Description of document:	Centers for Disease Control (CDC) Transition Briefing Document for the Incoming Biden Administration, 2020
Requested date:	01-January-2021
Release date:	11-March-2021
Posted date:	28-August-2023
Source of document:	FOIA request CDC/ATSDR Attn: FOIA Office, MS-D54 1600 Clifton Road, N.E. Atlanta, GA 30333 Fax: 404-235-1852 Email: FOIARequests@cdc.gov FOIA Public Access Link (PAL)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

March 11, 2021

Via email

This letter is regarding to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of January 1, 2021, assigned #21-00444-FOIA, for:

> "A digital/electronic copy of the transition briefing document(s) (late 2020) prepared by CDC for the incoming Biden Administration."

We located 197 pages of responsive records (185 pages released in full; 12 pages released in part). After a careful review of these pages, some information was withheld from release pursuant to 5 U.S.C. §552 Exemption 5.

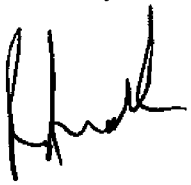
EXEMPTION 5

Exemption 5 protects inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency. Exemption 5 therefore incorporates the privileges that protect materials from discovery in litigation, including the deliberative process, attorney work-product, and attorney-client privileges. Information withheld under this exemption was protected under the deliberative process privilege. The deliberative process privilege protects the decision-making process of government agencies. The deliberative process privilege protects materials that are both predecisional and deliberative. The materials that have been withheld under the deliberative process privilege of Exemption 5 are both predecisional and deliberative, and do not contain or represent formal or informal agency policies or decisions. Examples of information withheld include deliberative strategies.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201.You may also transmit your appeal via email to FOIARequest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal." Your appeal must be postmarked or electronically transmitted by June 9, 2021.

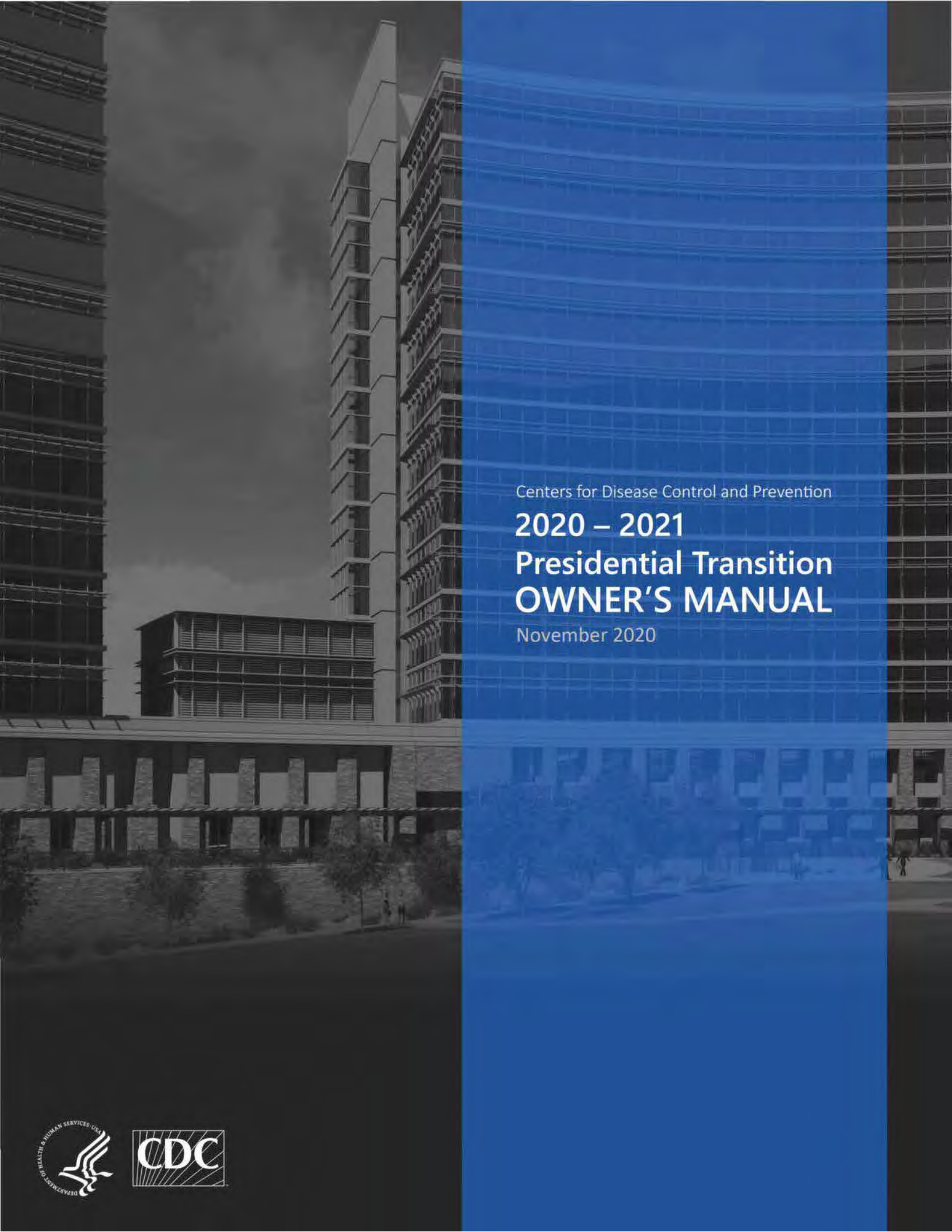
Sincerely,



Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399
Fax: (404) 235-1852

Enclosures

21-00444-FOIA



Centers for Disease Control and Prevention

2020 – 2021 Presidential Transition OWNER'S MANUAL

November 2020

Contents

Welcome Message

The Centers for Disease Control and Prevention (CDC) is pleased to present the 2020-2021 Presidential Transition Owner's Manual. CDC is the Nation's health protection agency. CDC works 24/7 to conduct critical science and provides health information that protects our Nation against dangerous health threats and responds when these arise. CDC promotes quality of life and prevents the leading causes of disease, injury, disability, and death. CDC is committed to maximizing the impact of every dollar entrusted to the agency and continuing critical work to increase public health capacity at local, state, national, and global levels.

CDC's strategic framework and priorities focus on eliminating disease, ending epidemics, and ensuring global health and securing domestic preparedness. Within those high-level priority areas, CDC has placed a strong emphasis on a variety of public health issues that are critically important.

CDC's pledge to the American people is to:

1. Be a diligent steward of the funds entrusted to the agency
2. Provide an environment for intellectual and personal growth and integrity
3. Base all public health decisions on the highest quality scientific data that is derived openly and objectively
4. Place the benefits to society above the benefits to this institution
5. Treat all persons with dignity, honesty, and respect

Organizational Overview

CDC is the Nation's first line of defense to protect Americans from health threats.

Mission

CDC works 24/7 to protect America from health, safety, and security threats, originating within and outside the United States. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, or the result of human error or deliberate attack, CDC fights disease—and supports communities and citizens to do the same. As the Nation's health protection agency, CDC increases the health security of the Nation, saves lives, and protects people from health threats. To accomplish this mission, CDC conducts critical science, provides health information, tools, and resources that protect our Nation against expensive and dangerous health threats, and responds when these arise.

History and the Agency Today

On July 1, 1946, the Communicable Disease Center opened its doors and occupied one floor of a small building in Atlanta. Its primary mission was simple, yet highly challenging: to prevent malaria from spreading across the Nation. Armed with a budget of $10 million and fewer than 400 employees, the agency's early challenges included obtaining enough trucks, sprayers, and shovels necessary to wage war on mosquitoes. Today, CDC is one of the major operating divisions of the Department of Health and Human Services (HHS), and is recognized as the Nation's premier public health, health promotion, prevention, and preparedness agency.

CDC is:

- **On the cutting edge of health security:** Confronting global disease threats through advanced computing and lab analysis of huge amounts of data to quickly find solutions.
- **Putting science into action:** Tracking disease, finding out what is making people sick, and the most effective ways to prevent it.
- **Improving medical care:** Bringing new knowledge to individual health care and community health to save more lives and reduce waste.
- **Fighting diseases globally before they reach our borders:** Detecting and confronting new germs and diseases around the globe to increase our national security.
- **Nurturing public health:** Building on CDC's significant contribution to have strong, well-resourced public health leaders and capabilities at national, state, and local levels to protect Americans from health threats.

