



AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

September 28, 2021

The Honorable James Clyburn  
Chair  
House Select Subcommittee on  
the Coronavirus Crisis  
Washington, DC 20515

The Honorable Steve Scalise  
Ranking Member  
House Select Subcommittee on  
the Coronavirus Crisis  
Washington, DC 20515

Dear Chairman Clyburn and Ranking Member Scalise:

On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I thank you for holding a hearing to examine challenges facing the nation's state, local, tribal and territorial public health departments as they respond to the coronavirus pandemic. We welcome the opportunity to submit this letter for the record to the subcommittee.

Our nation's dedicated public health workers, including physicians, nurses, public health officials, epidemiologists, and many others, are working every day to save lives and protect our communities from COVID-19 and the many other public health challenges we face as a nation. Unfortunately, at the same time, many of these dedicated individuals have been questioned or even vilified by some in their communities, have faced threats of violence both at work and at home and others have been fired due to political pressure or have resigned due to lack of support and burnout. A recent study by the Centers for Disease Control and Prevention found that more than half of all public health workers have experienced a mental health condition this year.<sup>1</sup>

According to an ongoing analysis by Kaiser Health News and the Associated Press, at least 303 of the nation's public health leaders have resigned, retired, or been terminated since the beginning of the pandemic.<sup>2</sup> The loss of these well-trained and dedicated public health leaders is a serious threat to our nation's already underfunded and overworked public health workforce and a threat to the nation's security. That is why APHA has called upon elected officials at every level to support their public health officials and urged them to condemn all threats of intimidation and threats of violence directed towards these dedicated professionals. Instead, we must all come together and work in partnership with our public health leaders to continue our efforts to end this pandemic and protect the health and wellbeing of all our communities. Keeping unwarranted threats of violence and intimidation out of public health and health care is

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<sup>1</sup> MMWR. 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. Available at: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7026e1.htm?s\\_cid=mm7026e1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7026e1.htm?s_cid=mm7026e1_w)

<sup>2</sup> UNDERFUNDED AND UNDER THREAT: Over Half of States Have Rolled Back Public Health Powers in Pandemic. Available at: <https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-pandemic/>

critically important to ensuring public health officials can provide our communities the best information about improving their health and wellbeing. In fact, 35 states and DC have already enacted laws to punish individuals who engage in this type of behavior directed at public health officials.<sup>3</sup>

In addition to the personal and professional attacks on public health leaders, many states have adopted laws to weaken the authorities of officials to protect and promote public health. Since the start of the pandemic, every state had legislation that was proposed or passed that would restrict, shift, or modify the ability of public health officials to exercise needed authority; over 20 states have enacted one of these bills.<sup>4</sup> Litigation about COVID-19 actions or powers have also resulted in judicial opinions that in some cases may limit the ability of state and local officials to use their designated powers to take necessary public health measures in the future.<sup>5</sup> These bills range from states prohibiting or preempting local governments from taking the protective actions or measures that they deem crucial to protect their residents such as wearing masks, limiting business closures or actions, allowing elected officials to overturn orders or to second-guess decisions made by scientific leaders around isolation, quarantine, or emergency declarations, to threatening to withhold funding from local jurisdictions during a pandemic.<sup>6</sup> While this legislation is being proposed in response to concerns about actions taken in response to the COVID-19 pandemic, and in many cases were expected to clarify or review the powers of officials in emergencies, many of them have the ability to restrict the ability of governors, mayors, or health officials to take swift actions to prevent future infectious diseases or react to other emergency or disaster situations.<sup>7</sup> The impact of these laws on our nation's health and security should be monitored closely by Congress. We would strongly encourage Congress to continue its oversight into these laws and to consider funding research or a study that focuses on the potential and real impacts these laws may have on the public health and safety of our nation.

