



April 28, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
The Capitol, S-230
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
The Capitol, S-221
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Chuck Schumer,

We write to urge you to provide additional funding for public health data and infrastructure modernization in any subsequent COVID-19 response package. While we were pleased that the CARES Act and the subsequent package passed on April 21, 2020 included some funding for a Centers for Disease Control and Prevention (CDC) data modernization initiative, it is increasingly apparent that significantly more funding is needed for adequate COVID-19 data collection and surveillance. More than ever, it is critical to have a strong national public health surveillance system that detects and facilitates responses to emerging, and existing, health threats. The exchange of public health data from health care providers to public health officials is critical to a coordinated, timely, and effective response—and can save lives.

Rapid community spread of COVID-19 has put a strain on the American economy, American lives, and public health professionals, all the while exposing the very real need for sustained, dedicated investment in public health infrastructure, particularly in a data modernization initiative. Unfortunately, as we have seen, as public health professionals seek to reduce the spread of COVID-19 through social distancing measures and treatment, they have encountered significant barriers as a result of the lack of public health infrastructure.

For instance, public health departments are unable to share data on cases, persons under investigation (PUIs), laboratory tests, and person to person transmission with the CDC seamlessly—instead they are forced to rely on a combination of methods: antiquated pen and paper, faxes, excel spreadsheets, phone calls, and manual entry. Furthermore, health care providers are unable to share electronic health records directly with health departments, impeding initial identification, communication and rapid response. In addition, approximately 30 percent of all emergency department visits are not submitted to CDC's National Syndromic Surveillance Program, meaning that early detection of and response to COVID-19 through patients presenting at emergency departments may have been missed, and may be missed going forward as we will increasingly rely on this system to assess reopening efforts.

Funding dedicated to a data modernization initiative would allow CDC, state, local, tribal, and territorial health departments to move from sluggish, manual, paper-based data collection to seamless, automated, and secure IT systems. Similarly, the funding would allow CDC to invest in hiring a workforce that is trained to handle epidemiological data and IT systems. Our public health workforce has been hindered from attracting and retaining critical expertise that is desperately needed now to combat COVID-19, and will undoubtedly be essential moving forward. For instance, new data has revealed that in order to effectively respond to community spread of coronavirus, the United States needs to hire 200,000 to 300,000 contact tracers alone, and a minimum of 1,200 epidemiologists. This has left states like Utah, Vermont, and North Dakota reliant on graduate students, retired health workers, and other furloughed employees who are only receiving one to two hours of training. While, an integrated data system will undoubtedly support contact tracing efforts, the need to hire and train professionals to utilize the system will remain, and without individuals who are trained in public health and IT, our investment will be for naught. More, better, faster data yielded by secure, privacy-defending, interoperable, integrated systems will allow public health professionals and policymakers to make better decisions and get ahead of chronic, emerging, and urgent threats.

In real-time, this would ensure that health professionals can successfully understand and respond to the COVID-19 disease curves, where hot spots are located, the proportion of the population with immunity, and where and how to responsibly ease social distancing measures. These efforts will be just as essential as we move towards appropriate antibody testing, treatment, and vaccine distribution. In addition, such systems would better equip under-resourced departments to address and mitigate the significant cyber security threats commonly posed to public health infrastructure, which are likely to become more frequent in light of rapid transitions to telehealth and COVID-19-related discrimination.

Unfortunately, chronic underinvestment in public health, combined with a reactionary approach to public health crises, contributed to a scenario in which the United States missed an opportunity to detect and respond to COVID-19 rapidly, prior to community spread. However, if we take steps immediately to invest in a much needed, continuously functioning public health data collection system, we can hopefully take steps to mitigate the impacts of the current pandemic, any subsequent COVID-19 outbreak waves, or any future pandemic. In recent days, the Administration has discussed a National Virus Data System that would allow for seamless transmission of data during the COVID-19 pandemic. While needed, this step would be yet another short-lived, disconnected, fragmented, solution to a chronic, recurring issue within public health. If the United States fails to once again invest in a well-rounded enterprise data collection system, our nation will be set up for yet another deadly epidemic or pandemic.

Public health experts have cited the need for a \$1 billion investment over the next ten years in CDC data modernization. While we appreciate the inclusion of funding in COVID-19 responses thus far, we urge you to include the remaining funding in the next response package. Given the threat posed by COVID-19, and the potential threats posed by future viruses, it is critical that CDC receive this funding expeditiously. Public health threats rapidly evolve, and do not wait for public health professionals to catch up. If we fail to seriously invest in public health moving forward, another virus will surely emerge and lead to the next pandemic taking millions of more lives once again.

Thank you for your consideration of this request.

Sincerely,

/s/ RICHARD BLUMENTHAL

/s/ TIM Kaine

/s/ THOMAS R. CARPER

/s/ CHRIS VAN HOLLEN

/s/ JACKY ROSEN

/s/ GARY C. PETERS

/s/ MICHAEL F. BENNET

/s/ ELIZABETH WARREN

/s/ ANGUS S. KING JR.

CC:

The Honorable Richard S. Shelby, Chairman, United States Senate Appropriations Committee

The Honorable Patrick Leahy, Ranking Member, United States Senate Appropriations
Committee

The Honorable Roy Blunt, Chairman, Subcommittee on Labor, Health and Human Services, and
Education, United States Senate Appropriations Committee

The Honorable Patty Murray, Ranking Member, Subcommittee on Labor, Health and Human
Services, and Education, United States Senate Appropriations Committee