CDC's role is:

- Detecting and responding to new and emerging health threats;
- Tackling the biggest health problems causing death and disability for Americans;
- Putting science and advanced technology into action to prevent disease;
- Promoting healthy and safe behaviors, communities, and environments; and
- Developing leaders and training the public health workforce.

The Organization

- CDC's organizational chart – Attachment A
- Fact sheets for CDC's centers, institute, and offices (CIOs) – Attachment B
- CDC's senior leadership team – Attachment C

Strategic Priorities

CDC is a unique agency with a unique mission—to protect the safety, health, and security of Americans from threats here and around the world. CDC is the Nation's leading science-based, data-driven, service organization

that protects the public's health. For more than 70 years, CDC has put science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public's health. CDC works with states, communities, and other partners throughout the U.S. and internationally to secure global health and ensure domestic preparedness, eliminate disease, and end epidemics by using science and innovation to provide a foundation to prevent, detect, and respond to disease outbreaks. CDC focuses on five core capabilities to accelerate and enable our public health mission: optimize and employ world-class data and analytics, maintain state-of-the-art laboratory capacity, build and sustain top-tier public health expertise, quickly respond to outbreaks at their source, and build on the foundation for strong global health capacity and domestic preparedness. Through its strategic framework and priorities, CDC has placed a strong emphasis on a variety of public health issues that are critically important.

Statutory Requirements and Enabling Legislation

CDC's current appropriation is H.R.1865 - Further Consolidated Appropriations Act, 2020. CDC's statutory requirements and enabling legislation can be found in Attachment D.

Key Mission Delivery Performance Measures/Scorecards

CDC has developed a strategic framework and priorities that focus on securing global health and ensuring domestic preparedness, eliminating disease, and ending epidemics by using science and innovation to provide a foundation to prevent, detect, and respond to disease outbreaks. CDC focuses on five core capabilities to accelerate and enable our public health mission: optimize and employ world-class data and analytics, maintain state-of-the-art laboratory capacity, build and sustain top-tier public health expertise, quickly respond to outbreaks at their source, and build on the foundation for strong global health capacity and domestic preparedness. To support the strategic framework and priorities, key CDC programs have created roadmaps to achieving specific targets that will drive progress, such as eliminating preventable maternal mortality, reducing opioid overdoses, eliminating HIV and hepatitis C, and preventing antibiotic resistance. In addition to the CDC strategic framework and priorities, CDC uses large frameworks such as Healthy People 2030 to measure performance against nationally identified objectives that are also used across public health, and it supports the HHS Strategic Plan.

CDC works 24/7 to detect and respond to new and emerging health threats; tackle the biggest health problems causing death and disability for Americans; put science and advanced technology into action to prevent disease; promote healthy and safe behaviors, communities, and environment; develop leaders and train the public health workforce, including disease detectives; and to take the health pulse of our Nation. A number of strategic priority areas from fiscal year (FY) 2020 are outlined below.

Securing Global Health and America's Preparedness: CDC works to respond to health threats wherever they occur. In 2020, CDC excelled in many efforts to secure global health and increase preparedness in the U.S., including:

- Invested in global influenza surveillance and pandemic preparedness which countries leveraged in order to develop detection and monitoring capacity for SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19).
- Responded to three outbreaks in the Democratic Republic of the Congo (DRC) between 2018-2020, employing lessons learned from prior outbreaks such as the 2014-2016 Ebola epidemic. As part of these outbreak response efforts, CDC worked with partners to ensure the vaccination of over 320,000 people in DRC and adjacent at-risk areas, using the recently approved Ervebo vaccine, helping to stop the spread of Ebola in the region.
- Prompted by the detection of reduced ordering for routine pediatric vaccines after the COVID-19 national emergency was declared, CDC developed and demonstrated success with a new vaccine ordering analysis tool that monitors routine immunization ordering, launched county level vaccine ordering maps and analyses, and addressed the decreased pediatric immunization during the pandemic.

- Adapted the National Healthcare Safety Network (NHSN) to provide urgently needed information on COVID-19 from hospitals and nursing homes. From March through July, approximately 60 percent of all hospitals in the country voluntarily reported key indicators of hospital capacity. In April, CDC adapted NHSN so nursing homes could report cases and deaths among residents and staff, along with shortages of health care personnel and personal protective equipment. CDC worked closely with the Centers for Medicare & Medicaid Services (CMS) to make this reporting mandatory for more than 15,000 nursing homes certified by CMS and to publish these data, providing the first national view into the burden of COVID-19 in nursing homes.
- Supported state, tribal, local, and territorial (STLT) recipients' critical COVID-19 response activities using multiple mechanisms to award more than $12 billion directly to jurisdictions, with the largest awards going out less than 30 days after CDC received funds. Awards were vital to STLT response efforts and included support for laboratory equipment, reagents, and other specialized materials needed for lab processing and testing of COVID-19 samples, contact tracing, personal protective equipment purchases and fit testing, and quarantine and housing needs for persons under investigation for COVID-19.
- Expanded the ability to investigate and monitor the spread of the COVID-19 outbreak through CDC's National Syndromic Surveillance Program (NSSP) BioSense Platform. NSSP helped state health officials understand and monitor the spread of the COVID-19 outbreak throughout the general population. In 2020, 59 sites, representing 5,041 facilities – including 3,310 emergency departments – contributed data to the platform. In addition to COVID-19, this platform's syndromic data were essential to 2020 efforts to understand opioid overdoses and the national outbreak of a new syndrome, e-cigarette or vaping-associated lung injury (EVALI).

Eliminating Disease: CDC moves science into action and has demonstrated outstanding leadership in reducing suffering and health care costs through disease control and elimination. Examples of CDC accomplishments in 2020 include:

- Led investigation into the nationwide EVALI outbreak. CDC worked to identify the cause of EVALI and rapidly decreased the life-threatening hospitalizations among young people. CDC's laboratory developed multiple new assays applied to lung fluid from case biopsies and demonstrated the cause was vitamin E contaminated THC-contaminated vaping cartridges. As of February 2020, there were 2,807 cases or deaths reported in the U.S.
- Led an investigation into nearly 34,200 hepatitis A cases that were part of widespread outbreaks affecting 33 states, as of September 25, 2020. Sixty-one percent of cases have resulted in hospitalization and 333 people have died. CDC has helped every affected state in their outbreak response efforts. States have administered more than 4.3 million hepatitis A vaccine doses to adults since the outbreaks began; nearly 1.3 million of those doses have been distributed by CDC, which represents more than a fourfold increase from pre-outbreak years.
- Acquired additional influenza vaccine doses for the Vaccines for Children (VFC) program and procured 9.4 million doses of adult influenza vaccine to supplement doses awardees requested in early 2020. With the possibility of COVID-19 and influenza circulating at the same time in the fall and winter, CDC supplemented its Racial and Ethnic Approaches to Community Health (REACH) program to address racial ethnic disparities in flu vaccination during the 2020-21 flu season.
- Documented 1.75 million fewer e-cigarette users among youth in 2020. CDC conducted outreach efforts in late 2019 through media efforts, congressional hearings, and *Morbidity and Mortality Weekly Reports* (MMWRs) on youth e-cigarette use, in collaboration with FDA and partners. These actions likely caused significant reductions in teen use of e-cigarettes.
- Launched Surveillance for Emerging Threats to Mothers and Babies which adapts the mother-baby linked surveillance approach from the Zika outbreak to detect the impact of other known and emerging health threats during pregnancy, such as hepatitis C, syphilis, and SARS-CoV-2. These data are contributing to clinical guidelines for improving health in pregnant women and their infants.

- Supported Montana in funding local health departments to implement the Montana Asthma Home Visitation Program (MAP) via CDC's National Asthma Control Program. Montana's MAP provides asthma self-management and trigger reduction education for children enrolled in Medicaid. Children who have completed the full six-visit series have experienced an 88 percent decrease in emergency department visits and an 80 percent decrease in missed school days due to asthma. The program saves an estimated $2,124 per child, due to avoided health care utilization sustained up to two years after completing the program.

