

Testimony of Beth A. Resnick, DrPH, MPH

Senior Scientist
Department of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health

Before the House Select Subcommittee on the Coronavirus Crisis
U.S. House of Representatives

Upgrading Public Health Infrastructure:
The Need to Protect, Rebuild and Strengthen State and Local Health Departments

Wednesday, September 29, 2021
2:00 pm

I acknowledge the assistance in preparing this testimony from Paulani Mui, Julie Ward, Elizabeth Stone and Dr. Joshua Sharfstein at the Johns Hopkins Bloomberg School of Public Health along with the input of many public health practitioners and public health organization partners. This testimony reflects my views alone; I am not representing the views of Johns Hopkins University.

Introduction

Good afternoon, Chairman Clyburn, Ranking Member Scalise, and distinguished members of the committee. Thank you for this invitation to testify on the need to protect, rebuild and strengthen state and local health departments. Let me also thank and acknowledge the other distinguished panelists here with us today who represent the nation's public health workforce in health departments throughout the country.

I am a senior scientist at the Johns Hopkins Bloomberg School of Public Health in the Department of Health Policy and Management. The first decade of my career was spent working at the National Association of County and City Health Officials (NACCHO) to support and advance the capacity of our nation's nearly 3,000 local health departments. My research at Johns Hopkins has focused on the public health infrastructure, specifically looking at funding for state and local public health agencies, workforce capacity, and identifying system gaps and opportunities. I am honored to come before this committee.

Overview

The COVID-19 pandemic. Rising overdose deaths. Extreme weather events. Now more than ever, the United States needs a robust public health system. That means strong, well-trained, and stable leadership who work closely with elected officials and the community. It also means essential statutory authority, adequate staffing, modern technology, and timely, accurate, and complete data that can be shared across all levels of government. My testimony today will address three urgent tasks:

1. Stop harassment and violence against the public health workforce;
2. Protect the statutory authority of public health; and
3. Rebuild the public health system.

1. Stop harassment and violence against the public health workforce

It is the job of public health agencies to protect the health of their communities. In a democracy, dialogue is necessary, and disagreement is inevitable, but there is no place for violence and harassment against public health workers doing their jobs to protect the public's health. Public health workers should be treated with respect.

I led a team of researchers who reviewed media reports and surveyed health officials. Looking at the period of March 2020 to January 2021, we identified at least 1500 incidents of harassment and violence against public health workers in health departments across the nation. More than half of local health departments responding to the survey reported at least one incident of harassment¹.

From doxing and death threats to protests, intimidation, and even shots fired at their homes², public health workers have been the focus of attacks and harassment that have added to the already immense pressure they are experiencing as they do their jobs to prevent illness and death. And this harassment hasn't just been against the public health workers - but their families too. Many of these incidents have included threats related to race, gender, religion, and sexual orientation. This violence is ongoing; just last week, a Michigan health official reported an attempt to run him off the road³.

Public health officials came to public health committed to save lives. They are leaving the field in the wake of attacks and harassment - depleting, demoralizing, and stymying our public health system just when we need it most. Our research uncovered over 220 leadership departures from state and local health departments across the country from March 2020-January 2021 and this has since grown to over 300 state and local public health leaders who have retired, resigned or been fired since the pandemic began⁴. Over the course of this pandemic, one in five Americans have lost a local public health leader⁵.

We recommend two immediate actions to protect the public health workforce and assure adequate public health protections in communities across the nation:

- **First, CDC should establish a national reporting system for incidents of violence against the public health workforce.**

Congress should require state and local monitoring and mandatory reporting of incidents of violence against state and local public health workers for performing their official duties. Reporting to CDC must be timely, structured and publicly available. Reportable incidents should include threatening messages or verbal attacks related to race, religion, sexual orientation, or gender.

- **Second, the federal government should provide legal protections for public health workers facing harassment and violence.**

The U.S. Department of Justice should support state and local prosecutors and law enforcement leaders to use [existing statutes](#)⁶ and additional legal protections, as appropriate, to prosecute those who threaten violence against state and local public health workers.

2. Protect the Statutory Authority of Public Health

Public health emergency authority is an essential component of a well-functioning government. Prior to the ratification of the Constitution and throughout our nation's history, state and local agencies have taken actions to save lives, such as imposing quarantines, abating nuisances, and administering life-saving vaccines.

Without public health powers, we would still have smallpox. We would still have polio. We would have repeated measles outbreaks in schools. Of course, public health powers are not absolute. There must be checks and balances. But we unilaterally disarm against public health threats at our own peril.

Yet this is exactly what is happening in state legislatures across the country. According to the Network for Public Health Law, state legislatures in over 20 states have passed - and all 50 states have considered - at least one law to undermine public health authority⁷. These laws, passed under the context of the coronavirus pandemic, apply to public health work across the board and will make it more difficult to act on unrelated public health challenges long into the future.

Imagine if a legislature passed a law prohibiting the fire department from using hoses. Clearly, this doesn't make any sense. Yet, no hoses to put out fires is the same as taking emergency authority away from health departments aiming to stop the spread of deadly diseases.

We need to fix this.

