

June 9, 2020

The Honorable Richard Shelby
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Nita Lowey
House Committee on Appropriations
H-307 The Capitol
Washington, DC 20515

The Honorable Patrick Leahy
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Kay Granger
House Committee on Appropriations
H-307 The Capitol
Washington, DC 20515

Dear Chairman Shelby, Chairwoman Lowey, and Ranking Members Leahy and Granger:

On behalf of the undersigned organizations, we write in strong support of a Health Defense Operations budget designation to increase investments in public health and pandemic preparedness before the next pandemic occurs.

We applaud Congress for your quick response to COVID-19 by providing critical emergency supplemental funding during the pandemic. These investments are necessary to fund the robust response to this health crisis. We believe it is crucial that these investments are leveraged to ensure we are better prepared moving forward. The Health Defense Operations designation would recognize and support the indispensable role key programs play in our national health security.

As a result of supplemental COVID appropriations, the Centers for Disease Control and Prevention is now able to invest in depleted state and local public health infrastructure, new laboratory networks, and modernized data systems. Additional CDC funding can boost investment in global health security, as it is now abundantly clear that a health threat is never more than a plane ride away. The National Institutes of Health is using its supplemental funding to conduct early vaccine and therapeutics research to build the basic SARS-CoV-2 knowledge base and develop new rapid and accurate diagnostic tests. The Biomedical Advanced Research and Development Authority is using its supplemental funding to invest in COVID-19 medical countermeasures by rapidly accelerating the development and manufacturing processes using public-private partnerships. The Strategic National Stockpile is procuring and distributing supplies needed by public health and health care providers all across the country.

These investments will be crucial as agencies begin to take the necessary steps to combat the coronavirus and get our economy back to work. However, as you are aware, these supplemental appropriations are by their very nature temporary. While we believe that there will be a day when we emerge from COVID-19 with safe and effective treatments, we know that this will not be the last infectious disease outbreak. We must ensure that the investments made in our core public health infrastructure and health security programs are maintained and used to prevent the next pandemic.

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. Therefore, in order to provide sustainability for these new investments, we urge you to adopt the proposed Health Defense Operations (HDO) Designation model. As described by former CDC Director Dr. Tom Frieden in his recent House Labor-HHS testimony, the HDO would exempt specific budget line items from the discretionary budget caps. Congress would of course decide which programs, projects and activities are exempted and will ultimately be responsible for ensuring accountability and transparency.

We all know that the budget request the Administration submits to Congress each year bears little resemblance to the actual needs of many agencies. To ensure Congressional Appropriators have the best information to base their decisions on, we suggest that all programs excepted as part of the HDO be required to submit a professional judgment bypass budget to Congress. The NIH submits three bypass budgets to Congress every year that explain the true resource needs for cancer, HIV/AIDS and Alzheimer's research.

Another infectious disease outbreak will happen. The difference will be whether or not we are caught empty handed. We cannot afford another trillion dollar pandemic, but we can afford to sustain our health defense. We look forward to working with you in the weeks and months ahead to ensure we are better prepared and are able to build our health defense.

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| Albert and Mary Lasker Foundation | Future of Life Institute |
| American Academy of Nursing | GHC Global Health Security Roundtable |
| American Academy of Pediatrics | Global Catastrophic Risk Institute |
| American Geriatrics Society | Global Health Technologies Coalition |
| American Public Health Association | Health Industry Distributors Association |
| American Society for Microbiology | HIV Medicine Association |
| American Society of Tropical Medicine and Hygiene | Hogg Foundation for Mental Health |
| America's Blood Centers | Infectious Diseases Society of America |
| Association of Public Health Laboratories | International Biomedical Research Alliance |
| Association of Schools and Programs of Public Health (ASPPH) | Johns Hopkins Center for Health Security |
| Berean Wellness & Community Support Center | Living with Arachnoiditis |
| Biotechnology Innovation Organization | Lupus and Allied Diseases Association, Inc. |
| Butte County Public Health | Management Sciences for Health |
| Coalition to Stop Flu | National Association for Public Health Statistics and Information Systems |
| Corporate Friends of CDC | National Association of County and City Health Officials |
| Council of State and Territorial Epidemiologists | National Nurse-Led Care Consortium |
| Disability Advocate | New Hampshire Public Health Association |
| Duke University | PATH |



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