Ending Epidemics: to end epidemics and improve the health of the U.S. population, CDC provided exemplary leadership, including:

- Supported implementation and acceleration of Ending the HIV Epidemic: A Plan for America (EHE) strategies. From July to December 2019, three sites funded early with fiscal year (FY) 2019 minority AIDS funding implemented and accelerated EHE strategies in their communities, including a care navigation and treatment program in two clinics to improve viral suppression (Baltimore City, Maryland), provided same-day linkage to care and treatment for those newly diagnosed during targeted outreach testing (DeKalb County, Georgia), and increased the HIV testing capacity of five community-based organizations (East Baton Rouge Parish, Louisiana).
- Expanded diabetes prevention through the CDC's National Diabetes Prevention Program (DPP). In 2019, approximately 2,700 diabetes self-management and education support programs were offered across the U.S. and nearly 1 million people with diabetes participated. To date, 486,000 people have reduced or reversed their risk for type 2 diabetes by participating in CDC's DPP, which is a covered benefit by more than 100 employers and commercial health plans. This provides coverage for over 6 million public and private sector employees and dependents. In 2020, a majority of the CDC-recognized organizations are offering virtual (telehealth) options for the National DPP lifestyle change program, an especially critical feature during the pandemic.
- Supported the Overdose Response Strategy (ORS) with the Office of National Drug Control Policy. ORS is designed to enhance public health-public safety collaboration and strengthen and improve efforts to reduce drug overdoses within 21 High-Intensity Drug Trafficking Areas (HIDTAs) across 34 states. In New York, for example, public health officials disseminated information to law enforcement agencies statewide through the Narcotics Intelligence Bulletin, which included a summary of harm reduction and public health activities to support people who used drugs during this time, factors that heightened the risk of overdose during the COVID-19 pandemic, and information about emergency expanded access to treatment and recovery services.

CDC's primary customers are the public, state, tribal, local, and territorial public health agencies, non-governmental organizations, other Federal agencies, and ministries of health in countries around the world. Examples of FY 2020 customer-driven accomplishments include:

- Launched Hear Her, a new communication campaign that seeks to raise awareness of potentially life-threatening warning signs during and in the year after pregnancy. Hear Her builds on CDC's data and science, expanding existing efforts to more directly reach women and their support networks. Hear Her encourages the people supporting pregnant and postpartum women to really listen and take action when she expresses concerns.
- Aired a new round of hard-hitting ads through the Tips from Former Smokers® campaign, focused on raising awareness about heart disease, cancer, chronic obstructive pulmonary disease, and Buerger's disease. The ads also feature caregivers for a loved one living with a smoking-related disease. In 2020, more than 182,000 total calls to 1-800-QUIT-NOW have been received though the first 18 weeks of the campaign.
- As of spring 2020, more than 3.2 million people visited the National Prediabetes Awareness Campaign website and completed a prediabetes risk test. There were more than 124,000 visits to the National Diabetes Prevention Program website to find a lifestyle change program as well.

- Enhanced CDC's PulseNet, a national laboratory network that connects foodborne illness which prevented approximately 270,000 illnesses and saves at least half a billion dollars in medical costs and lost productivity annually. For every $1 invested into PulseNet, $70 is saved.
- Conducted more than 2,400 deployments by more than 1,300 CDC staff to more than 200 cities across the U.S. and in more than 60 countries abroad to respond to COVID-19. This included support for epidemiologic surveillance, infection prevention and control, worker safety and health, health communications, contact tracing, repatriation, and quarantine stations. CDC supported work with states, tribes, schools, ministries of health, health care entities, and many other settings. Deployments provided the evidence-base for national guidance on effective methods to reduce spread and impact of SARS-CoV-2.
- Developed a new laboratory test that simultaneously identifies two types of influenza viruses (influenza A and influenza B) and SARS-CoV-2. FDA issued an Emergency Use Authorization for the test on July 2, 2020.
- Provided timely data on COVID-19 mortality from vital statistics, which includes detailed data on race and ethnicity for 99 percent of deaths. CDC partnered with the U.S. Census Bureau on development of the COVID-19 Household Pulse Survey and provided timely web-based panel data on the impact of COVID-19 on mental health and health care access.
- Published 130 MMWR COVID-19 response reports between February and October 22 to inform the public and clinicians. MMWR publications provided critical information on the risk of transmission at large gatherings, choir practices, and congregate living situations like prisons, meat processing plants, and nursing homes; described the disparate impact of COVID-19 in racial and ethnic minorities; and identified the elevated risk of severe outcomes for older adults and people with underlying conditions. MMWR has also informed successful control of the virus through mitigation in everyday high-risk settings like hair salons and childcare centers.
- Provided the Nation's most comprehensive source of information about COVID-19 through guidance, recommendations, scientific analysis, data, and other resources designed for audiences ranging from clinicians to the general public. Since January, the COVID-19 website has received more than 1.8 billion visits. On social media, more than 6,500 posts across several channels have resulted in more than 2.5 billion impressions.
- Hosted 19 Clinician Outreach and Communication Activity (COCA) calls to share CDC clinical guidance and recommendations across various topics related to COVID-19, including infection control, patients at increased risk, telemedicine, underlying medical conditions, and health disparities. Combined, these live webinars have been attended by nearly 200,000 clinicians.
- Released nine Health Advisory Network (HAN) messages on different aspects of the COVID-19 pandemic, including updated case definitions, multisystem inflammatory syndrome in children, and adverse health effects associated with methanol-based hand sanitizers. HAN messages share information about urgent public health incidents with Federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories.
- Responded to nearly 500,000 CDC-INFO calls about COVID-19 from clinicians, key partners and the general public since January. More than 36,000 inquiries were from doctors, nurses, and other clinicians, as well as health departments across the country. Thousands of these calls have resulted in direct consultation with experts in infectious diseases, infection prevention and control, clinical management, and other specialties.

Historical Performance Outcomes

Through the budget process, CDC tracks approximately 185 critical health indicators annually that are reported to Congress and the Administration to demonstrate progress and identify areas that need further support. These measures demonstrate progress on achieving the goals set forth in our notices of funding opportunities and other programmatic activities, and they reflect progress on CDC's investments.

Highlighted examples from the FY 2021 President's Budget include:

- In 2018 and 2019, CDC employed lessons learned from the 2014-2016 Ebola epidemic in West Africa to two separate Ebola outbreaks in DRC. CDC's border health technical assistance has been instrumental in improving the public health screening of more than 77 million travelers at 80 check points in DRC since the outbreak began.
- In July 2019, CDC completed the transition of PulseNet – a national laboratory network that connects foodborne illness cases to detect outbreaks, effectively making whole genome sequencing (WGS) the new public health laboratory standard for enteric bacterial outbreak detection in the U.S. WGS has been used successfully by CDC, state, and local health departments since 2013 to detect and investigate outbreaks caused by Listeria monocytogenes, yielding a threefold increase in the number of Listeria outbreaks solved and an overall decrease in the size of these outbreaks.
- CDC published the *2019 Antibiotic Resistance Threats in the United States* (AR Threats Report) indicating that antibiotic-resistant bacteria and fungi cause more than 2.8 million infections and 34,000 deaths. The AR Threats Report showed that deaths from antibiotic resistant infections decreased by 18 percent since the 2013 report, suggesting that prevention efforts in health care are working.
- As part of the Combating Opioid Overdose through Community-Level Intervention program, CDC expanded efforts to partner with public safety (e.g., law enforcement, first responders) by collaborating with the Office of National Drug Control Policy to fund 25 pilot projects (i.e., post overdose strategies to link people to care, neonatal abstinence syndrome, adverse childhood experiences) since 2017 that implement innovative, evidence-based, community-level interventions. CDC also worked to increase the number of community-based projects and assist in creating solutions that could be replicable in rural, suburban, and urban areas with public safety.

Order of Succession

CDC Order of Succession

1. Principal Deputy Director, CDC
2. Chief Medical Officer
3. Deputy Director for Public Health Service and Implementation Science
4. Deputy Director for Infectious Diseases
5. Director, Center for Preparedness and Response
6. Director, National Institute for Occupational Safety and Health

ATSDR Order of Succession

1. Assistant Administrator, ATSDR
2. Deputy Director for Non-Infectious Diseases
3. Principal Deputy Director
4. Chief Medical Officer
5. Director, Center for Preparedness and Response

CDC Detailees on the Hill and Other Agencies

CDC does not currently have any employees detailed to the Hill. CDC currently has two employees serving in Intergovernmental Personnel Act (IPA) assignments with organizations outside the Federal Government: the School of Public Health at the University of Georgia and the Task Force for Global Health. CDC has staff detailed to a number of Federal agencies to enhance collaboration and coordination, especially within HHS. At times, CDC details staff to non-governmental organizations, such as the World Bank.

