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Looking Back Before Moving Forward: Assessing CDC's Failures in Fulfilling its Mission

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Chairman Griffith, Ranking Member Castor, and members of the subcommittee, thank you for giving me the opportunity to address you today as we explore opportunities to enhance the capacity of the U.S. Centers for Disease Control and Prevention to improve our health and protect our nation from emerging health threats.

I am Georges C. Benjamin, MD, executive director of the American Public Health Association. APHA is our nation's leading society of public health professionals that champion the health of all people and all communities. We just celebrated our 150th anniversary as an association and are looking forward to our future work to improve the health and well-being of our nation and the world.

I am a physician who is trained and certified in internal medicine. I spent the first half of my career as a clinician, practicing and teaching emergency medicine both in the private sector and in the military. I have also had the opportunity to serve my community in a variety of executive management positions including Chief of Emergency Medicine at the Walter Reed Army Medical Center; Chairman of the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital; Acting Commissioner for Public Health for Washington, D.C.; Interim Director of the Emergency Ambulance Bureau of the D.C. Fire and EMS Department; and Health Secretary for the State of Maryland. I have served as the executive director of APHA for the last 20 years. I also have had the privilege to advise and work with the U.S. Department of Health and Human Services and particularly CDC for over 30 years with both Democratic and Republican administrations. I share my professional background with you here today to point out I have seen HHS, and in particular CDC, at its best and when the agency has struggled. I am a supporter who has also been a critic of CDC when needed, with the goal of helping them achieve their stated mission "to protect America from health, safety and security threats, both foreign and in the U.S."

From my years in management of health care and public health systems, it is clear to me that understanding the facts around what, when and how things happen is an essential first step to ensuring we are better prepared for the future. In addition, the retro-spectroscope is a powerful tool. We must be incredibly careful that we do not forget what we knew when we initially made critical decisions. What we know today should indeed inform our future planning, but we must be mindful that what we know now is different from what we knew when key decisions were made in the past. It is also clear that the growing politicization of public health is dangerous, counterproductive and undermines the health of the public.

We live in a rapidly evolving environment of health threats, and we need our public health system to be as resilient and versatile as possible in managing uncharted territory to effectively meet these threats. Today, the nation is recovering from COVID-19, the greatest pandemic in over 100 years. It is an infectious threat that continues and is transforming to a new and still unclear phase. We still have several persistent and growing epidemics including obesity, opioids and injury and death from firearms that we need to address much more vigorously. The potential of bringing the epidemics of HIV/AIDS and Hepatitis C under control are within our reach as well. On the other hand, reducing preventable problems like suicides, sexually transmitted diseases and maternal deaths, as well as the reemergence of vaccine-preventable diseases such as measles and polio continue to elude the health community. As a nation we have lost almost three years of life expectancy, not just because of COVID-19, but also due to the lack of adequate attention to some of our other health needs. As we saw during the COVID pandemic, like most other health problems, health disparities remain a significant burden to all and are not improving. The federal leadership to address these health challenges is not the responsibility of CDC alone, but the agency is an important part of the collaboration of governmental and nongovernmental entities tasked with developing a comprehensive approach. We need a strong and well-resourced CDC to adequately protect the public's health from the many challenges we face today.

Several reports have been written about opportunities to improve the CDC's capacity to achieve its mission, and all of them have found the following needs:

- Data & IT modernization
- Strengthening the workforce
- Budget flexibility
- Adequate and sustained funding
- External supports

A terrific report was recently developed by a prestigious working group at the Center for Strategic and International Studies.¹ CSIS focused on the external supports that CDC needs to be more successful. The working group focused on six areas to include:

- Development of scientific guidance and communications
- Management of large and complicated sets of health data
- Budget structure
- External partnerships with state and local entities and the private sector
- Engagement within the executive branch ecosystem and with Capitol Hill
- CDC global health security mission

I will not reiterate their work here except to point out that we align our support with the workgroup's recommendations. Two key recommendations included highlight that CDC is not an agency on its own and requires significant support and integration with other HHS agencies during health emergencies. The need for a well thought out and functioning integrated incident command structure is an essential need within HHS, as noted by the GAO in its May 11, 2023, report to Congress entitled Critical Needs to Address Deficiencies in HHS's Leadership and Coordination of Emergencies.² Additionally, CDC's inflexible budget structure limits its ability to be as agile as it needs to be during emergencies. This is a finding that has been noted by several reviews and has been acknowledged by several former CDC directors. A suitable solution needs to be found to address this barrier.