We also strongly urge Congress to address the ongoing and chronic underfunding of our nation's public health system. We are grateful for previous emergency supplemental funding approved by Congress to address the COVID-19 pandemic, including funding to strengthen the public health workforce, but we know much more must be done. To better ensure our public health infrastructure is adequately prepared for addressing the current pandemic, future pandemics and other public health emergencies, APHA is calling on Congress to provide \$4.5 billion in additional long-term annual mandatory funding for CDC and state, local, tribal and territorial

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<sup>3</sup> Legal Protections for Public Health Officials. November 2020. The National Network for Public Health Law. Available at: <https://www.networkforphl.org/wp-content/uploads/2020/11/50-State-Survey-Legal-Protections-for-Public-Health-Officials.pdf>

<sup>4</sup> UNDERFUNDED AND UNDER THREAT: Over Half of States Have Rolled Back Public Health Powers in Pandemic. Available at: <https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-pandemic/>.

<sup>5</sup> An Emerging Threat to Public Health Authority. Available from: [https://static1.squarespace.com/static/5ce4377caeb1ce00013a02fd/t/606f1b978ab96f787479ef22/1617894295384/LSSC\\_EmergingThreat\\_April2021.pdf](https://static1.squarespace.com/static/5ce4377caeb1ce00013a02fd/t/606f1b978ab96f787479ef22/1617894295384/LSSC_EmergingThreat_April2021.pdf)

<sup>6</sup> Network for Public Health Law and NACCHO, Proposed Limits on Public Health Authority: Dangerous for Public Health (May 2021). Available from: <https://www.networkforphl.org/wp-content/uploads/2021/06/Proposed-Limits-on-Public-Health-Authority-Dangerous-for-Public-Health-FINAL.pdf>.

<sup>7</sup> Wiley LF. Health Affairs Blog (1/12/21). Public Health Emergency Reform Is Coming—These Six Principles Should Guide It. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20210105.516753/full/>

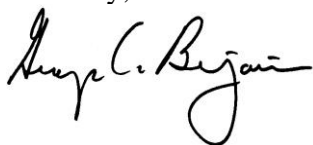
public health agencies for core public health infrastructure activities.<sup>8</sup> This new funding would support essential activities such as: disease surveillance, epidemiology, laboratory capacity, all-hazards preparedness and response, policy development and support, communications, community partnership development and organizational competencies. 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.

Congress should also authorize and appropriate funding for a public health workforce loan repayment program.<sup>9</sup> Providing funding for this important program will help incentivize new and recent graduates to join the governmental public health workforce, encourage them to stay in these roles, improve diversity 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 county, city, state and tribal levels. These skilled professionals deliver critical public health programs and services and lead efforts to ensure the tracking and surveillance of infectious disease outbreaks, such as COVID-19, prepare for and respond to natural and man-made disasters, and ensure the safety of the air we breathe, the food we eat and the water we drink.

In addition, to ensure our states, cities, territories, and tribes are better prepared for the next emergency, it is essential that Congress increase annual discretionary funding for programs within the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Funding for these two agencies remains woefully inadequate to meet the many public health challenges faced by our nation and it is critical that Congress fund these agencies at the highest levels possible in FY 2022.

Thank you again for holding this important hearing. We look forward to working with you and other members of Congress to ensure our nation's public health system is adequately funded to improve the public's health and wellbeing and protect the nation from future pandemics and other public health emergencies.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with a large, stylized initial "G".

Georges C. Benjamin, MD  
Executive Director

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<sup>8</sup> Organization letter to House and Senate leaders supporting the inclusion of the Public Health Infrastructure Saves Lives Act in infrastructure and jobs legislation currently being developed in Congress. June 22, 2021. Available at: [https://www.apha.org/-/media/Files/PDF/advocacy/letters/2021/210622\\_PHISLA\\_infrastructure\\_leaders.ashx](https://www.apha.org/-/media/Files/PDF/advocacy/letters/2021/210622_PHISLA_infrastructure_leaders.ashx)

<sup>9</sup> Organization letter to House leaders in support of including public health workforce loan repayment legislation in the next COVID-19 legislative package. June 26, 2020. Available at: [https://www.apha.org/-/media/Files/PDF/advocacy/letters/2020/200626\\_PH\\_workforce\\_House.ashx](https://www.apha.org/-/media/Files/PDF/advocacy/letters/2020/200626_PH_workforce_House.ashx)