



March 6, 2017

The Honorable Roy Blunt  
Chairman  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education  
and Related Agencies  
U.S. Senate

The Honorable Patty Murray  
Ranking Member  
Appropriations Subcommittee on Labor,  
Health and Human Services, Education  
and Related Agencies  
U.S. Senate

Dear Chairman Blunt and Ranking Member Murray:

As you develop spending legislation for fiscal year (FY) 2018, the Council of State and Territorial Epidemiologists (CSTE) and the Association of Public Health Laboratories (APHL) urge you to prioritize the Centers for Disease Control and Prevention's (CDC) core epidemiology and laboratory programs that support capacity to monitor and protect public health and develop the next generation of scientists who execute this critical work. CSTE represents 1800 applied epidemiologists nationwide best known for detecting, monitoring, controlling, preventing, and responding to public health threats. APHL represents the nation's public health laboratories that provide clinical diagnostic, environmental, and radiological testing and emergency response in support of national surveillance efforts. Together, our members form the bedrock of public health—working in concert at the state and local level as our nation's first line of defense in protecting the public against disease and other health hazards.

The Subcommittee has consistently prioritized funding for core epidemiology and laboratory activities, and we greatly appreciate your support. Because of your bipartisan efforts, we have sustained and in many cases enhanced our capacity to detect, control, and respond to infectious disease outbreaks; monitor chronic disease, injuries, and environmental health threats; and prepare for and respond to natural disasters. In FY 2018, CSTE and APHL endorse the CDC Coalition's recommended funding level of \$7.8 billion for the Centers for Disease Control and Prevention (CDC) and hope you will give strong consideration to the following funding recommendations for CDC's epidemiology and laboratory programs:

- **Emerging and Zoonotic Infectious Diseases (EZID) – \$630 million**, including \$52 million in the Prevention and Public Health Fund. As CDC's core infectious diseases program, EZID funding helps detect and track a range of microbes, respond to outbreaks, and serve as an early warning system to identify new infectious disease threats. Funding for EZID is essential in combating new and emerging threats, such as antibiotic resistant bacteria; rebuilding mosquito and other vector-borne monitoring systems to fight against dengue, chikungunya, and Zika virus; ensuring the safety of laboratory operations and improving the quality of laboratory practices related to high-consequence pathogens; and developing new genetic methods, such as advanced molecular detection, that help public health professionals detect and respond more quickly and accurately to foodborne outbreaks.

State and local health departments and laboratories are critical partners in these activities, and CDC is thus heavily vested in the strength of state and local epidemiology and laboratory surveillance capacity. Funding for EZID bolsters the **Epidemiology and Laboratory Capacity (ELC) Cooperative Grant Program**, the principal financing mechanism that strengthens surveillance for infectious diseases, early detection of newly emerging

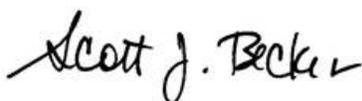
disease threats, and identification and response to outbreaks. With funding for ELC, 50 states, six local health departments, and eight territories have improved coordination of chikungunya and Ebola response; traced Chipotle-related foodborne outbreaks; identified contaminated endoscopes that spread the carbapenem-resistant enterobacteriaceae (CRE) superbug; facilitated effective H1N1 flu surveillance; discovered the fungal meningitis outbreak of 2012 and prevented additional deaths; and more recently, collecting and monitoring data on the Zika virus and preventing its further spread. These ELC funds ultimately serve a dual purpose. Funding provided to support communicable disease monitoring and response bolsters the overall epidemiology infrastructure needed to fight non-communicable diseases, which represent our nation's leading causes of death.

Base funding for ELC was about \$195 million in FY 2016. It's important to note that within this total, \$45 million of total ELC funding stems from the Prevention and Public Health Fund. The continuation of this mandatory ELC funding is critical to our nation's core surveillance capacity, and repeal of the Prevention and Public Health Fund as part of broader efforts to repeal the Affordable Care Act will significantly undermine the nation's disease surveillance infrastructure. Epidemiologists and laboratory scientists will lose their jobs; fewer scientists working to detect outbreaks will give diseases more time to infect more individuals.

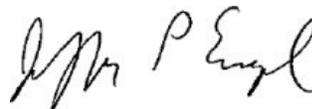
- **Public Health Workforce and Career Development – \$57 million.** Substantial improvement for disease surveillance and response at the state and local levels ultimately relies on a robust cadre of qualified epidemiologists and laboratory scientists and CDC's Public Health Workforce programs to prepare people to respond to public health outbreaks through a variety of capacities, including laboratory, epidemiology, and informatics. Unfortunately, the current funding levels for epidemiology and laboratory fellowships—for both entry-level and mid-career—that provide high-quality, on-the-job training at state and local health agencies and labs within this program do not come close to meeting the increasingly high demand. In 2016, CSTE received 608 individual and 77 host-site applications for its **CDC/CSTE Applied Epidemiology Fellowship Program**, but the budget allowed for the matching and placement of only 22 fellows. The **CDC/APHL Emerging Infectious Disease Fellowship**—despite being on placed on hold for two years—still generated 48 applications in 2017, from which APHL will select at least five recipients with hopes obtaining additional funding to expand the program by another five recipients in 2018. Even modest increases in funding will enhance professional development opportunities for the next generation of epidemiologists and laboratory scientists, and boost surveillance capacity at the state and local level.

CSTE and APHL deeply appreciate the bipartisan efforts of the Subcommittee to support state and local public health capacity over the years. We hope you will continue to prioritize epidemiology and laboratory capacity in this climate of markedly constrained resources. Continued investment in these core public health functions will lead to a healthier, safer nation.

Sincerely,



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Executive Director  
Association of Public Health Laboratories



Jeffrey P. Engel, MD  
Executive Director  
Council of State and Territorial Epidemiologists