Internal Efforts: Moving Forward: Strengthening CDC For the Future

CDC's Moving Forward initiative, announced by CDC Director Rochelle Walensky in the spring of 2022, is an ongoing process to ensure CDC can better deliver on its mission to protect the health, safety and security of our communities. CDC acknowledges that in addition to the successes the agency achieved during the pandemic, there were inadequacies. Agency leadership has acknowledged they needed to take steps to change the culture and processes of the agency to make it a more responsive organization. There was a critical need for the agency to move from an academic posture to a forward-leaning emergency response posture and to be a better communicator to the public on its guidance and decisionmaking. We are supportive of the agency's efforts to address these concerns and believe that Congress should allow the agency the appropriate amount of time to implement these significant changes to its structure and programs. At this time, we do not believe any additional major restructuring is needed to

¹ Center for Strategic and International Studies. Building the CDC the Country Needs. Published January 12, 2023. Available at: <https://www.csis.org/analysis/building-cdc-country-needs>.

² Public Health Preparedness: Critical Need to Address Deficiencies in HHS's Leadership and Coordination of Emergencies. GAO-23-106829. Published: May 11, 2023. Publicly Released: May 11, 2023. Available at: <https://www.gao.gov/products/gao-23-106829>

overhaul the agency's structure or programs. The agency's internal review found the need to address issues in six core areas:

- Share scientific findings and data faster
- Enhance laboratory science and quality
- Translate science into practical, easy-to-understand policy
- Prioritize public health communications
- Develop a workforce prepared for future emergencies – CDC and nationwide
- Promote results-based partnerships

The agency reports making progress in all of these areas, but it also still has several additional needs that Congress can and should support to strengthen the agency's ability to protect the public from the many health threats we face both domestically and globally.

Data collection and IT modernization

Data is the lifeblood by which public health does its work. Without reliable and timely data, public health decisionmaking is ineffective. For far too long, data collection has been slow, inconsistent and based on a patchwork of individually negotiated data use agreements between CDC, states and local entities. Numerous studies and reviews have documented the need for better and more timely data collection at all levels of the public health system. We all watched with horror as local health departments were forced to send data by fax machines during the COVID-19 pandemic, often captured on paper by pen and pencil. CDC has a data modernization initiative in process, but it needs more support to accelerate that progress. One ongoing problem is the lack of authority to obtain required data, and another is the ongoing technical problems with the interoperability of data systems throughout the health system.

Congress can help by passing the Improving DATA in Public Health Act. This legislation will provide CDC with the authority to collect public health data directly from health providers; public health and clinical laboratories; state, local and tribal public health departments; and other entities, as necessary. This is essential to ensuring the nation's public health system at all levels can respond adequately and in a timely manner to our greatest public health challenges, including the next pandemic and other public health emergencies.

The Improving DATA in Public Health Act would:

- Promote coordination between federal agencies to share critical public health data used to prepare for, identify, monitor and respond to public health emergencies.

- Create standards to improve the exchange of electronic health information, ensuring that health data can be transferred seamlessly and securely to protect confidentiality and improve infectious disease surveillance and other public health initiatives.
- Establish an Advisory Committee with key public health stakeholders to ensure that health data reporting and sharing processes are conducted as effectively as possible.
- Provide funding for health care providers; academic medical centers; community-based organizations; state, local and tribal governments and organizations; non-profit organizations; and other entities to identify, develop and disseminate best practices in the collection and sharing of electronic health information.

Strengthening Workforce Capacity

CDC has administrative restraints, such as overtime pay caps, hazard pay and reassignment limitations, which hinder its nimbleness during emergencies and need to be addressed. Congress should also extend authority for temporary reassignment of federal, state, tribal or local public health department or agency personnel during public health emergencies to allow flexibility for agencies funded under the Public Health Service Act to immediately respond to public health emergencies with their existing workforce. Currently, only state governors and tribal leaders are authorized to submit reassignment requests, and we recommend amending the language to allow federal and local jurisdictions to request temporary reassignment of their existing personnel and to enable health officials to function as the requesting entity, as they are the grantees of many relevant public health funding streams. Broadening this authority to federal and local health officials is critical to ensuring a timely and well-resourced response to a public health emergency.

