

At Issue:

Should CDC funding be raised to fight emerging diseases?



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Combating emerging infectious disease demands increased funding from the Centers for Disease Control and Prevention (CDC). Responding to infectious disease threats demands a sustained and forward-looking investment in public health. Threats that emerged over the past few years, such as H1N1 pandemic influenza, Middle East Respiratory Syndrome and Enterovirus D68, remind us that widespread outbreaks are not a relic of the past. And the ongoing Ebola outbreak illustrates that deadly pathogens respect no borders.

As an infectious disease physician, I witness the incredible toll that infectious agents take on patients and their families. We cannot afford to be unprepared for emerging and re-emerging infectious threats. We also must address the threats that have been with us for decades, such as antibiotic-resistant bacteria — the “ticking time bombs” of U.S. public health. At the same time, HIV/AIDS, tuberculosis and hepatitis C continue to strain our health care system, leaving many people undiagnosed or lacking access to treatment. Without greater efforts to prevent and treat these diseases, the magnitude of the problem may outstrip our ability to respond.

Rather than resorting to emergency funding every time a new infectious disease threat emerges, we must invest in a more stable manner that allows long-term planning to provide a better system to detect and respond to these threats.

The CDC leads national infectious disease surveillance and administers and coordinates preparedness and response efforts, with state and local public health departments, hospitals and communities. When a crisis like Ebola or pandemic influenza erupts, we count on the CDC to respond. Despite this, the agency’s funding was reduced nearly \$600 million under across-the-board fiscal 2013 cuts and has remained flat relative to fiscal 2010 — diminishing funds available for state and local health systems as well.

New initiatives are needed to build the public-health infrastructure. For example, the CDC’s Detect and Protect Against Antibiotic Resistance initiative would build surveillance infrastructure to reduce the burden of drug-resistant bacteria and preserve the effectiveness of antibiotics integral to the continued success of modern medicine. It’s a great example of how we could make a public-health investment now that would save lives and taxpayer dollars in the near future, but Congress deleted it from the CDC’s fiscal 2015 spending.

A stably financed and sustainable public-health infrastructure is our strongest asset in securing Americans against microbial threats.



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nearly everyone, regardless of political ideology, agrees that protecting the public health is a legitimate function of government. A large part of that responsibility is protecting Americans from infectious disease, a task made all the more difficult by the emergence of new threats like Ebola or Enterovirus D68, a respiratory virus that sickened children around the country in 2014.

Yet, that doesn’t mean we should fall into the knee-jerk Washington trap of believing that every new challenge requires more taxpayer money.

While it is true that spending for the federal Centers for Disease Control and Prevention (CDC) has dipped ever so slightly since 2011, those cuts followed years of massive increases. Overall, since 2000, CDC outlays have almost doubled, from \$3.5 billion to \$6.8 billion (in 2014 constant dollars). It’s not that the CDC hasn’t had money, it’s that the money has been spent on things that have little or nothing to do with protecting Americans from infectious disease.

Over the last decade, in fact, the CDC has spent much of its time — and money — studying such peripheral issues as seat-belt use, infant car seat safety and obesity. Rather than standing on the front lines against infectious disease, the CDC has transformed itself into a major player in the nanny state.

These may or may not be worthy topics, but this focus makes it somewhat harder for Democrats to turn around and blame budget cutting for a lack of attention to the things that the CDC is actually supposed to do — such as protect us from contagious diseases.

To understand just how misplaced the agency’s priorities have been, one need look no further than the CDC’s Prevention and Public Health Fund, which was included in Obamacare. The fund has received some \$3 billion over the past five years from a dedicated stream of mandatory funding, yet only a little more than 6 percent of that went toward epidemiology, lab capacity or programs to fight infectious diseases. The rest has become a giant slush fund that has been used for everything from installing streetlights and improving sidewalks to promoting breastfeeding.

No doubt the CDC would like to have more funding. Find me a government agency that wouldn’t. But we should never forget that that money comes from hardworking taxpayers. Before the CDC demands more of that money, perhaps it should rethink its current priorities. To govern, after all, means to choose.