Workforce Data and Trends

CDC's workforce, as of September 30, 2020, included 12,107 permanent full-time equivalent (FTE) employees, commissioned corps, and temporary/term appointees. CDC has an 18 percent vacancy rate, which does not include approximately 800 term/temporary hires in the process of being onboarded for the agency's COVID-19 response. As the only Federal agency headquartered outside the National Capital Region, more than 75 percent of CDC employees are located in Atlanta. Other CDC staff are stationed at CDC campuses outside Atlanta, at quarantine stations, and embedded in state and local health departments across the U.S. CDC also has more than 2,000 staff (including locally employed staff) working in more than 60 countries. More than 15 percent of the CDC workforce is currently eligible to retire, and nearly a third of the CDC workforce is eligible to retire in the next five years.

Attachment E includes CDC's most common hiring authorities.

Figure 1: CDC's total workforce is comprised of 12,107 employees – including 851 Commissioned Corps officers – and 13,408 non-employees (e.g., contractors, fellows, and other types of non-FTE appointments).

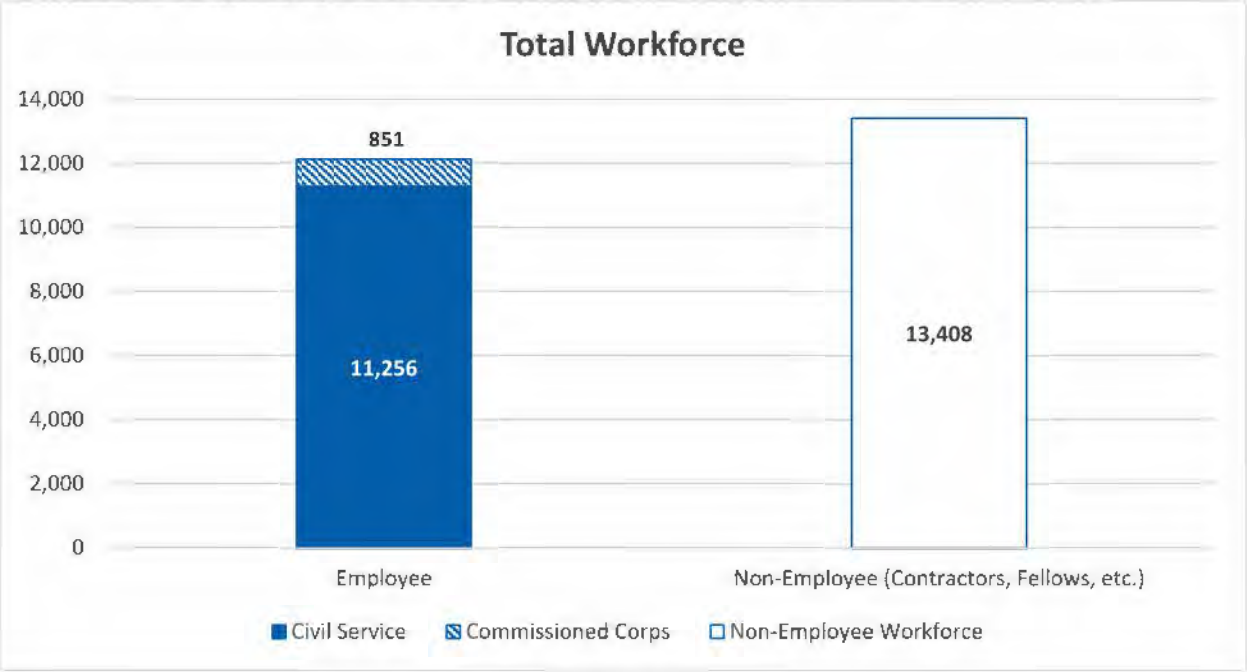


Figure 1

Figure 2: CDC's workforce increased from 9,921 employees in 2011, to 11,842 in 2016, and 12,107 in 2020.

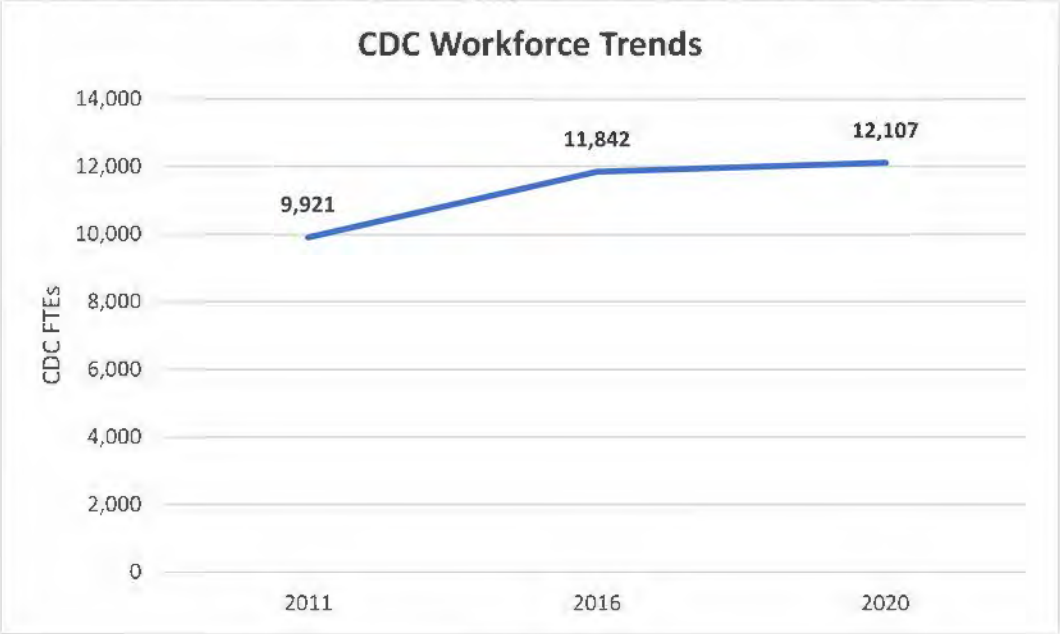


Figure 2

Figure 3: The mean grade of CDC employees is a GS-12.

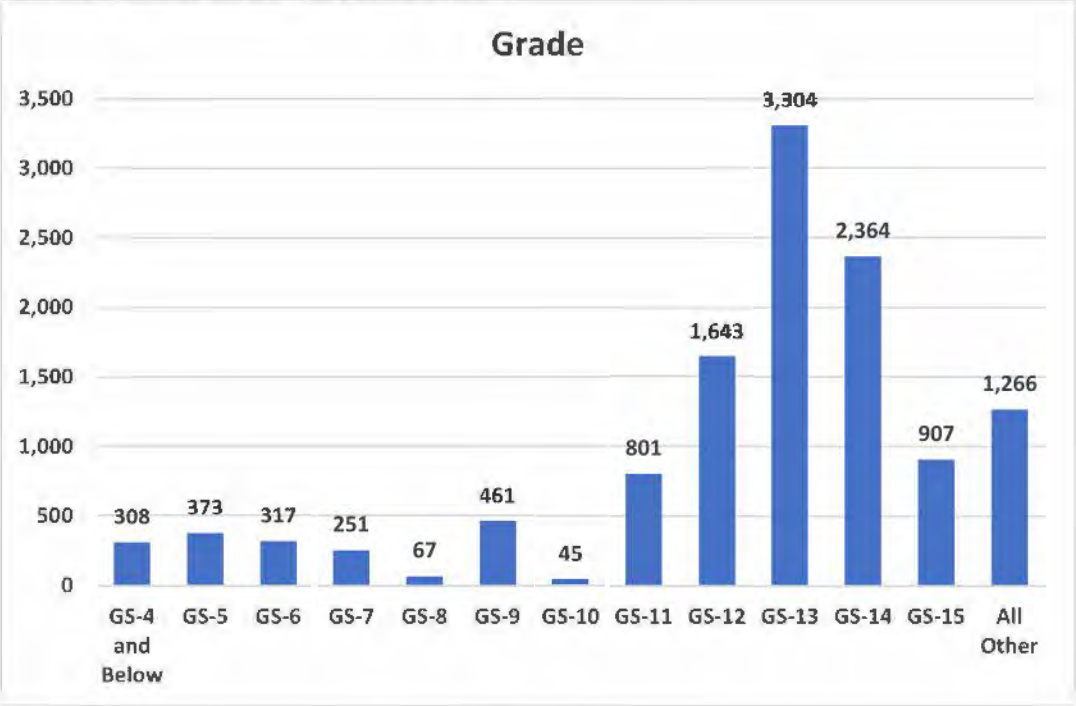


Figure 3

Figure 4: CDC has 82 distinguished consultants, 6 senior leader positions, 7 research/scientific/senior biomedical positions, 28 senior executives, and 9 Commissioned Corps executive equivalents (Rear Admiral).

