

April 20, 2023

Mariannette Jane Miller-Meeks, M.D.  
Member of Congress  
Second District, Iowa  
Washington, DC

Dear Congresswoman Miller-Meeks;

The National Environmental Health Association (NEHA) represents almost 7,000 governmental, private, academic, and uniformed services sector environmental health professionals in the U.S. and its territories and internationally. NEHA is the profession's strongest advocate for excellence in the practice of environmental health as it delivers on its mission to build, sustain, and empower an effective environmental health workforce.

NEHA is honored to respond to your request for insights into the nation's public health system as part of Congress' efforts to reform and improve upon the Centers for Disease Control and Prevention (CDC). As the foremost association representing the environmental health community, NEHA has a unique perspective on public health in this country.

The environmental health workforce is the second largest public health workforce. Only nursing is larger. This requires NEHA to work closely with the CDC and its federal counterparts when addressing environmental health concerns within public health.

Specific responses to each of your requests regarding the CDC are as follows:

**1. Mission Creep**

*b. Executing its mission of protecting our national from all health threats?*

*C. specific insights around CDC's mission creep v. following its core functions*

The challenges facing public health keep expanding, meaning the responsibilities of the CDC keep expanding. The 2020 report *Preparing for the Next Pandemic* by the Senate Health, Education, Labor and Pensions Committee, Chairman Senator Lamar Alexander noted that over the past twenty years, the U.S. has faced not only COVID-19, but outbreaks of H1N1, Ebola, Zika, and Sudden Acute Respiratory Syndrome (SARS) and responded to the threat of bioterrorism, including during the 2001 anthrax attacks. (*Preparing for the Next Pandemic* – Senate Health, Education, Labor and Pensions' Chairman Lamar Alexander – June 9, 2020).

CDC directed the federal public health response to each of these outbreaks, serving as the keystone for the nation's public health defense system. But as a non-regulatory agency, it can

only direct and collect data provided to them by their state, local, tribal and territorial (SLTT) public health counterparts. CDC can only be as effective as the SLTT agencies. SLTTs rely on CDC for accurate information, direction, and resources to prepare, respond and recover from a public health crisis or disease outbreak, based on the data and insights the agency receives from their SLTT counterparts.

The responsibilities that the CDC must address as the country's public health agency continue to expand. To meet its mission the CDC must grow as must its SLTT counterparts.

## **2. Leadership Structure and Moving Forward Reorganization**

*a. Please provide information and recommendations on any additional reforms to CDC leadership or its governance structure that would ensure CDC carries out its mission and mandate with appropriate Congressional oversight.*

In *Preparing for the Next Pandemic*, the report noted that states (i.e., STLL) play the lead role in any public health response, but warned that many STLL health agencies face workforce shortages and training needs, inadequate stockpiles, and funding challenges.

Governmental agencies must be right sized. When they are too large, they become heedless of local needs, and when too small and they suffer from inadequate expertise, assets and accountability. CDC suffers from a broad mandate with a lack of sufficient resources to meet such demands. The COVID-19 pandemic proved this fact.

Public health threats wax and wane in their visibility by both experts and the public. The CDC must not fight the next threat as it did the pandemic.

*b. Please describe how you participated in the "Moving Forward" review and reorganization.* NEHA was not involved with the Moving Forward Initiative. However, the CDC Moving Forward effort is an ongoing process to ensure CDC can better deliver on its mission to protect the health, safety, and security of Americans. CDC has acknowledged they need to take steps to change the culture and processes of the agency to make it a more responsive organization.

The CDC should be complimented on this effort, as should Congress with its efforts to reform and improve the CDC.

## **3. Good Guidance Practices**

*Please offer recommendations to improve the process for consideration, development, publishing, and updating guidance to ensure a more transparent, comprehensive, inclusive, and scientifically sound framework.*

Prior to the pandemic, CDC was seen as the foremost public health authority. The pandemic severely challenged that belief, exposing the agency limited abilities and lack of authority to direct a response.



U.S. spends more than any other high-income nation on healthcare per capita, with worse outcomes. Chronic diseases are the leading causes of death and disability and, along with mental health conditions, account for an estimated [90 percent](#) of the nation's \$4.1 trillion annual health costs. Core public health prevention activities performed within every SLTT public health agency, activities such as food safety, drinking water and waste water, and vaccinations, receive little federal support yet save more lives than many other activities. To reduce future health spending, Congress must invest in prevention and public health activities throughout the CDC.

#### **4. MMWR Reports**

No comment

#### **5. Workforce Reform**

*What elements do you think are key to ensuring success of such an initiative?*

As stated before, the *Preparing for the Next Pandemic* report noted that states (i.e., SLTT) play the lead role in any public health response, but warned that many face workforce shortages and training needs, inadequate stockpiles, and funding challenges. In some instances, overreliance on inflexible federal funding contributed to these problems, leading to unsustainable funding to support their workforce.

Environmental health professionals represent the second largest segment of the public health workforce—second only to nursing—and make up approximately 10% of the local and 7% of the state health department workforce; 12% of the public health workforce overall (Association of State and Territorial Health Officials, 2017; National Association of County and City Health Officials, 2017). Environmental health professionals play a major role in addressing the root causes of existing and emerging public health threats.

A trained and responsive environmental health workforce demands the rigor of a credentialed workforce, one that maintains the skills and knowledge needed to respond to the dynamic changes that constantly occur within the profession. Most localities depend on a small cadre of environmental health professionals to protect their communities from disease and environmental hazards.

A continued federal investment in workforce training is one of the most productive and effective use of federal funds by the CDC. SLTT agencies rely on these funds to pay for the training in public health their staffs need in order to serve the public.

