

RESPONSE TO SENATOR CASSIDY'S RFI ON CDC REFORM

Submitted by the Johns Hopkins Center for Health Security

Executive Summary

The Johns Hopkins Center for Health Security developed this document in response to Senator Bill Cassidy's [Request for Information \(RFI\)](#) on how Congress can help reform and strengthen the Centers for Disease Control and Prevention (CDC). The Johns Hopkins Center for Health Security believes that a sufficiently funded, adequately authorized, agile CDC, with a clearly defined and broadly supported mission at home and abroad, is essential for the country to prepare for and respond to infectious disease emergencies and maintain critical public health functions. Strengthening the capacity to do this work in the US and internationally will bolster public trust.

Our recommendations draw heavily from "[Building the CDC the Country Needs](#)," a report written under the auspices of the Center for Strategic and International Studies (CSIS) Commission Working Group on the CDC and co-authored by the Director of our Center with 38 signatories, including experts on state and local public health.

It is very important to note that 10 months have passed since this report was published, and there have been many important and constructive developments at CDC since that time. Our priorities for Congress now include the following:

1. Expand CDC's contracting and data-collecting authorities, so that all necessary capabilities for crisis response are in place prior to a public health emergency.
2. Increase CDC's budget and budget flexibility, so that the agency has the resources and agility needed to both run its regular programs and to surge capacity in a crisis.
3. Support ongoing reforms of CDC training and staffing domestically and abroad to increase the organization's capacity to operate, particularly in efforts to prepare for and respond to infectious disease emergencies.
4. Continue to monitor the progress of CDC reform to ensure that necessary capacities are being strengthened or put in place to prepare CDC and the country for future epidemic challenges.
5. Re-establish the longstanding bipartisan approaches that Congress has taken to monitor and support the agency in its critical work.

RFI Response

The below comments reflect the Johns Hopkins Center for Health Security's response to Senator Bill Cassidy's RFI on how Congress can help reform and strengthen CDC. Numbered questions correspond to RFI question numbers. RFI headings and questions without comments are not included.

Fostering Innovation and Collaboration

1. *A hallmark of successful institutions is creating and sustaining a culture of innovation. Have any specific federal agencies or government-affiliated organizations achieved this? If yes, what actions have they taken to cultivate this environment?*

To facilitate more innovation at CDC, Congress should grant CDC Other Transaction Authority (OTA) to enable it to use procurement instruments flexibly and rapidly. This capability has been granted to other agencies (eg, Administration for Strategic Preparedness and Response (ASPR), Biomedical Advanced Research and Development Authority (BARDA), National Institutes of Health (NIH), US Agency for International Development (USAID)) that have used it to improve innovation. As stated in our [report](#), OTA allows agencies to use procurement instruments other than contracts, grants, or cooperative agreements quickly and adaptively, enhancing crisis response. This allows more innovation and speed, particularly through enabling increased collaboration with the private sector and enhanced agility for technological development.

5. *What steps can CDC take to identify more, and engage in, external partnerships? This includes partnerships with the interagency, academia, and the private sector.*

CDC should enhance private sector partnerships by increasing transparency surrounding contracting needs, timelines, and gaps that could be addressed by private sector entities.

As stated in our [report](#), more transparent communication around contracting needs would demonstrate that CDC is committed to expanded, mutually beneficial public-private partnerships and would motivate increased collaboration from the private sector.

Making Data Work for Everyone

1. *How can Congress improve the flow of public health data to CDC and back to states within the current system?*
3. *How could more of CDC's datasets, methodology, and assumptions be shared quickly with outside researchers so that CDC's analyses and conclusions can be validated or clarified?*
4. *CDC's Center for Forecasting and Outbreak Analytics intends to provide information to support timely decision-making and action. How can this approach be applied across CDC, and how can CDC's data better inform the actions of other federal, state, and local decision-makers?*
5. *How can the data and analyses that CDC generates be more accessible to and useful for the American people?*
7. *What types of data collection support CDC's core mission, and what types of data collection or data elements are less necessary?*

Congress should provide CDC with enhanced data authorities and grant it a research exemption to the Paperwork Reduction Act. Mandatory data sharing between state and local governments and CDC is critical in responding to emerging biological crises. As outlined in our [report](#), state data provide CDC early warning about potential biological threats, allow

CDC to understand and convey to the public information about disease incidence and prevalence, and inform CDC's public health recommendations.

