

**February 28, 2020**

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

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

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

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

Dear Chairwoman Lowey, Chairman Shelby, Ranking Member Granger, Ranking Member Leahy,

On behalf of the undersigned organizations and individuals, we write to share our strong concern about the current novel coronavirus (SARS-CoV-2) public health emergency and its potential for significant domestic and global consequences for public health, the economy, and society. While the United States has just 60 confirmed cases (including returned passengers from the Diamond Princess cruise ship), there is now evidence of possible community transmission in California, with one confirmed case having no history of travel to COVID-19 outbreak areas or epidemiological link to other known cases. This case, along with rapid increases in case numbers in many other countries in the last few days points toward an increasing likelihood of domestic spread of the virus in the weeks and months ahead.

We urge congressional appropriators to act swiftly and decisively to provide robust support for key domestic public health and healthcare programs, medical countermeasure development, global preparedness programs and response mechanisms, and international partnerships, in order to mitigate the impacts of the virus. We ask Congress to quickly pass emergency supplemental funding sufficient to provide the needed resources for a comprehensive national and international response. Prompt action now is needed to avoid worst case health and economic consequences.

Our organizations represent a wide variety of US stakeholders on the front lines of analyzing, monitoring, characterizing, preparing for, and ultimately responding to infectious disease outbreaks in the United States and internationally. Based on the known facts surrounding the current epidemic and our independent research related to large-scale infectious disease emergencies, it appears likely that this epidemic will become a pandemic. It may take several weeks or months, but we believe that there will be significantly more cases in the United States and many other countries very soon. Congress should urgently take additional steps now to prepare domestically, to invest globally, and to help make the shift from containment of the virus to mitigation of its effects. This shift will be difficult, and the response will be exceptionally resource intensive.

The Administration recently sent a modest request to Congress for emergency supplemental funding of \$1.25 billion for coronavirus response, permission to repurpose \$535 million in funds previously appropriated for procurement of Ebola medical countermeasures, and plans to repurpose additional funds in other accounts for a total of \$2.5 billion. While we applaud the initiative to request emergency funding, we believe that the amount requested will be inadequate to respond to this significant public health emergency. We also caution against the proposal to further divert funding from other important public health and national security programs.

Prior infectious disease emergencies have garnered much larger emergency appropriations for domestic and international response activities. For example, during the 2009 H1N1 influenza pandemic, Congress provided a total of \$7.7 billion in emergency funding for the response. Similarly, Congress appropriated a total of \$5.4 billion in emergency funds for the 2014 Ebola response, both domestically and globally.

Funding for readiness and response to health security threats like COVID-19 is as critical to the safety and well-being of Americans as funding the military is for other national security threats. Annual federal, state, and local government investments in emergency preparedness have been essential for increasing our national capabilities and capacity to combat health emergencies. This annual funding has helped us build systems and expertise and must be continued and bolstered. In addition, what we need now is flexible emergency funding to enable our US healthcare, public health, and scientific experts to undertake a large and potentially protracted response aimed at reducing illness and death in the time to come. There are a number of categories of work that will require significant funding support in this emergency:

#### Public Health Response:

- Federal departments and agencies like the US CDC and ASPR to develop guidance, conduct testing, and lead other critical response efforts
- State and local health departments for surveillance, testing, case identification, risk communication, and other efforts to mitigate effects on communities and vulnerable populations
- Reimbursement of expenses already incurred by state and local health departments for their response thus far
- Providing needed personal protective equipment and training to make sure healthcare workers, first responders and others at high risk of exposure to or transmitting the virus are protected

#### Healthcare Response:

- Hospitals and the healthcare system to identify, isolate, and care for patients who become ill and prepare for a potential surge of patients
- Coverage for treatment of uninsured and under-insured individuals
- Laboratory surge capacity for diagnostic testing, including through commercial laboratories

#### Medical Countermeasures Development:

- Research, development, and procurement of diagnostic tests, vaccines, and drugs
- Testing and regulatory approval of diagnostics, vaccines, and drugs

#### International Response:

- Protecting our troops through the Department of Defense's Force Health Protection programs
- Assistance to international partners like the World Health Organization and national governments, including support the most vulnerable low-income countries to prepare for the pandemic threats and bolster capacity to control infectious disease outbreaks at their source
- Programs at the US State Department, USAID, CDC's Center for Global Health, and DoD that support the Global Health Security Agenda, through both programmatic activities and through use of the Emergency Reserve and Rapid Response Funds
- Funding for CEPI to complement US efforts to address the need for coordinated and proactive R&D toward a vaccine

Funding will also be needed to back-fill any programs from which money has already been transferred to support the federal COVID-19 response thus far.

Finally, in addition to emergency supplemental funding for the specific known needs listed above, we strongly encourage Congress to appropriate money for the Public Health Emergency Fund (PHEF) and the Infectious Disease Rapid Response Fund, managed by Secretary Azar and CDC respectively. The PHEF was recently reauthorized and clarified in the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 to give the Secretary the flexibility to respond rapidly to immediate unanticipated needs in the event of a public health emergency while longer-term supplemental funding needs are being determined. The Infectious Disease Rapid Response Fund was created by Congress in FY19 specifically to address infectious disease and biological threats like COVID-19. Providing funding into these accounts will position HHS in the short term to address immediate threats as our response to the virus evolves and our understanding of longer-term funding needs change. If some of the emergency funds are ultimately not needed for this current outbreak response, those resources can remain in these accounts, so they are available for responding to future public health emergencies.

Thank you for your leadership and commitment to health security and the protection of the health of the American people.

Sincerely,

Johns Hopkins Center for Health Security  
American Academy of Nursing  
American Academy of Pediatrics  
American Clinical Laboratory Association  
American College of Emergency Physicians  
American Federation of State, County and Municipal Employees (AFSCME)  
American Geriatrics Society  
American Public Health Association  
Association of Academic Health Centers  
Association of American Medical Colleges  
Association of Public Health Laboratories  
Emergency Nurses Association  
Georgetown University Center for Global Health Science and Security  
Global Health Council  
Global Health Technologies Coalition  
Healthcare Ready  
Infectious Diseases Society of America

Management Sciences for Health  
National Ebola Training and Education Center  
National Association of County and City Health Officials  
National Public Health Information Coalition (NPHIC)  
Nuclear Threat Initiative (NTI)  
O'Neill Institute for National and Global Health Law  
PATH  
Society of Critical Care Medicine  
Society for Public Health Education  
The American College of Health Care Administrators  
The Joint Commission  
Trust for America's Health  
Carolyn Reynolds  
Jeremy Konyndyke, Center for Global Development  
Lawrence O. Gostin, Professor of Global Health Law and Director O'Neill Institute for National and Global Health Law, Georgetown University