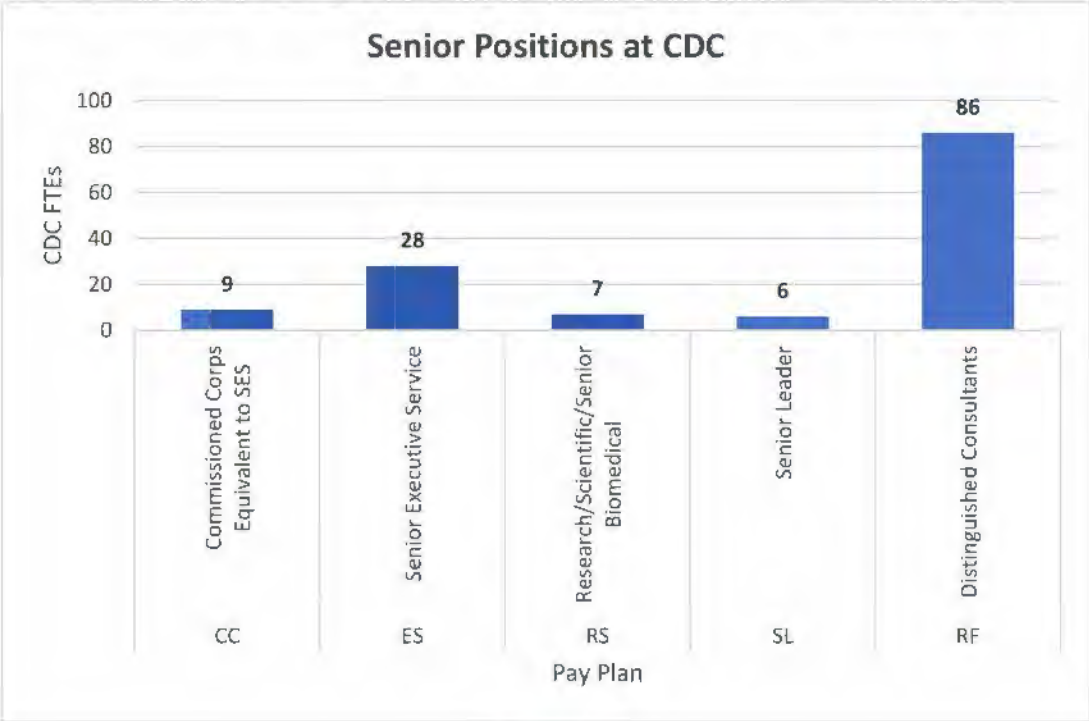


Figure 4

Figure 5: The mean age of CDC employees is 48 years.

Figure 5

Figure 6: The mean length of Federal service for CDC employees is 14 years.

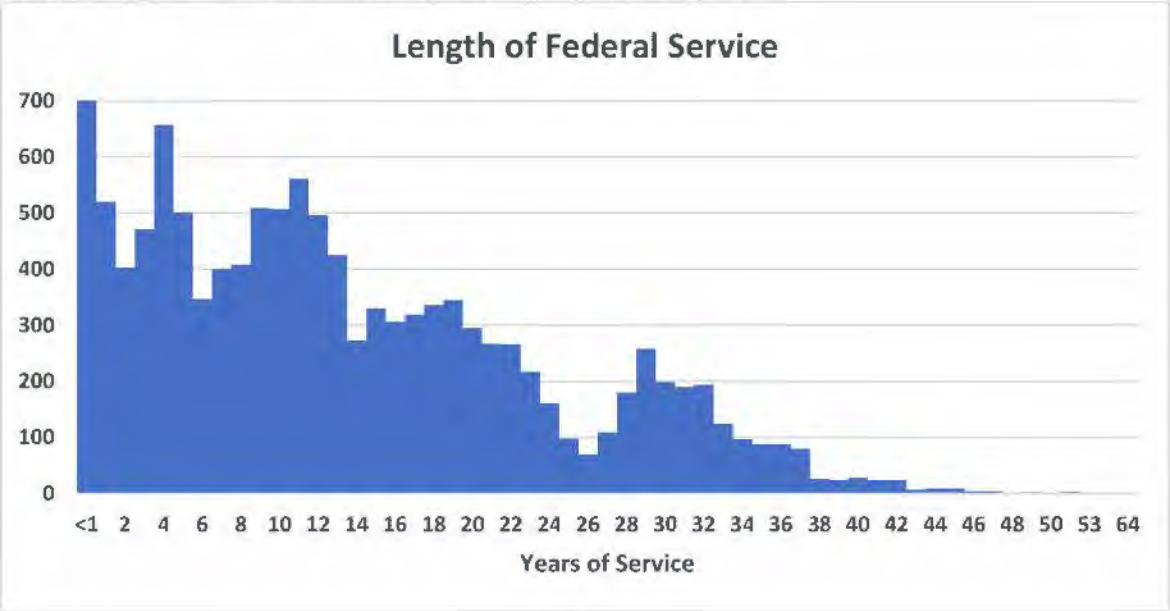


Figure 6

Figure 7: More than 15 percent of the CDC workforce is currently eligible to retire, and nearly a third of the CDC workforce is eligible to retire in the next five years.

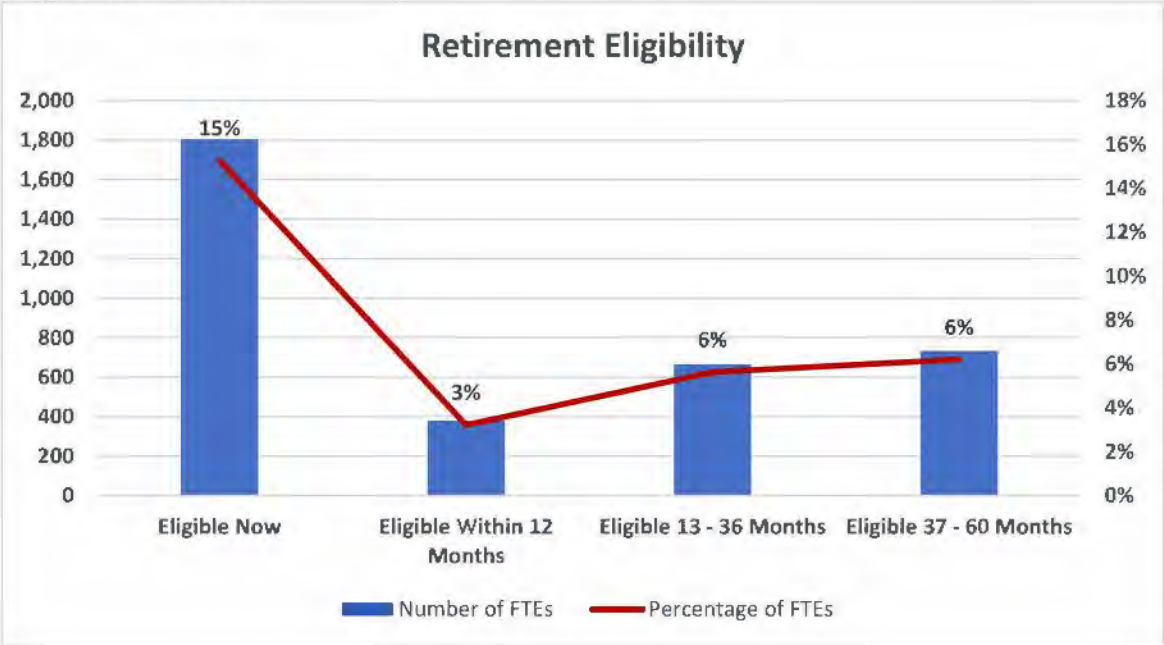


Figure 7

OPM Limits of Schedule C/non-career SES and Rules Pertaining to Hiring

CDC follows all HHS procedures and guidance for Schedule C/non-career SES limits and rules for hiring.