However, data sharing is currently inefficient. CDC has no pre-existing data-sharing agreements with state and local governments, meaning that for each new potentially concerning outbreak, CDC must develop individual data use agreements with each state and various private entities. In previous outbreaks, this took significant time and effort, delaying critical guidance and response. Additionally, when agreements are not in place, stakeholders have no obligation to share data, which can similarly cause delays that significantly impede CDC's response to biological threats. Congress should provide CDC with the data authorities needed to gather and analyze anonymized data so it can fulfill its public health mission and implement the responsibilities that Congress expects it to fulfill. In the absence of these authorities, Congress should require pre-existing, mandatory data-sharing agreements. These data-sharing agreements could also act as jumping-off points for reciprocal data sharing from CDC, giving outside researchers more access to CDC datasets to allow their findings and methodologies to be validated.

The Paperwork Reduction Act (PRA) also delays critical guidance. PRA requires CDC to seek public comment and Office of Management and Budget (OMB) approval on proposed information collections involving more than 10 respondents, prior to launching the data collection effort. This process also uses significant time and resources, making it impossible for CDC to move rapidly in crises. Existing pathways for CDC to pursue a PRA waiver require the agency to wait until a public health emergency before any exception is granted. This results in huge delays; for example, it took 3 months for CDC to receive an exemption during COVID-19. To address this issue, Congress should grant CDC a research activity exemption from PRA approval. Such an exemption has already been granted to NIH, under the bipartisan CARES Act. More rapid information collection will allow for more timely decision making, action, and clear public communication, all critical in an emergency.

Improving Upon What Works Well

1. *A key to CDC's success to date has been its relationships with state and local health departments around the country. How can these relationships be better supported?*

To support strong relationships between CDC and state and local health departments, Congress should grant CDC an expanded human resources budget, increased hiring authorities, and more flexible deployment capacities. As outlined in our [report](#), CDC's historic success collaborating with state and local health departments is greatly assisted by its strong relationship with influential organizations, including the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), Big Cities Health Coalition (BCHC), Council of State and Territorial Epidemiologists (CSTE), Association of Public Health Laboratories (APHL), American Public Health Association (APHA), and CDC Foundation. These relationships serve as the foundation for increased engagement with state and local partners. Congress should ensure that CDC has the resources to communicate and collaborate closely with these critical organizations.

More broadly, Congress should grant CDC additional hiring and deployment resources and authority. Currently, limited hiring power prevents CDC from rapidly deploying staff to the field. This is particularly true because the highly federalized nature of state and local public health jurisdictions means that the placement of people within these organizations is a complex, expensive process. An expanded budget and authority would allow CDC to more quickly and frequently deploy its staff to the field to assist state and local efforts for rapid investigation. More resources and authority would also allow CDC to expand its programs that embed professional hires into state and local agencies for prolonged periods of time, such as its Public Health Associate Program. These staff can fill urgently needed state and local health roles during emergencies. This would improve CDC's understanding of day-to-day workflow, challenges, and opportunities for improvement at the state and local levels, as well as contribute to stronger relationships between CDC and state and local health departments. These staff also could fill urgently needed state and local health roles.

3. What opportunities exist to support CDC's global health portfolio and ensure that the learnings from CDC country staff around the world are shared with others in the federal government to inform future work and drive progress?

Congress should support CDC's global mission by providing the agency with the training, decision-making powers, and Washington-based staff needed for its global mission to thrive.

CDC's global mission is not highlighted frequently in Washington, DC. Focusing on this aspect of its mission is critical to strengthening CDC's capacities to prepare for and respond to epidemics and pandemics.

CDC's overseas presence historically has relied on disease-specific funding, such as the PEPFAR program. These siloed funding streams limit information sharing and prevent integrated global health security strategies. It also means that areas of CDC expertise related to global health security are chronically underfunded, as these issue areas cannot access disease-specific pools of money. Funding that is not disease-specific but focuses on strengthening CDC's broad ability to operate, including to help detect and contain outbreaks and epidemics overseas, would be most valuable.

Additionally, Congress should support CDC in developing a larger senior-level Washington-based staff. The CDC team in Washington has crucial responsibilities, including engagement and communication with its many partners and colleagues in the Executive Branch as well as across Congress, from its committees of jurisdiction to key leadership offices, but there are too few people to conduct this important work now.

5. What opportunities exist to improve or better support CDC's global and domestic public health training programs, such as the Field Epidemiology Training Program and the Epidemic Intelligence Service?

