

## **Public Health Organizations Unite in Call to Restore State and Local Emergency Funding and Approve Emergency Supplemental for Zika**

(May 16, 2016) Arlington, VA -- As the weather warms and the threat of Zika virus intensifies, state and local health agencies are faced with the dilemma of a significant funding cut, as documented in [two new reports](#) released by the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the Association of Public Health Laboratories (APHL), and the Council of State and Territorial Epidemiologists (CSTE).

Absent dedicated funding from Congress to prepare and respond to the threat of Zika virus, the Centers for Disease Control and Prevention (CDC) last month announced it will need to reprogram \$44.25 million from the Public Health Emergency Preparedness (PHEP) fund to help combat Zika. State and local health agencies depend on PHEP funding to prepare and respond to health emergencies, everything from natural disasters to terrorist or mass casualty events. Preparing for and responding to emerging infectious disease is also a primary use of PHEP funding, meaning state and local health agencies will have less capability to find, control, and mitigate localized outbreaks of Zika as a result of the reallocation.

ASTHO, in cooperation with CSTE, APHL, and NACCHO, asked their members what the consequences of the PHEP reprogramming would be, should the cuts take effect on July 1. The results raise significant concern showing that state and local emergency response will be compromised. Major findings from the surveys include the following.

### ***Community Preparedness Will Suffer the Most***

Both state (77%) and local (75%) respondents listed “Community Preparedness” as the area that will be most negatively affected. Scenario planning and training exercises will be curtailed or eliminated. Volunteer recruitment and training will slow or cease. Community partnerships and contracts with specialized vendors will be compromised.

### ***Laboratory Testing and Surveillance Capacity Will Diminish***

More than 70 percent (72%) of state respondents said they expect that functional preparedness programs, including disease surveillance, epidemiology, lab services, and mosquito control, would be negatively affected. Labs would be forced to delay or eliminate new equipment purchases or scheduled equipment maintenance.

### ***Public Health Staff Cuts***

State and local agencies suffered significant job losses—up to 20 percent—during and after the Great Recession that started in late 2007, and they have not come close to adding that number back since. Both state and local survey respondents report likely staffing cuts as a result of the PHEP reprogramming. Almost two-thirds (64%) of local health agencies responding to the survey said they expect to lose at least one health preparedness staff person. There is significant fear that this could worsen significantly if the reprogramming continues in future years as the threat of Zika is not expected to abate in the short term.

### ***Zika Response at State and Local Level Will Be Compromised as a Result of the Reallocation***

State and local health agency leaders are unified in saying the reduction of PHEP funding will harm their ability to respond to and control Zika once it establishes itself in the U.S. Our capacity to identify localized outbreaks and our capability to control and eliminate virus transmission will be slower. Local agency responders cited the following concerns:

- A decrease in staffing, Medical Reserve Corps (MRC) unit, or volunteer sustainability.
- A reduction in opportunities to provide staff trainings as well as plan and conduct exercises.
- An inability to conduct surveillance or epidemiologic investigations.

At the state level, 61 percent of respondents say decreased PHEP funding in their state will significantly harm their ability to prepare for and respond to Zika. One respondent wrote: “The PHEP funding in [our state] is the resource we have for providing a response to Zika, and any other novel communicable disease. By reducing this funding you are reducing our ability to respond to a Zika event in [our state].”

All public health sectors—federal, state, and local—have worked hard to build and sustain an all-hazards preparedness infrastructure that can deliver on their mission to protect and enhance the health and well-being of their constituents. However, large-scale emergencies, such as the 2009 influenza pandemic, Ebola, and Zika, require sufficient and reliable core funding to maintain a solid and ready public health infrastructure and additional emergency funds to provide the enhanced protections and services those living in the United States deserve and expect. Robbing the fund that sustains the all-hazards infrastructure to pay for large, widespread emergencies, no matter how necessary, ensures that infrastructure will deteriorate. Dedicated emergency funding that will enable all public health sectors to prepare for and respond to Zika is essential.

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NACCHO is the national nonprofit association representing the approximately 2,800 local health departments (LHDs) in the United States, including city, county, metro, district, and tribal agencies.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. territories, and the District of Columbia, as well as the more than 100,000 public health professionals these agencies employ.

APHL works to strengthen laboratories serving the public's health in the US and globally.

CSTE is a non-profit organization that represents over 1,700 public health epidemiologists in all states and territories and provides technical advice and assistance to partner organizations, such as the Centers for Disease Control and Prevention (CDC).