Organizational Culture

CDC leadership is committed to creating a diverse work environment that fosters appreciation and mutual respect for each employee. Ensuring diversity helps create a positive work environment where all employees have the opportunity to reach their potential and maximize their contributions to CDC's mission.

In 2020, CDC leadership worked quickly to protect the health and safety of its workforce. By enhancing communication, transparency, and accountability – as well as quickly adapting operations and business services – CDC ensured staff were able to continue to respond to COVID-19. Highlights include:

- Pivoted to ensure staff could seamlessly receive business services. Today, CDC manages nearly 28,000 remote access connections to CDC systems and has supported more than 600,000 remote meetings since full-time telework began. All onboarding activities are now virtual, including a virtual new employee orientation.
- Developed annual agency-wide risk profiles and an agency risk appetite statement as part of the Enterprise Risk Management framework to address strategic, reputational, operational, financial, and compliance risks.
- Completed major construction milestones on the main campus, including infrastructure improvements to the main entrance, significant progress on a new parking deck, and awarding the contract for a new high-containment laboratory.
- Launched and migrated 20,000 staff to Microsoft Office 365, delivering anywhere, anytime access from any device; responded to more than 190,000 IT help desk tickets and delivered 32 new IT products.
- CDC's Workforce Task Force engaged more than 400 individuals and established tiger teams to develop an innovative vision and plan that identifies steps to ensure CDC's workforce is fit for mission in 2030. The teams also created tools for leadership, supervisors, hiring managers, and other stakeholders.
- Established an elevated Diversity and Inclusion Executive Steering Committee of senior leaders to ensure agency accountability for fair and equitable environment and increased working capital fund commitment to enhanced recruitment.

Devoted leadership across CDC continued to promote employee engagement and the value of the Federal Employee Viewpoint Survey (EVS), improving the culture and increasing communication, transparency, and accountability. CDC's EVS results show employee opinions are consistently higher than HHS and other Federal agencies. Highlights:

- CDC maintained a high level of employee engagement, hitting 74 percent in the 2019 EVS – the eighth straight year CDC has hit 70 percent or higher on the Employee Engagement Index.
- CDC achieved a record-high participation rate of 78.8 percent for the 2019 EVS, which exceeded HHS's 60 percent goal. CDC's participation rate was first among HHS's large operating divisions. Additionally, CDC saw an increase of 51 work units with at least 10 respondents in 2019, bringing up its total to 475 reports.

Figure 8: CDC maintained a high level of employee satisfaction, hitting 74 percent in the 2019 – the ninth straight year CDC has hit 70 percent or higher on the Employee Satisfaction Index.

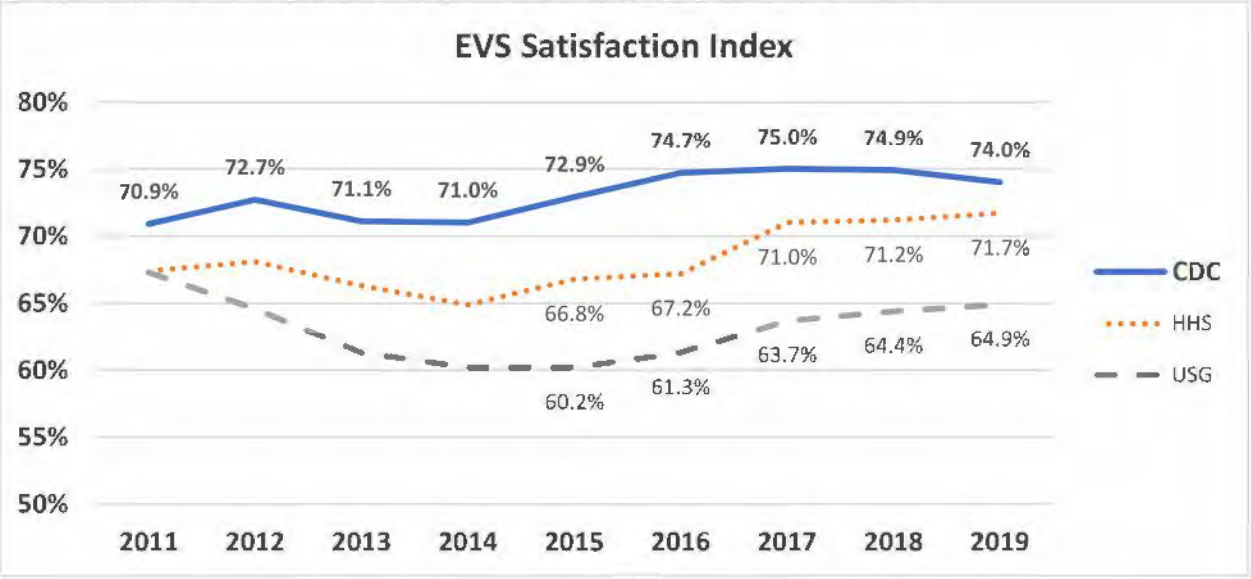


Figure 8

Figure 9: CDC maintained a high level of employee engagement, hitting 74 percent in the 2019 EVS – the eighth straight year CDC has hit 70 percent or higher on the Employee Engagement Index.

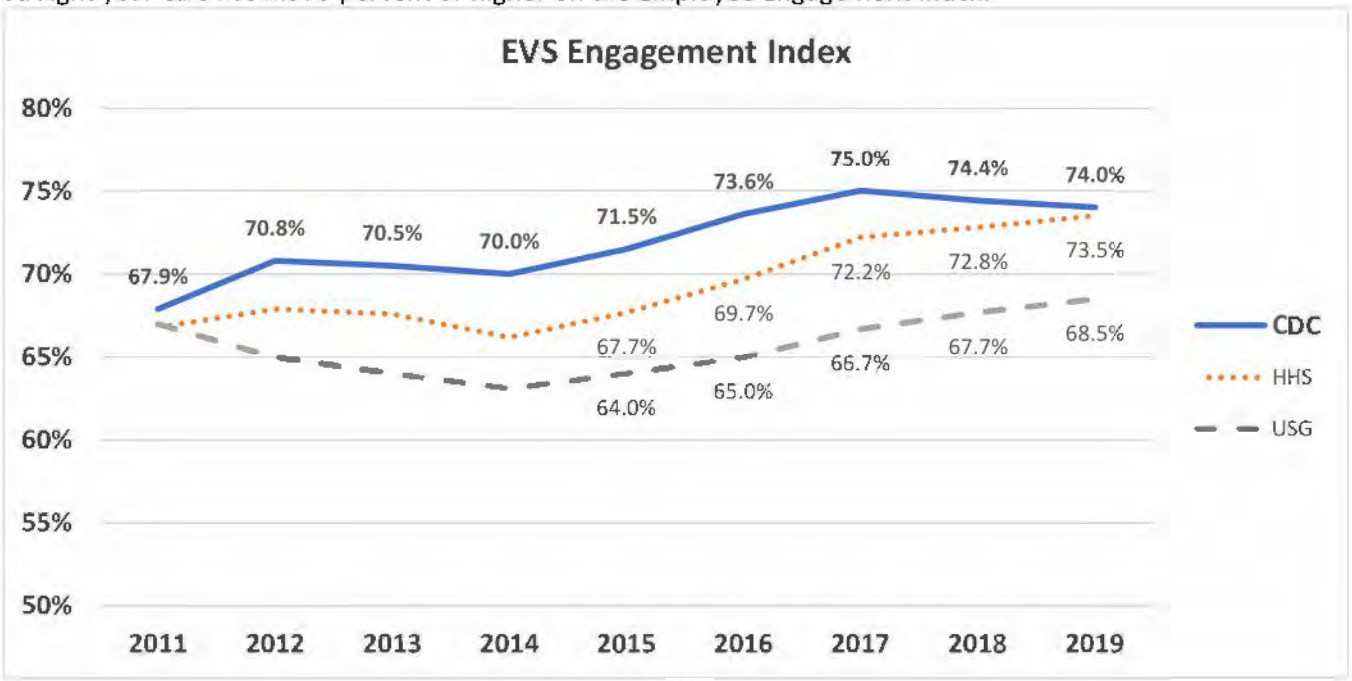


Figure 9

Important Relationships with Other Federal Agencies

CDC works collaboratively with virtually every Federal agency on a wide variety of critical issues. Listed below are examples of the type of work CDC does with outside agencies:

