



June 7, 2023

The Honorable Dan Crenshaw
248 Cannon House Office Building
Washington, DC 20510

The Honorable Scott Peters
1201 Longworth House Office Building
Washington, DC 20510

Re: Biosecurity Infrastructure for Operational Early Warning Act Discussion Draft

Via email: EarlyWarningBill@mail.house.gov

Dear Representatives Crenshaw and Peters:

On behalf of the Big Cities Health Coalition ([BCHC](https://www.bigcitieshealth.org)), I write to thank you for your interest in strengthening public health situational awareness and disease detection. We agree these capabilities and systems should be national security priorities and appropriately resourced. We are concerned that while well intended the *Biosecurity Infrastructure for Operational Early Warning Act* discussion draft will serve to undermine the federal, state, and local public health disease reporting and surveillance infrastructure.

BCHC is comprised of health officials who lead 35 of the nation's largest metropolitan health departments; together they serve more than 61 million – or about one in five – Americans. Our members work every day to keep their communities healthy and safe. Big city health departments (including county health departments that serve big cities) are on the front lines of preventing and responding to public health emergencies, including natural disasters (such as fires, floods and earthquakes), terrorist attacks, and pandemics. Local health departments help to build resilient communities by preparing for, responding to, and supporting residents who are recovering from public health emergencies.

Our governmental public health system at the federal, state, and local level already has systems in place to address the nation's biosecurity infrastructure. As we saw during the pandemic, these systems need upgrading and modernizing, but building new systems at different agencies is not the best step forward. The US Centers for Disease Control and Prevention (CDC) collaborates with other Department of Health and Human Services (HHS) operating divisions and partners across the federal government using systems that can be strengthened and built upon to bring in better technologies and additional private sector knowledge and expertise.

BCHC has serious concerns about this draft legislation, particularly Section 5, “Coordination of HHS Early Warning and Disease Detection Programs,” which would restructure disease surveillance and forecasting programs across the Department of Health and Human Services. We strongly oppose transferring operational roles from the CDC to the ASPR. CDC and ASPR currently work closely together and view this as unnecessary and burdensome. We fear that moving entire programs and systems, built over several decades, would be counterproductive and hinder modernization of disease detection and emergency response capabilities. These concerns include:

Primary roles and expertise. While ASPR serves a coordination role for emergencies, that role does not equate to a capacity or expertise to “coordinate and oversee” major disease detection and surveillance programs. The changes proposed in Section 5 would be counter to the primary roles and expertise of both ASPR and CDC.

The function of early detection and using surveillance to respond to health threats is one of the primary roles of the CDC and its partners across the public health system, including state, local, tribal, and territorial (SLTT) health agencies. This disease detection function serves as the foundation for emergency preparedness and response, as well as outbreak detection, for these agencies. For example, the Laboratory Response Network is integral to the Public Health Emergency Preparedness and other programs within CDC and nationwide and is critical to jurisdictions ability to respond to biological, chemical, and radiological threats. There is no laboratory function within ASPR. It would therefore be counterproductive to separate detection from response programs within CDC.

Inefficiencies. The legislation as written would be extremely onerous, taking years and significant new funding to achieve the intended transitions. The programs named in this section are not just stand-alone disease detection systems, but programs that provide grants and technical assistance, build capacity, and partner with health departments, health care systems, and in the case of Global Disease Detection, foreign ministries of health.¹ These programs are not housed in a single office but a network across CDC and across the country. It is not a simple prospect to move oversight and coordination of any of these programs to a different agency.

Relationships with local agencies. In large scale responses, decision making authority does not always sit at the federal or state level, but the local one. ASPR does not have the relationships or systems in place to function as the biosecurity lead to engage with local jurisdictions.

Finally, rather than attempting to convert ASPR into a public health agency, as this legislation would aim to do, it would make more sense to give CDC and its STLT partners the tools to modernize how they detect emerging threats. CDC is taking significant steps to collect and share data faster and better leverage private sector data and partnerships. These tenets are core objectives of the CDC Moving Forward effort. Congress also recently provided CDC with “Other Transactional Authority” to better enable use of nontraditional and private sector data. We encourage Congress to let these important actions play out before making wholesale changes.

In closing, it is important to remember that subject matter expertise on surveillance lives at the CDC. We should be strengthening the systems we have in place, rebuilding and modernizing where needed, not building another new system. Please do not hesitate to contact me at juliano@bigcitieshealth.org if we can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Chrissie Juliano". The signature is written in a cursive, flowing style.

Chrissie Juliano, MPP
Executive Director

ⁱ <https://www.cdc.gov/globalhealth/healthprotection/gddopscenter/capacity-building.html>