We recommend the federal government:

- **Third, implement legal strategies and funding incentives to support effective emergency public health authority at the state and local levels.**

3. Rebuild the Public Health System

Building back the public health infrastructure is an urgent challenge. The pandemic arrived after a decade of neglect of state and local public health^{8,9}. Over 40,000 jobs eliminated. 15-20% of the total workforce lost¹⁰. Such neglect has consequences.

A recent examination of Missouri's pandemic response uncovered the direct effects of an underfunded and insufficiently staffed public health infrastructure, as evidenced by a paucity of data, inadequate testing and contact tracing, struggling vaccine efforts, and insufficient outreach to marginalized communities¹¹.

We can never be this unprepared again.

We recommend the federal government should:

- **Fourth, guarantee multi-year funding for state and local public health agency infrastructure** so that improvements are sustainable, and that funding reaches all state, tribal, and local public health agencies. These funds should include accountability measures, such as agreed upon performance indicators and accreditation standards.

- **Fifth, make a sustained investment in the workforce.** Congress has provided support for additional public health workers in the American Rescue Plan Act¹². The federal government should sustain this investment and expand federal scholarships, [loan repayment programs](#), and other funding and training opportunities to recruit and retain a diverse and prepared public health workforce to protect communities across the nation.
- **Sixth, modernize the data systems of public health.** Provide full funding for implementation of CDC’s [Public Health Data Modernization Initiative](#) to upgrade critical systems and technology at all levels of government, facilitate electronic data transmission, and enable inter-operable data exchange among federal, tribal, state, and local agencies.

Conclusion

Nearly 700,000 Americans have lost their lives from COVID-19. To quote the late Baltimore Congressman Elijah Cummings, “we are better than this.” By stopping harassment and violence directed to public health officials, protecting public health statutory authority, and rebuilding state and local public health infrastructure, we will be better than this. Thank you for the opportunity to testify, and I look forward to your questions.

¹ The [2020 NACCHO Forces of Change](#) threats and harassment survey module had responses from 583 local health department respondents; 61% of agencies responded affirmatively to the question “*has your local health department, agency leadership, or any personnel within your agency experienced any harassment in response to COVID-19 between March 2020 and today?*”

² Filby, Max. Shots fired into home of Ohio health department Official. The Columbus Dispatch. January 25, 2021. Accessed September 12, 2021 at: <https://www.dispatch.com/story/news/2021/01/24/shots-fired-into-home-ohio-department-health-official/6693375002/>

³ Anders, Caroline. County health director says woman tried to run him off the road after he backed mask mandate. Washington Post, September 21, 2021. Accessed September 21, 2021 at: <https://www.washingtonpost.com/health/2021/09/21/health-officials-covid-threats-michigan/>

⁴ Weber L; Barry-Jester AM. Most states have cut back public health powers amid pandemic. Associated Press, September 15, 2021. Accessed September 21, 2021 at: <https://apnews.com/article/health-pandemics-infectious-diseases-arkansas-business-6a8c70f9efdd0fb6a3da88ccb59f1334>

⁵ Ibid.

⁶ The Network for Public Health Law found as of January 2021, 35 states and the District of Columbia have laws that protect public health officials generally, criminalize the behavior of those who impeded public health officials’ duties, or have language broad enough to include public health officials. Source: The Network for Public Health Law. 50-State Survey: Legal Protections for Public Health Officials. Accessed September 12 2021 at: <https://www.networkforphl.org/wp-content/uploads/2020/11/50-State-Survey-Legal-Protections-for-Public-Health-Officials.pdf>

⁷ Levin D, Adler S, Krueger J, Torton B. Town Hall: Assault on Public Health Authority to Act for the Collective Good: Confronting the Danger. Network for Public Health Law Public Health Law Conference. September 2021.

⁸ Alfonso YN, Leider, J.P., Resnick, B., Mccullough, JM., Bishai, D. (2021). Us public health neglected: Flat or declining spending left states ill equipped to respond to covid-19. *Health Affairs*, 40(4), 664-671.
<https://doi.org/10.1377/hlthaff.2020.01084>

⁹ Interlandi J. The U.S. Approach to Public Health: Neglect, Panic, Repeat. Time to give new life to an old idea: A strong public health system is the best guarantor of good health. The New York Times. April 9, 2020. Accessed September 12, 2021 at: <https://www.nytimes.com/2020/04/09/opinion/sunday/coronavirus-public-health-system-us.html>

¹⁰ Leider JP. New workforce estimates show public health never recovered from the great recession. Then came COVID-19. *Journal of Public Health Management and Practice* 'Direct. Accessed September 21, 2021 at: <https://jphmpdirect.com/2020/05/20/new-workforce-estimates-show-public-health-never-recovered-from-the-great-recession-then-came-covid-19>

¹¹ Acosta A, Benoit M, Conway C, Hughes D, Levi J, Markus A, Regenstein M, Seyoum S, Trott J, Van Bronkhorst H. "Missouri's Public Health Response to COVID-19: Key Findings and Recommendations for State Action and Investment" (2021). Health policy and Management Issues Briefs. Paper 61. Accessed September 20, 2021 at: https://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1060&context=sphhs_policy_briefs

¹² HR-1319 The American Rescue Plan Act accessed September 1, 2021 at <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>