- CDC works closely with the **Department of Justice** to address risk factors for violence. With partners, CDC implements violence prevention interventions to improve the ability to track trends, implement effective interventions, and share successes. The **Department of Education** is another partner CDC works with to gather and analyze data from a variety of sources to gain a more complete understanding of school violence.
- CDC emphasizes primary prevention of lead poisoning through the elimination and control of lead hazards before children are exposed. Working with the **Department of Housing and Urban Development** and the **Environmental Protection Agency**, CDC data help identify housing properties where multiple children have been lead poisoned and target lead hazard reduction enforcement actions. CDC also works with HUD on a number of other housing-related initiatives that address the role housing can play in public health issues such as injury and HIV.
- Building on efforts to establish Antibiotic Resistance tracking, CDC works with the **Department of Defense** and the **Department of Veterans Affairs** to facilitate antibiotic use reporting from their health care facilities to better prevent the spread of potentially untreatable infections in these settings. DoD and the VA, along with many other Federal agencies, are also critical partners in reducing opioid misuse and overdoses.
- CDC works closely with the **Food and Drug Administration** and the **Department of Agriculture** on food safety issues recalls, in order to prevent and control foodborne outbreaks.
- CDC partners with the Animal and Plant Health Inspection Service of the **United States Department of Agriculture** to administer the Federal Select Agent Program. The program oversees the possession, use, and transfer of biological select agents and toxins that have the potential to pose a severe threat to animal or plant health or to animal or plant products.
- CDC's Energy Employees Occupational Illness Compensation Program Act is a mandatory Federal program that provides compensation to **Department of Energy** employees or survivors of employees who have been diagnosed with a radiation-related cancer, beryllium-related disease, or chronic silicosis because of their work in producing or testing nuclear weapons.
- CDC receives interagency funding from the **Department of State** to implement the President's Emergency Plan for AIDS Relief to achieve an AIDS-free generation and create a lasting infrastructure that allows partner countries to respond to a range of health challenges and threats. CDC works with many implementing partners overseas, including the **United States Agency for International Development**, the **Peace Corps**, and the **Department of Defense**.
- CDC collaborated with the **Department of Defense** to expand the number of Laboratory Response Network laboratories that could quickly and accurately test for the Ebola virus.
- CDC's surveillance system for the timely exchange of syndromic data are accessed by Federal agencies, including the **Department of Defense** and the **Department of Veterans Affairs**, to improve nationwide situational awareness and enhance responsiveness to hazardous events.
- CDC works with the **Department of Veterans Affairs** on research and surveillance studies on the health of veterans on critical issues such as suicide and opioid overdose. The data and research findings from these studies help Veterans Affairs health professionals improve healthcare practices for veterans.
- CDC works with the **United States Agency for International Development** on various activities, including the Emerging Pandemic Threats program, which emphasizes early identification of, and response to, dangerous pathogens in animals before they can become significant threats to human health; efforts are critical to the sustainability of long-term pandemic preparedness.
- CDC's HIV surveillance systems provide other Federal programs – including those at the **Health Resources and Services Administration** and the **Department of Housing and Urban Development –** with data to guide the allocation of Federal funding for HIV care, treatment, and housing programs. This data also underpins the interagency collaboration between CDC and the **Health Resources and Services**

Administration, the **Indian Health Service**, and the **National Institutes of Health** on the Ending the HIV Epidemic initiative.

- Through funding from the **Centers for Medicare & Medicaid Services**, CDC implements the Vaccines for Children program to provide immunization services for uninsured and underinsured populations in the United States and supports the scientific evidence base for vaccine policy and practices. The Centers for Medicare & Medicaid Services is a critical partner in many aspects of CDC's work, including supporting the National Diabetes Prevention Program, improving treatment for opioid use disorder, and addressing appropriate antibiotic prescribing.
- CDC, in collaboration with the **Department of Homeland Security**, has implemented Federal travel restriction procedures to protect travelers and the public from communicable diseases that constitute a public health threat.
- CDC is an active participant in Operation Warp Speed (OWS), a partnership among HHS components – including CDC, the **National Institutes of Health**, and the **Biomedical Advanced Research and Development Authority** – and the **Department of Defense**.
- CDC coordinates with the **Substance Abuse and Mental Health Services Administration** on opioid overdose prevention and suicide prevention, among many other issues.
- CDC collaborates with the **Administration on Children and Families** and the **Health Resources and Services Administration** to reach very young children in Federal early childhood services such as Early Head Start and Healthy Start with CDC's Legacy for Children™ parenting program and the Maternal, Infant, and Early Childhood Home Visiting Program.
- Million Hearts® is a national initiative co-led by CDC and the **Centers for Medicare & Medicaid Services** to coordinate and enhance cardiovascular disease prevention activities across the public and private sectors to change the environment to help prevent cardiovascular disease.
- CDC is providing support for full implementation of its surveillance, prevention, and stewardship activities to advance the goals of the 2016-2020 U.S. National Strategy for Combating Antibiotic-Resistant Bacteria, and was instrumental in developing a 2020-2025 national plan, released in October. The interagency Combating Antibiotic-Resistant Bacteria Task Force, co-chaired by the secretaries of **Defense**, **Agriculture**, and **Health and Human Services**, coordinates implementation of the National Action Plan. Within HHS, CDC works with the **Centers for Medicare & Medicaid Services**, **National Institutes of Health**, **Food and Drug Administration**, and **Agency for Healthcare Research and Quality**.

Top Issues for New Leadership

Political Positions

CDC does not have any positions that require Senate confirmation.

Quick Wins and 30/60/90 Day Issues

Some top issues in the early days of the new Administration will include:

- **Trust in the agency:** CDC's credibility has suffered during the COVID-19 pandemic and new leadership will need to establish or strengthen trust in the data and programs within CDC.
- **COVID-19 vaccine delivery:** During the first 90 days, CDC will likely be overseeing distribution and administration of COVID-19 vaccine(s) in the midst of a potential winter surge of respiratory infections, such as influenza and SARS-CoV-2. Initial demand for COVID-19 vaccine is likely to exceed supply, but may vary geographically and over time. Communication from trusted public health voices and scientists can strengthen the vaccine program's credibility during this period. Challenges include managing expectations for fairness in Americans' access to a limited supply of vaccines, ensuring operational excellence in administration of vaccines given the likelihood of complex cold storage requirements and two dose schedules, and framing occurrence of severe events after vaccination to differentiate expected versus excess disease. Robust safety monitoring will be important to continue.
- **Reduced mitigation measures:** Resumption of large gatherings, potentially greater school and university attendance, and increased travel may lead to resurgent COVID-19 disease and possibly other infections. For example, following increased international travel, the U.S. may be at greater risk of outbreaks of measles following importation and re-occupancy of workplaces and hotels could lead to legionnaires clusters.
- **Winter storms:** Power outages may be complicated by COVID-19 risks if affected residents relocate to congregate settings or if emergency management crews have high absentee rates from COVID-19 or influenza.
- **Overdose deaths:** CDC's monthly release of provisional estimates of deaths from drug overdoses in mid-February will reflect August 2019 – July 2020. The first data release of a new Administration could be an opportunity to announce any major changes in overdose prevention program or policy. The COVID-19 pandemic is expected to worsen prior trends.

Programmatic Opportunities

In the coming months, there will be a number of opportunities for the new Administration to enhance CDC's ability to meet its mission and increase the health security of Americans. These include:

Health Equity, Health Disparities, and Social Determinants of Health

Over the last few decades, overwhelming evidence demonstrates that most of what determines health is not health care, but societal factors such as intergenerational wealth, attainment of high quality education, stable and fulfilling employment opportunities, affordable housing, access to healthful foods and safe green spaces for activity, also known as social determinants of health (SDoH). The presence of these supportive determinants varies widely, even between adjacent zip codes, and life expectancy can differ by 15-20 years due to these variances. CDC has an opportunity to grow its existing SDoH portfolio and health equity science base to advance understanding and practice and partner with other Federal agencies to increase resiliency in communities across the Nation. Areas with fewer health-promoting SDoH are predominantly communities of color and often rural; SDoH and related infrastructure are limiting these communities' achievement of their optimal health, also known as health equity. Chronic diseases such as heart disease, cancer, and diabetes are the leading cause of death and disability across the Nation and the leading drivers of the Nation's $3.5 trillion annual health care costs. Some groups – including racial and ethnic minorities, those living in poverty, and people in certain parts of the country – are disproportionately impacted by the burden of chronic conditions. Through community health assessment and planning efforts with numerous partners, many health departments across the Nation have

invested in long-range plans to improve SDoH in communities with the poorest health outcomes through policy and environmental change.

