



**Public Health Emergency Preparedness Cooperative Agreement (CDC)  
FY 2019 Labor HHS Appropriations Bill**

	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019 President's Request</b>	<b>FY2019 TFAH</b>
Public Health Emergency Preparedness	\$660,000,000	\$670,000,000	\$660,000,000	\$824,000,000

**Background:** Extreme hurricanes and wildfires made 2017 the costliest year on record for the country, causing \$306 billion in total damage.<sup>1</sup> Throughout the year, state and local health departments responded to crises like floods, wildfires, hurricanes, outbreaks of hepatitis, measles, and other infectious diseases, and mass shootings. Each of these required a public health response. The Public Health Emergency Preparedness (PHEP) program at the Centers for Disease Control and Prevention (CDC) is the only federal program that supports the work of health departments to prepare for and respond to all types of disasters, including bioterror attacks, natural disasters, and infectious disease outbreaks. PHEP grants support 62 grantees to develop core public health capabilities, including in the areas of public health laboratory testing, health surveillance and epidemiology, community resilience, countermeasures and mitigation, incident management, and information management. The grants have supported over 4,000 state and local public health preparedness staff positions and over 8,000 state and local emergency operations center activations. The funds have supported the development of nearly 75 percent of state, local and territorial electronic disease surveillance systems, 81 percent of the cost to develop the state and local emergency management capability such as local emergency operations centers, and 80 percent of the public health risk communication capability.<sup>2</sup>

**Impact:** The response systems and infrastructure that states require to respond to public health emergencies would not exist in most instances without PHEP funding. According to CDC's evaluations, PHEP awardees have improved capacity in nearly all high priority public health preparedness capabilities in the past few years. The largest investments focused on public health surveillance and epidemiological investigation, laboratory testing, community preparedness, information sharing, and emergency operations coordination. In order to help awardees address gaps, CDC works with the jurisdiction on technical assistance plans, including consultation across CDC. CDC has also established a Capacity Building Branch to design systematic approaches and solutions to address commonly occurring gaps that require more broad capacity-building assistance.

Federal funding is crucial to maintaining state, local and territorial public health preparedness capacity. Even small fluctuations in funding – such as the 2016 redirection of \$44 million from PHEP for the federal Zika response – have major impacts on workforce, training, and readiness.<sup>3</sup> These cuts cannot be backfilled with short-term funding after an event. An efficient and effective state and local workforce

<sup>1</sup> NOAA, *Billion-Dollar Weather and Climate Disasters: Overview*. <https://www.ncdc.noaa.gov/billions/>.

<sup>2</sup> HHS, *FY 2017 CDC Justification of Estimates for Appropriations Committees*. <http://www.cdc.gov/budget/documents/fy2017/fy-2017-cdc-congressional-justification.pdf>

<sup>3</sup> <https://www.naccho.org/uploads/downloadable-resources/Impact-of-the-Redirection-of-PHEP-Funding-to-Support-Zika-Response.pdf>

response in particular relies heavily on reliable, ongoing funding support for a network of local expertise, relationships and trust that is carefully built over time through shared responses, training and exercises. It can be rapidly degraded but it cannot be rapidly created or brought in through sporadic, ad hoc investments when a crisis strikes.

IMPROVEMENTS IN PUBLIC HEALTH EMERGENCY PREPAREDNESS SINCE 9/11		
PROGRAM AWARDEES WHO:	THEN	NOW
Can mobilize staff during an emergency	20%	98%
Have an Incident Command System with pre-assigned roles in place	5%	100%
Include collaboration with health care agencies in their preparedness plans	8%	92%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	98%

Source: Centers for Disease Control and Prevention, 2017

Some examples of recent accomplishments of the PHEP program include:

- **California Wildfires:** California’s years-long drought officially ended in 2017, but led to kindling for wildfires, killing 42 people in Northern California’s wine country. Local public health used its PHEP-supported capabilities to develop an almost “turnkey response plan,” which included assessing the health needs of evacuees, providing medical support within the evacuation centers, ensuring the environmental health of the shelters, disseminating public health information on smoke, heat and repopulation safety, and ensuring the safety of cleanup workers.<sup>4</sup>
- **Minnesota Measles Outbreak:** When a measles outbreak infected over 80 people in and around Minneapolis, Hennepin County instituted a PHEP-funded emergency management structure to coordinate the public health response and maintain an epidemiologic surveillance system to quickly detect and identify cases. The health department deployed a PHEP-funded team of public health nurses and cultural liaisons to track suspected cases, set up a clinic to distribute antibody injections for those who needed them, ensured factual information for the public and ultimately curbed the outbreak.
- **Hurricane Harvey in Texas:** PHEP-supported capabilities and past experience with flooding helped Texas ensure the safe evacuation of residents, especially those in need of special assistance.<sup>5</sup> The Harris County and state health departments coordinated to ensure the health and safety of shelters, spray for potentially disease-carrying mosquitos, communicate with the public about potential hazards, and ensure the safety of food and water once the storm was over.<sup>6</sup>

**Recommendation:** TFAH recommends \$824 million for the Public Health Emergency Preparedness Cooperative Agreements in FY19, the levels authorized in 2006. Emergency responses are increasing, despite funding eroding by about one-third since FY2002. There were 18 new or renewed declared public health emergencies in 2017 – in comparison to 29 declared emergencies for the 10 prior years combined. This funding would help restore capacity at health departments impacted by cuts, especially those that responded to an unprecedented number of emergencies in the past year.

<sup>4</sup> Ready or Not Expert Commentary

<sup>5</sup> Testimony of CDC PHPR Director RADM Stephen C. Redd, MD before House Energy & Commerce Oversight and Investigations Subcommittee, Oct 24, 2017. <https://www.cdc.gov/washington/testimony/2017/t20171107.htm>

<sup>6</sup> Shah, U. *Ready or Not Expert Commentary: Local Public Health Preparedness and Response to Hurricanes and Other Emergencies: High Tech and High Touch.* <http://healthyamericans.org/assets/files/TFAH-2017-ReadyOrNot-Fnl.pdf>