

5 May 2020

The Honorable Nancy Pelosi
Speaker of the House of Representatives
U.S House of Representatives
H-232 US. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
S-230 US Capitol
Washington, DC 20510

The Honorable Leader Kevin McCarthy
Republican Leader
U.S. House of Representatives
H-204, US. Capitol
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader
United States Senate
S-221 U.S. Capitol
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Minority Leader Schumer, and Minority Leader McCarthy:

Thank you so much for your leadership and swift action on H.R. 6074, H.R. 748, and H.R. 266 providing critical emergency supplemental resources to respond to a health crisis unlike anything our nation has seen in more than 100 years.

These new appropriations provide much-needed funding for our public health infrastructure to begin to take strategic, swift action to get ahead of the virus, and in countermeasures – therapies and vaccines – that could eventually allow us to end the pandemic. The supplemental funding you provided for global health protection is vital to ensuring we can fight COVID-19 globally to tamp down this pandemic and reduce the likelihood of future pandemics.

The U.S. Public Health System Has Suffered from Chronic Underfunding

We must now lay the groundwork for the protection from future pandemics that the American people deserve. New investments in our health security must be sustained in the annual appropriations process. Public health has suffered from years of underfunding, in part due to the competing priorities within the Labor, Health and Human Services, Education and Related Agencies appropriations bill. As is now clear, without providing the necessary resources for our core public health capabilities, we remain vulnerable to a microbial sneak attack – unprepared both domestically and abroad, shortchanging our health and economic security, and costing American lives.

Providing Sustainable Public Health Funding Will Require Creative Solutions

Although it would be our preference to see the domestic discretionary budget caps significantly larger to reflect our health security needs, we understand that this may not be possible. **Future health and economic security can best be achieved by a permanent budget cap exemption for public health functions that are critical to prevent, detect**

and respond to infectious diseases. We suggest the creation of a Health Defense Operations (HDO) budget designation that would exempt critical health protection funding from the Budget Control Act spending caps. This would be comparable to the Overseas Contingency Operations (OCO) created to provide additional critical funding for our armored defense.

As you know, the OCO was originally created as an off-ramp for our armed forces after Congress passed large supplemental appropriations in response to the 9/11 terrorist attacks. It became clear that the Department of Defense would require sustained resources to maintain our national security. Similarly, a Health Defense Operations account would operate as a safety valve to the annual spending caps and any potential future sequestration to ensure our nation's health security is defended through sustained and adequate funding for our public health agencies. However, unlike the OCO, the HDO will provide appropriate safeguards and accountability to ensure appropriate oversight for appropriators.

It is Essential Congress Know What Resources are Needed to Prevent, Detect and Respond to Health Threats, Both Globally and Domestically

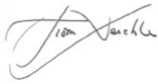
Throughout multiple administrations, political and budget pressures have dictated funding reductions or stagnation of core public health and biosecurity programs, leaving us unprepared. This must end. The programs, projects and activities critical to our health protection and the current pandemic response should be included in the proposed Health Defense Operations (HDO) budget designation. HDO programs should be required to submit a bypass professional judgment budget to Congress annually. The NIH submits three bypass budgets to Congress every year that explain the true resource needs for cancer, HIV/AIDS and Alzheimer's research. Likewise, Congress and the American people must understand exactly what is needed for our public health defense so that Congress can then appropriate the resources required to sustain the public health system we need to keep us safe and healthy. This is the only way we will ensure we are prepared for the next pandemic. This investment can save millions of lives and potentially trillions of dollars.

Given the reality that the administration is unlikely to submit a professional judgment budget during this appropriations cycle, we are including our suggested annual appropriated levels for FY 2021 in the accounts we suggest be designated as HDO. These levels were determined after conferring with leading health experts to determine an appropriate funding base funding level to put us on a sustainable path to public health protection.

Act Now

Now is the time to act. Our country cannot afford another multi-trillion-dollar pandemic, but we can afford the health defense investments required to prevent it. To accomplish this, we must build a sustainable base appropriation for the core set of public health programs

that prevent, detect and respond to outbreaks. We look forward to working with you in the weeks and months ahead.



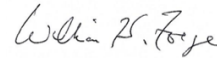
The Honorable Thomas A. Daschle
Former Senate Majority Leader



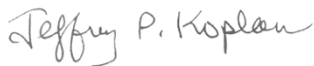
The Honorable William H. Frist, M.D.
Former Senate Majority Leader



Thomas R. Frieden, M.D., MPH
Former Director Centers for Disease Control and Prevention (2009-2017)



William Foege, M.D.
Former Director Centers for Disease Control and Prevention (1977-1983)



Jeffrey P. Koplan, M.D., MPH
Former Director Centers for Disease Control and Prevention (1998-2002)



David Satcher, M.D. MPH
Former Director Centers for Disease Control and Prevention (1993-1998) and Former Surgeon General of the United States (1998-2002)



Thomas Ingelsby, M.D.
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Sandro Galea MD, DrPH, MPH
On Behalf of the Association of Schools and Programs of Public Health