Congress can expand CDC's human resources budget, allowing the agency to expand training activities and support for international staff. Congress should support CDC in creating pathways for CDC staff to receive formal training in the policy, language, cultural,

and management skills needed to succeed in international work placements, similar to those trainings provided to US Foreign Service staff. It should also give CDC the budget to support its international staff's physical transition, such as local orientation upon arrival in-country. As outlined in our [report](#), these resources do not currently exist, which contributes to CDC's significant difficulties in recruiting and maintaining overseas staff. An additional dedicated budget also would help support unplanned overseas CDC requirements and flexibilities for emergency outbreak situations. This includes moving staff from other departments to crisis-related topics, implementing unplanned emergency supplemental budgets, and providing hazard pay.

6. *What other aspects of CDC's work do you think are functioning well? How can Congress better support and preserve these activities? How can CDC's epidemiological, laboratory, and other core public health and scientific work be encouraged further?*

Congress can support CDC's dedicated staff, technical innovations, and success on local, state, and global projects by acknowledging victories and providing sufficient funding for continued achievements. As outlined in our [report](#), CDC had 3 key domestic pandemic-era successes. First, it provided vital technical assistance and funding to state and local stakeholders regarding the detection and response to COVID-19, enabling them to respond to the crisis more effectively. Second, CDC developed some highly effective innovations, including in data analytics. For example, in 2021, CDC launched its Center for Forecasting and Outbreak Analytics, a data-modeling initiative that successfully predicted future impacts of the SARS-CoV-2 Omicron subvariant, among other successes. It also had successes in implementing effective genomic sequencing and wastewater surveillance for SARS-CoV-2. Finally, while CDC clearly experienced communications challenges during the COVID-19 pandemic, the agency also created some effective public messaging and reporting functions. This includes the introduction of technical papers in 2022, which acted as fast, high-value sources of public information on both COVID-19 and mpox.

CDC's global program has been effective, both during and long before the pandemic. Highlights of success include 2 decades of its global HIV program, programs to train epidemiologists and public health leaders around the world, and work to assist countries in establishing emergency operations centers. These victories advance US foreign policy interests, in line with the new National Security Strategy, which highlights biodefense as a key priority in maintaining the US's global standing among both its allies and rivals.

Finally, dedicated and committed CDC career staff are an asset—thousands of employees worked intensively on the pandemic and other public health threats, at considerable personal cost. Using strategies to recruit and retain these employees, as highlighted below, will be critical to the agency's success.

7. *Which aspects of CDC's Moving Forward Initiative do you think are progressing well, and which could be improved? What role, if any, do you think Congress can play in helping to improve this work?*

CDC has been taking action and making progress on its Moving Forward initiative over this past year. Moving Forward is an important internal reform initiative, and CDC has made substantial progress on it, including:

- Through the **Scientific Clearance Transformation Initiative**, CDC is working to reduce, streamline, and expedite the scientific clearance process, which will allow the agency to share scientific findings and data faster. To date, changes have cut review times in half, resulting in a 120% CDC-wide improvement in the clearance rate.
- In 2023, CDC launched **Clean Slate** to overhaul the CDC.gov website and streamline content by more than 60%. The changes to CDC.gov will enable people to find information more easily to protect their health. CDC.gov's full relaunch is expected to occur in early 2024.
- CDC is enhancing its strategy for mobilizing responders to public health emergencies by implementing an expanded **CDCReady Responder program**, comprising all internal CDC staff and supported by updated policies, systems, training, and performance management practices.
- In April 2023, CDC's Office of Readiness and Response launched its new **CDCReady** system: a consolidated platform for emergency preparedness and response information-sharing, response operations, and data integration. The system is expected to save thousands of person-hours by eliminating manual processes that are now, or soon will be, automated.
- CDC developed a new suite of **communication rollout** materials and a new standardized agencywide process to increase internal coordination, partner engagement, and streamline all future rollouts. The new process will ensure that intended messages are communicated effectively, especially for high-profile, high-risk external announcements. It will also support agency preparedness and ensure alignment and awareness with HHS, the White House, and other Operating Divisions, as needed.

