

December 8, 2020

The Honorable Ron Johnson
Chairman
Senate Committee on Homeland Security
and Governmental Affairs
United States Senate
Washington, D.C. 20510

The Honorable Gary Peters
Ranking Member
Senate Committee on Homeland Security
and Governmental Affairs
United States Senate
Washington, D.C. 20510

Dear Chairman Johnson and Senator Peters:

The National Association of County and City Health Officials (NACCHO), on behalf of the nation's nearly 3,000 local health departments, appreciate the opportunity to provide comment for your hearing, "Early Outpatient Treatment: An Essential Part of a COVID-19 Solution, Part II." We appreciate the continued work of this committee to examine efforts to stop the spread of the COVID-19 pandemic.

Local health departments provide testing and contact tracing services, monitor the health of those who may have been exposed, and support them to self-isolate. They use data derived from case investigations to locate not only who is developing COVID-19, but also to identify trends and hot spots that inform local policies and 3 actions related to the primary transmission routes in their communities. They are planning and ramping up as a key player in the largest mass vaccination campaign our nation has ever embarked on, while at the same time fighting flu. On top of all of this, they are working with their community partners to disseminate credible information, calm fears, dispel myths, and develop and implement plans to protect the highest at-risk groups including Black Americans, Latinx people, and the elderly of all races.

Unfortunately, the local health department response has been hampered by a lack of adequate funding, workforce constraints, and the politicization of the pandemic response.

Funding Concerns

Local health departments work to protect the public every day despite great policy and funding challenges that have impacted their capacity and ability to do what is needed to respond now and scale up for the next phases of the response. NACCHO Profile of Local Health Departments has found that more than 80% of local health department preparedness programs saw cuts in 2019, and 312 million Americans live in jurisdictions with stagnant or reduced emergency preparedness services.¹ Unfortunately, as this pandemic continues to grow and affect every corner of our nation, local health departments continue to struggle to find the resources to support their response efforts.

NACCHO appreciates that Congress has appropriated specific funding to support the COVID-19 response at state and local health departments, as well as the Centers for Disease Control and

¹ NACCHO. 2019 Profile of Local Health Departments. Retrieved September 29, 2020 from <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>.



Prevention (CDC). However, the funding previously appropriated by Congress has had a variable reach into local public health agencies, and more must be done to track and ensure that a sufficient amount of funds reach the local level in a timely manner.²

Workforce Constraints

The work of governmental public health—and local public health in particular— has long been under resourced, and local health departments were hit particularly hard by the 2008 recession. In many communities they never recovered. Between job losses and population growth, when COVID-19 emerged our local health departments network across the country was down 21% of their workforce capacity as a whole, with the number of full-time equivalent local health department workers dropping from 5.2 per 10,000 people in 2008 to 4.1 per 10,000 people in 2019.

This has made it significantly harder to conduct the many pandemic-related activities that local health departments are responsible for, but it has also impacted other public health programs whose staff have been pulled off of their typical duties to work on pandemic response. This has led health departments to temporarily stop or curtail a wide range of other public health services, including providing HIV prevention services, routine immunizations, food safety inspections, and substance abuse prevention services. As a result, overdose numbers have already started to go up, immunization rates have dropped, and other health impacts are sure to follow. Many of these impacts may remain unknown until long after the pandemic ends. It is critical that we invest in the expansion, recruitment, and retention of our nation's local health department workforce.

Politization of the Response

Local health departments are not only working to track, slow, and stop the spread of the virus, but combatting mis- and disinformation that divides communities and allows the virus to flourish and erodes trust in the public health system. As a result, across the country, public health officials and staff have been physically threatened and politically scapegoated during the COVID-19 response. Too many have lost their jobs for trying to protect and defend the health of their community. Many others have stepped down, interrupting their careers, to protect themselves and their loved ones from actual or perceived threats of violence. NACCHO has documented turnover of more than 90 local and state health officials since April 2020. Each of these vacancies represents lost expertise at a time when we need it most.

Even perceived political interference with public health guidance and mixed messages at the federal level greatly impact the ability of our members to protect their communities. When the guidance and underlying message diverges in each jurisdiction and at the federal level, that only promotes confusion and skepticism among the public, hindering response efforts in both the public health and health care arenas. A comprehensive, unified response is necessary, with federal, state, and local officials working together to be clear, consistent, and fact-based in order to slow the spread of COVID-19 and allow reopening of communities based on scientific measures, not political considerations.

² Currently, CDC sends funds directly to states, territories, and only 6 large cities (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/funding-update.pdf>). The rest of the nation's local health departments are reliant upon their state to decide, if, how much, and when to send money to the local level. That has led to vast inconsistencies across the country in the amount of funding and the speed that federal funds are making it to local health departments to support this response. For more information see: <https://www.reuters.com/investigates/special-report/health-coronavirus-tracing/> and <https://khn.org/news/uspublic-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

As the Committee continues its work over the next year, we urge you to explore ways in which the federal government can better leverage the expertise of and better support the infrastructure of the full governmental public health system at the local, state, and federal level. NACCHO and local health departments look forward to working with your committee on these and other public health issues to ensure that national policymaking is informed by and benefit local communities. Please contact Adriane Casalotti (acasalotti@naccho.org), NACCHO Chief of Government and Public Affairs, with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Tremmel Freeman, MBA
CEO