Support the Public Health Workforce Loan Repayment Program

Congress recently authorized the Public Health Workforce Loan Repayment Program and now must also appropriate funding at its \$100 million authorization level. This program will help incentivize new and recent graduates to join the governmental public health workforce, encourage them to stay in these roles and strengthen the public health workforce as a whole. The public health workforce is the backbone of our nation's governmental public health system at the city, county, state, territorial and tribal levels. These skilled professionals deliver critical public health programs and services. They lead efforts to ensure the tracking and surveillance of infectious disease outbreaks, such as COVID-19 and mpox, prepare for and respond to natural or man-made disasters and ensure the safety of the air we breathe, the food we eat and the water we drink.

Support CDC's Public Health Infrastructure funding program

Congress should continue to support CDC's Public Health Infrastructure program, the first of its kind, which provides flexible funding to the nation's state, local and territorial health departments to support efforts to modernize data systems, recruit and retain a skilled and diverse public health workforce and address the many longstanding public health infrastructure needs across the nation. In FY 2023, Congress provided \$250 million for the program and we urge Congress to continue to support this important program.

Provide adequate and sustained funding for CDC and state and local public health

For too long, Congress has failed to provide adequate funding for CDC and its many important programs on which our state and local governments rely to help keep their communities healthy. In FY 2024, Congress should provide at least \$11.581 billion for the CDC's programs in the FY 2024 Labor, Health and Human Services, Education and Related Agencies appropriations bill. Strong funding and sustained funding for CDC is critical to supporting all of CDC's activities and programs as well as state and local public health departments, all of which play an essential role in protecting the public's health in your communities. Due to years of underfunding, many CDC programs have not received the resources needed to address the many health challenges we face as a nation, resulting in many of CDC's most effective prevention programs not reaching all states and communities. In addition, we will strongly oppose any efforts to cut funding from any of the agency's critical public health programs. CDC funding makes up a substantial portion of the total budget of your state and local health departments.

CDC serves as the command center for our federal, state and local public health defense system protecting against emerging and reemerging infectious diseases as well as man-made and natural disasters. From playing a leading role in the detection and mitigation of the COVID-19 pandemic in the U.S. and globally, to monitoring and investigating the mpox outbreak and other disease outbreaks, to pandemic flu preparedness, CDC is the nation's – and a global – expert resource and response center, coordinating communications and action and serving as the laboratory reference center for the nation's state and local public health network that keeps our communities safe.

Your states, communities and international partners rely on CDC for accurate information, direction and resources to ensure they can prepare, respond and recover from a crisis or disease outbreak.

Support all of CDC's important public health programs

Strengthening public health means protecting people from preventable illness, health threats and death. CDC must proactively address the foundational elements of well-being for all individuals and continue to invest significantly in public health infrastructure. As the pandemic has demonstrated, chronic disease and infectious disease are inextricably linked. Indeed, in the

absence of vaccines, good underlying health is the best way to prevent severe infection and death from communicable diseases. Any efforts to improve CDC's and our other public health agencies' responses to the next pandemic and to prevent the spread of infectious disease must also include efforts to prevent chronic disease, address health disparities, and improve underlying health and wellness for all.

CDC has experts across issues and supports communities to do the same. Crises like COVID-19 and Zika demonstrated the need for collaboration across multiple issues areas. During Zika, CDC implemented a cross-agency response that used infectious disease experts and experts in birth defects and maternal health to reduce the risk in pregnant women and infants. Communicable and non-communicable diseases are linked and the ability to address them across disciplines gives CDC the most effective and efficient means of accomplishing its mission of protecting the nation's health.

Sustained investment in core public health infrastructure capabilities

Finally, Congress can help improve the core capacities of our federal, state, territorial, local and tribal public health agencies. Sen. Patty Murray's Public Health Infrastructure Saves Lives Act would provide \$4.5 billion in additional long-term annual mandatory funding for CDC and state, territorial, local and tribal public health agencies for core public health infrastructure activities. This funding would support essential cross-cutting activities such as disease surveillance, epidemiology, laboratory capacity, all-hazards preparedness and response, policy development and support, communications, community partnership development and organizational competencies. This funding is essential to ensure our health departments have broad core capacity and workforce to not only respond to the current pandemic but also better respond to the many other public health challenges they face on a daily basis. For far too long, we have neglected our nation's public health infrastructure, and we must end the cycle of temporary infusions of funding during emergencies and provide a sustained and reliable funding mechanism to ensure we are better prepared to protect and improve the public's health, including our most vulnerable communities, from all threats.

Thank you again for the opportunity to provide our comments on how to best strengthen CDC today and in the future. I look forward to providing additional input and answering any questions you may have about my testimony today.