

The Honorable Alex Azar
Secretary
United States Department of Health and Human Services
330 C St SW
Washington, DC 20416

Dear Secretary Azar,

We are writing to express our concern over reports that the U.S. Centers for Disease Control and Prevention (CDC) plans to begin dramatically scaling back its activities to support the Global Health Security Agenda (GHSA), in anticipation of the expiring Ebola supplemental funding at the end of fiscal year 2019. We ask the Administration to reconsider these planned reductions to programs vital to the health and national security of all Americans.

On January 19, the Wall Street Journal published an article entitled [*CDC to Scale Back Work in Dozens of Foreign Countries Amid Funding Worries*](#). The article details the grave consequences of dramatically downsizing CDC programs in 39 of 49 countries—where the CDC maintains an overseas presence to support global health security activities—as a result of the expiration of the five-year supplemental package that was provided through the US Ebola response. These programs are essential to our national defense, forming critical links in the US prevention, detection, and response chain for outbreaks—in collaboration with the Departments of Defense and State, as well as the U.S. Agency for International Development.

As non-governmental stakeholders, including many that work alongside US government agencies to stop outbreaks at the source, we are alarmed by this news. President Trump has underscored his commitment to promote the GHSA noting, “We cannot have prosperity if we’re not healthy. We will continue our partnership on critical health initiatives.” We would like to express our strong concerns over these harmful cuts to personnel and programs. This infrastructure is critical to protecting against devastating, destabilizing, and debilitating disease threats—whether naturally occurring or deliberate.

The ramifications from such major cuts in our deployed biodefense capability are clear. Not only will CDC be forced to narrow its countries of operation, but the US also stands to lose vital information about epidemic threats garnered on the ground through trusted relationships, real-time surveillance, and research. These cuts also fail to recognize the tremendous success the United States has had in solidifying political and financial support from other countries through the foundation that biodefense programs, deployed disease detectives, research and training partnerships, and other systems or services that the GHSA has built. For the first time, countries are closing health security gaps using standardized metrics. This has allowed for the mobilization of significant contributions from other donor nations and the private sector, as well as increased host government support from low- and middle-income countries themselves.

US investments in global health security and deployed CDC personnel are making America safer today. For example, US investments in surveillance capacity in Cameroon have decreased the disease outbreak response time from 8 weeks to just 24 hours. This rapid response prevents an isolated outbreak from becoming a global catastrophe. Similarly, CDC’s health security personnel and resources were indispensable in averting crisis during the 2017 responses to Ebola in the Democratic Republic of the Congo and Marburg in Uganda. However, while the foundation that CDC has laid since the West African Ebola outbreak is impressive, it is not yet cemented. Pulling out now from countries like Pakistan and Democratic Republic of the Congo—one of the world’s main hot spots for emerging infectious diseases—risks leaving the world unprepared for the next outbreak.

As it currently stands, most of CDC's funding for global health security is set to expire in October 2019, without any plan for ensuring deployed capability to stop outbreaks at the source in priority regions remain into the future. History demonstrates that complacency in the wake of successful outbreak interventions leads to a cycle of funding cuts followed by ever more costly outbreaks. This forces the United States to face massive government expenditures and military interventions. The 2015 Ebola outbreak cost US taxpayers \$5.4 billion in emergency supplemental funding, forced several US cities to spend millions in containment, disrupted global business and supply chains, and required the deployment of the US military to mitigate the threat. The World Bank has estimated that a moderate pandemic could cost the global economy roughly \$570 billion, or 0.7 percent of global income, and a severe pandemic, like the 1918 influenza pandemic, could cost as much as 5 percent of global gross income, or up to \$6 trillion.

As the United States and the world begin to reap the benefits of our investments in better disease preparedness, now is not the time to step back. The ongoing danger that biological threats pose to American health, economic, and national security interests demands dedicated and steady funding for global health security. Congress and the Administration must invest in our deployed global biodefense capability. We stand together in our concerns over looming cuts to CDC, and we urge the Administration to work with Congress to urgently resolve this fiscal crisis. This will require sustained funding—at the annual levels that have been invested since the Ebola crisis—for global health security-related activities at CDC and other agencies involved in health security, in support of the goals of the GHSA.

We would welcome the opportunity for representatives of our organizations to meet with you as soon as possible to discuss this urgent issue. Thank you for your consideration.



The Global Health Security Agenda Consortium, Global Health Council, Next Generation Global Health Security Network, and Global Health Technologies Coalition represent an international membership of over 200 organizations and companies dedicated to achieving a world secure from threats posed by infectious disease.