The COVID-19 pandemic has exposed fundamental flaws in the provision of health care across our nation and exacerbated the tremendous differences in health outcomes tied to race, income and other demographic factors.

As we take a hard look at the lessons learned, we should pay particular attention to the overall capacity of our nation’s public health system—the federal, state, local, tribal and territorial health agencies that work to protect and promote the health of all people in all communities.

Public health infrastructure enables every level of government to prevent disease, promote health, and prepare for and respond to both emergency situations and ongoing challenges. Public health agencies work every day to keep us healthy and safe by promoting clean air and water, and ensuring that food is safe to eat. These agencies also strive to prevent injuries and promote vaccination and other methods of controlling infectious diseases. This work is often unseen until there is a public health emergency.

Health departments also play a vital role in educating the public about unexpected infectious disease threats as well as evidence-based interventions for mitigation. Adequate funding is necessary to provide these services—but state public health spending has fallen 16% over the past decade. We must provide the funding required to upgrade essential functions such as public health surveillance to identify underlying causes and etiologies, which will improve our response to existing and emerging perils.

The task before us

Right now, bringing the pandemic under control is the priority. We are encouraged by the new administration’s commitment to policies and actions grounded in science, by its efforts to expand
coverage under the Affordable Care Act, and by the steps it has taken to build public trust in the COVID-19 vaccines as well as in our government’s scientific institutions.

While overcoming COVID-19 will be a significant victory, the larger campaign to rebuild our public health infrastructure will remain before us. Persistent disinvestment in governmental public health agencies has limited our ability to effectively respond to SARS-CoV-2 and other crises. This neglect had serious consequences as the pandemic took hold late last winter, when our lack of widespread testing permitted faster spread of the virus. And serious consequences persist today, when our ability to perform large-scale genetic sequencing allows new variants to spread without detection.

Nearly 40,000 jobs at state and local public health agencies have been eliminated since the 2008 recession, according to an Associated Press-Kaiser Health News analysis published last summer. And funding steadily reduced over that period is now at further risk of reduction from the pandemic-related economic downturn, which has thrown governmental budgets deep into the red. At the same time, federal funding for emergency preparedness and response programs administered by the Centers for Disease Control and Prevention has been slashed by 50% over the past decade, according to Trust for America’s Health (TFAH), the nonpartisan health policy research organization. That same TFAH study highlighted other concerning trends as well, such as a general decline in funding for the Strategic National Stockpile as well as the Hospital Preparedness Program. That program is the sole source of federal funding for emergency response by regional health care systems, and had its budget slashed from $515 million in 2004 to $275.5 million in 2020. Our AMA helped shape last year’s revision of the 10 Essential Public Health Services, which were created a quarter-century ago to define the activities public health organizations should undertake in every community. The revised framework better reflects current and future practice, promotes increased community involvement, and seeks to remove structural barriers that have resulted in health inequities, with the goal of achieving optimal health for all.

We can’t wait for the next pandemic

Physicians and medical societies can play a vital role in advocating for a strong public health infrastructure. It shouldn’t take a global pandemic to make us realize the strategic importance of public health agencies and the critical role they play in protecting us. Chronic underfunding and understaffing handcuffed these agencies when we needed them most.

We should avoid viewing the COVID-19 pandemic solely as a set of numbers. Each day, we monitor the new cases in our county and state, and bear witness to the number of lives that have been lost. We read and hear about national and global case totals, seven-day positivity figures, infection rates per 100,000 residents, the number of available hospital beds, and a host of other data points. And the fact is that we need all of these numbers, and more, as we continue to formulate an effective response; timely and accurate data collection and dissemination is a foundational element of
evidence-based science. The pandemic has demonstrated repeatedly the need for increased federal, state, and local funding to modernize our nation’s public health data systems and improve the quality and timeliness of that data to better inform our response. The budget numbers and staffing headcounts of our nation’s public health agencies deserve our attention as well. Our AMA will always advocate for the financial resources necessary for a robust public health system. The investments we make today will help us prevent or respond to health crises tomorrow.