9. *How does CDC's current structure either support or impede its ability to carry out its core functions?*

CDC's budget structure and size limits its ability to carry out its core day-to-day and emergency functions. As outlined in our [report](#), CDC's current budget seriously impedes its ability to respond agilely in an emergency. It is both insufficient and inflexibly structured, making it extremely challenging for CDC to rapidly adapt to changing scenarios or to build capacity in critical areas, such as global health security, laboratories, training, and support to state and local governments. CDC's funding is also split across 2 congressional committees, further limiting its agility to deploy resources rapidly and effectively when needed. If Congress increased CDC's budget and its budget flexibility between line items and categories, it would allow CDC to carry out both its crisis and regular functions more successfully.

One option to increase budgetary flexibility is for Congress to expand the Infectious Disease Rapid Response Fund, CDC's emergency funding pot, which is currently insufficient for the agency's needs. Other agencies in the federal government have a process for using money in an emergency. CDC could consolidate its current 13 treasury accounts and more than 160 individual budgets to make it easier to move staff across budget lines to fill urgent

requirements in emergency situations. Congress could give CDC the same kind of transfer authority—the flexibility to move a small percentage of money across accounts to respond to crises—that other agencies currently have.

10. *How might CDC’s mission, strategic goals, and objectives be refined to better reflect and enable these core functions?*

Congress can publicly and privately clarify the mission of both CDC and other emergency response agencies, so responsibilities are clearly delineated in crisis. CDC’s mission is currently insufficiently clear to Congress and the public in that a number of responsibilities are not well delineated from those of other agencies (eg, ASPR, Federal Emergency Management Agency (FEMA), USAID, US Department of State, and US Department of Defense (DOD)). Criticisms and controversies surrounding CDC have further confused and distorted the perception of CDC’s role.

[Our report](#) suggests that CDC’s core mission should focus on several points, including that the agency:

- a. Is the country’s lead public health agency, responsible for protecting the nation’s health.
- b. Is the lead technical agency, responsible for assessing and recommending a scientific approach to public health threats.
- c. Is built on the bedrocks of scientific excellence and the successful prevention, detection, and response to dangerous outbreaks wherever they occur.
- d. Has a strong domestic responsibility to serve state and local public health partners, informing, guiding, and building their capacity.
- e. Builds international capacity in health security and addresses specific disease threats in partner countries, especially but not limited to low- and middle-income countries.

CDC is not responsible for nor meant to address all operational challenges in a crisis, and the agency’s mission should clarify these aspects. For example, CDC does not have responsibility for developing new medicines and vaccines, stockpiling critical supplies, or distributing medical countermeasures—these duties belong to ASPR and FEMA. Missions of other agencies should also be clarified, so their roles and responsibilities in a crisis are clear, and so it is obvious that CDC is not responsible for performing these critical functions.

Mechanisms to Modernize

2. *How can Congress or the Executive Branch improve recruitment and retention of quality staff? For example, how can high-achieving staff have better opportunities to advance their careers within CDC?*

Congress can incentivize reform of CDC’s hiring process and change messaging surrounding CDC to minimize personal costs to retained staff numbers. Many of CDC’s senior staff are retiring, and recruitment of the next generation lags. This is partially because of its outdated hiring processes, which take significant amounts of time, preclude rapid onboarding of new talent, and prevent entrepreneurial changes in the organization.

As outlined in [our report](#), recruitment and retention have also been damaged by the demands of the pandemic. Many CDC staff were burned out and exhausted by the pandemic response; many are demoralized by the demands of the crisis and by being unfairly blamed for pandemic problems beyond CDC's control or responsibility.

CDC has also struggled to recruit leaders in critical areas because it does not yet occupy a leadership position in fast-evolving areas of interest, including data science and genomics. Recruiting and retaining leaders in these fields is extremely challenging under the agency's current budget structure. The mix of skills required to secure CDC's future leadership in science has yet to be clearly defined and will partially depend on increased clarity surrounding CDC's domestic and international mission, as discussed earlier in this RFI. Executing on the eventual vision will need not only field-leading disease and pathogen science experts, but also emergency managers, senior data science experts, behavioral scientists, economists, field operators, communicators, community engagement specialists, and policy experts, many of whom will need to be drawn from the private sector.

Internationally, CDC's global capabilities are enabled by the in-person expertise of its staff and the peer-to-peer relationships they form through their collaborative operational day-to-day work with partners. However, sustaining those relationships requires a dedicated professional pathway to recruit, retain, and support international staff. This does not currently exist. Long-term planning and funding for overseas staff, as opposed to the 5-year contracts and annual PEPFAR transfer that supports many positions, would reduce the frequency of vacancies, promote career progression, and allow the development of staff with both diplomatic and technical expertise.