intentions to leave an organization during the COVID-19 pandemic. *Journal of Public Health Management and Practice*, 29 (S1), S45-S47. <https://doi.org/10.1097/PHH.0000000000001655>.

⁵ Temple University Center for Public Health Law Research (December 21, 2023). "Laws Addressing Public Health Authority to Respond to Emergencies". LawAtlas.org. <http://Lawatlas.org/datasets/laws-addressing-public-health-authority-to-respond-to-emergencies>.

⁶ Bryant-Genevier J, Rao CY, Lopes-Cardozo B, et al. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1680–1685. DOI: <http://dx.doi.org/10.15585/mmwr.mm7048a6>.