#### **6. State Block Grant Programs**

*Please explain the benefits or risks of transitioning to a block grant program for states to best access and utilize CDC funding. This could be specific to certain buckets of programs, such as chronic diseases, childhood developmental programs, specific cancer programs, etc., or offered as an option to states if they choose.*



SLTT investments into public health from federal block grants better reflect the public health needs of a state, or a local, tribal or territorial community. The SLTT officials face public health threats daily, and must respond to their constituents' concerns, whether it be the implementation of a public health policy or regulation, the impact a policy has on the regulated community or public, or the lack of resources to combat an emerging public health concern. These officials have the best sense of where public health financial resources should be spent.

However, the federal government too often forgoes any metrics to determine if the measure these officials take produce the desired results. As the CDC improves its data and surveillance, it must perform legal epidemiology to determine which policies work, which SLTT jurisdictions measures improve the public's health, and which jurisdictions' actions are failing.

By performing metrics, the federal government can identify those SLTT jurisdictions that are using their block grants wisely (and therefore should continue to receive such grants) and which ones are squandering their grants (and therefore should have more restriction access to such grants.)

## **7. Data and Surveillance**

*How can CDC improve their use of current data standards and authorities to collect reliable data to inform federal, state, local public health decisions.*

The data CDC collects come from the SLTT public health agencies they support, meaning unless these agencies are able and willing to collect such data, the data will be suspect. Since SLTT agencies address dramatically different demographics, including population size, density, ethnic diversity and resources to serve such populations, it makes the collection of universal data challenging if not impossible.

For CDC to receive data from SLTT agencies, it must provide funding for those agencies to collect and report on specific diseases and ailments. A state agency such as California has the resources to provide CDC with thorough data; a rural state such as Wyoming cannot provide such data. Therefore, the demographics from a state like California is more likely to be reflected in CDC data than Wyoming.

The Senate HELP Committee noted this in *Preparing for the Next Pandemic*:

Outdated technology at the local, state, and federal levels is a barrier to implementing the near-real time biosurveillance system that is necessary to detect, identify, and model emerging infectious diseases. Improving public health data systems at the state and local levels, as well as at CDC, is needed to support an effective biosurveillance system in the future. The Public Health Data Systems Modernization Act, which is included in Lower Health Care Costs Act, is one way to ensure the foundation required to modernize our nation's biosurveillance systems is in place. *Preparing for the Next Pandemic* p. 28.



CDC works diligently on balancing out the data it receives; since it cannot collect universal data it amends the data it receives to best reflect the current state of public health in this nation.

But the greater the investment into SLTT agencies to collect data the better information this nation will receive. Such information is necessary for the public health decisions made by federal, state, local, tribal and territorial decision makers.

## **8. CDC Authorization.**

*Please outline any suggestions or recommendations to formally authorize the CDC and its mission, responsibilities, structure, and activities.*

The U.S. spends more than any other high-income nation on healthcare per capita, with worse outcomes. To reduce future health spending, this country needs to invest in prevention and public health.

During the past 20 years, four Presidents and several Congresses enacted nine significant laws to help local, state, and federal governments to prepare for the next public health emergency, including any pandemics. Congress received many reports from presidential administrations, Offices of Inspectors General, the Government Accountability Office, and outside experts throughout those 20 years warning that the U.S. needed to address the following issues:

- better methods to quickly develop tests, treatments, and vaccines and scale up manufacturing capacity;
- better systems to quickly identify emerging infectious diseases;
- more training for health care and public health workforce;
- better distribution of medical supplies; and
- better systems to share information within and among states, and between states and the federal government.

*Preparing for the Next Pandemic, Executive Summary*

Several steps were taken after each of these events to better prepare us for future threats. Project BioShield, the Biomedical Advanced Research and Development Authority (BARDA), the Centers for Innovation in Advanced Development and Manufacturing, improvements to our public health systems, and the position of Assistant Secretary for Preparedness and Response were all created based on lessons learned from previous events. As a result of these steps and the hard work of public health officials, the majority of outbreaks this country experienced over the past 20 years did not become pandemics. However, COVID-19 has tested our current preparedness and response capabilities in ways they had never been tested before.

CDC's authorization, or lack thereof, hindered the agency's response. With the amount of resources spend to combat COVID-19, the U.S. should have been the leader in the percentage of cases per overall population. Instead, our numbers matched countries such as Peru, which has invested vastly less resources in combating the pandemic.



For the CDC to meet its mission, its authority must be clarified and strengthened, for it to understand and respect the extent of public health response and guidance that Congress has delegated to the agency. The CDC nor the public should not have to question the agency's ability to make demands to limit or eliminate a pandemic or any public health threat. Clear authorizations from Congress will ensure the agency's ability to respond.

#### **9. CDC Foundation Mission and Purpose**

*Please provide comment and guidance on if and how the CDC Foundation's mission has changed over time and what, if any, role the CDC Foundation should continue to play in furthering CDC's critical mission.*

This lack of direct authorization and being a small subset of the larger Health and Human Services (HHS) Secretariat, the CDC has suffered from years of underfunding. Many CDC programs have not received the resources that are needed to address the many public health challenges this nation faces, nor the demands placed on it by Congress. This results in many of CDC's most effective prevention programs not reaching most SLTT jurisdictions. SLTT public health agencies rely on CDC for guidance, direction and resources, and direly need these resources to best protect the public from public health threats. The cost of prevention is miniscule compared to the cost of treating the disease.

The CDC Foundation provides an independent outlet for CDC to act on those public health threats that neither Congress nor HHS funds. Its role is vital in addressing novel and emerging health threats. Without the independent funding from the CDC Foundation, the CDC will be forced to rely on Congressional appropriations to react to disease outbreaks and emergencies.



NEHA applauds this effort by Congress to improve the CDC, and looks forward to working with your staff on this vital issue.

In Health,



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