Public health crises, such as COVID-19, exacerbate existing health disparities, with much of the increased risk stemming from SDoH. Black/African Americans, Hispanics/Latinos, and American Indian/Alaska Native populations have higher rates of unemployment and are more likely to work in essential industries, low-income positions that do not allow for telework, live in communities with higher rates of environmental hazards, and have jobs that do not offer health insurance or paid sick leave. These factors put these groups at increased risk of exposure to COVID-19, while limiting their ability to stay home or access care when sick. Racial and ethnic minority groups experience higher incidence of severe heart disease, diabetes, and obesity, which have been shown to increase the risk of severe illness from
COVID-19. Furthermore, distrust of medical and governmental entities and longstanding disparities in vaccine coverage among African-American and Hispanic adults may impact the ability to achieve high vaccination rates for COVID-19 once a vaccine is available.

A multi-sector population health approach must be implemented to reduce inequities in SDoH and the resulting health disparities. This approach must strengthen prevention interventions, as well as connections to clinical care, and reduce health disparities. A comprehensive approach must create employment opportunities, secure housing, high quality childcare and schools, access to healthy food, and social connectedness. CDC recently awarded $7 million over two years to the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) to fund a pilot project that will identify up to 50 high-burden communities working to advance health equity by addressing social determinants of health.

The pilot project will engage high-need communities that have made a difference in SDoH through local programs and policies, with support from multi-sector partnerships, focusing on five areas of SDoH directly linked to chronic disease:

- Built environment: human-made surroundings that influence overall community health and individual behaviors that drive health.
- Community-clinical linkages: connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.
- Food insecurity: an economic and social condition characterized by limited or uncertain access to adequate and nutritious food.
- Social connectedness: the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.
- Tobacco-free policy: population-based preventive measures to reduce tobacco use and tobacco-related morbidity and mortality.

As we identify promising practices and build the evidence base, it will be important to continue collaboration with other HHS agencies, including the Office of the Assistant Secretary for Health (OASH), CMS, and HRSA who are also engaged in SDoH work. The anticipated Recovery and Resiliency Plan out of the HHS Joint Command Center for the COVID-19 Federal response will likely propose a similar approach, with a heavy emphasis on the importance of fortifying SDoH within communities. With the necessary support and resources, we have the opportunity to forge partnerships across numerous Federal agencies with educational, economic, and environmental missions and, most importantly, with the private sector, as many large employers recognize the opportunity to grow their footprint in many of these potential-rich communities. A robust, well-devised evaluation component of the Recovery and Resiliency plan will contribute to building the evidence base and may provide opportunities to quantify the relative contribution of specific aspects of SDoH, as well effective ways to execute and sustain multi-sector comprehensive approaches to community health, resiliency and prosperity.

Global Health Security

As the Nation's principal public health agency, CDC's mission is to protect the American people from health, safety, and security threats, whether originating from outside the U.S. or within. Recognizing that health threats can have wide-ranging ramifications, affecting not only our Nation's health but our national security and prosperity. One of CDC's top priorities is stopping disease threats at their source and improving the health of people around the globe. The COVID-19 pandemic has underscored what CDC has focused on for decades – that diseases know no borders and Americans' health are integrally connected to the health of the rest of the world. This has been clearly recognized by all recent administrations through the U.S. Government (USG) National Security Strategy, National Biodefense Strategy, and Global Health Security Strategy, which describe foundational objectives, roles, and responsibilities for Executive Branch agencies in protecting U.S. health security by mitigating infectious disease threats abroad.

Global health security is defined as the capacity to prepare for, detect, and respond to health threats and reduce or prevent their spread across borders. The USG approach to global health security pursues three interrelated goals: 1) strengthened partner country global health capacities; 2) increased international support for global health security; and 3) a homeland prepared and resilient against global health threats. Since CDC started its global work in 1959, the agency has been working to strengthen global health security by supporting outbreak and response efforts across the globe, enhancing country capacity in key programmatic areas, and providing global leadership for policies, recommendations, and technical approaches. Health diplomacy has been a key feature of CDC's contribution to U.S. global health leadership.

CDC is the lead USG agency for global outbreak preparedness and response. CDC partners in global health security with USG departments and agencies, including the Department of Defense (DOD), the Department of State (DOS), and the U.S. Agency for International Development (USAID). Global health security activities are not currently led by a specific USG department or agency but are coordinated across USG. CDC works on hundreds of outbreaks around the world each year. In most cases, local or regional responses lead to containment. In the last two decades we have seen multiple infectious disease threats start as local outbreaks and turn into global pandemics, including H1N1 influenza, Ebola, Zika, SARS, and COVID-19, creating devastating impacts on human health and economic prosperity. CDC provides global leadership to respond with technical and scientific expertise to measure and evaluate infectious disease preparedness and response capacity and engages in research collaborations with international research institutions and global alliances to control and prevent diseases at their source. One example of a hallmark CDC program is the Field Epidemiology Training Program, which since 1980 has trained over 18,000 disease detectives to stop outbreaks at their source. Graduates of this program have been instrumental in stopping major outbreaks like Ebola in DRC and Nigeria.

There are several important challenges facing CDC in the global arena: mitigating the backslide in critical global health gains due to COVID-19; the U.S. withdrawal from the World Health Organization (WHO); and preserving CDC's leadership role in global health security, while adjusting to evolving USG global health structure and organization, particularly in relation to the complementary roles of DOS and USAID.

Going forward, it is critical that CDC focus globally on maintaining and strengthening relationships with partner countries to strengthen public health fundamentals, including infectious disease surveillance, laboratory detection and capacity, epidemiologic investigation, expanding surge capacity, building modern, integrated data systems, and building sustainable global health programs. As part of its global strategy, CDC is establishing a small number of regional offices around the world to advance global health security and build and maintain a sustainable global presence. This approach will strengthen CDC's ability to meet its mission of protecting Americans by responding more rapidly, efficiently, and effectively to health threats wherever they occur. CDC's long-term plan includes a combination of regional offices and country offices, tailored to the needs of each country and region, focused on a "One CDC" approach for program implementation.

Public Health Data Modernization Initiative

CDC needs data that move faster than disease. The Public Health Data Modernization Initiative (PHDMI) marks the first comprehensive initiative to modernize data, technology, and workforce capabilities so that we can prevent, detect, and respond to whatever public health challenges emerge. This cross-cutting strategy will accelerate lifesaving data from the local to the national level. PHDMI aims to optimize CDC's existing disease surveillance infrastructure to respond to the new threat presented by COVID-19, while also accelerating and supporting existing modernization efforts. CDC's modernization efforts have already benefitted individual and population health, resulting in faster information from surveillance and improved response times. For example, we now have:

- Faster notification of cause of death through electronically collected mortality records;
- Reduced burden on states for reporting notifiable diseases to CDC through modernized electronic messages;
- Faster understanding of emerging health threats through electronic reporting of emergency department visits;
- Timelier lab reporting to expedite tracking disease through electronic laboratory reporting to state health departments; and
- Earlier disease detection and intervention through automated mandatory reporting of certain diseases and conditions from electronic health records.

PHDMI establishes a roadmap that will drive improvements to support surveillance, research and, ultimately, decision-making. Priority areas include:

- Coordinating people and systems: CDC will ensure efficient and secure data access and exchange between systems across the country by coordinating investments, decisions, and policies across CDC and with Federal, state, and local public health and healthcare partners.
- Accelerating data for action: CDC will rapidly identify and effectively mitigate emerging threats by upgrading and modernizing the data and IT infrastructure with new technologies and functionality, promoting open and secure data, and – critically – cultivating a workforce skilled in cutting-edge data science, analytics, modeling, and informatics.
- Supporting strategic innovation: CDC will strengthen public health capabilities for predictive analytics and forecasting by engaging experts to develop next-generation tools (e.g., modeling, visualization, predictive analysis, machine learning), integrating data from new or non-traditional sources, and using hypothesis-driven discovery to fast-track implementation.

Public health must work differently if we are to prevent and reduce the impacts of disease. PHDMI delivers a unified approach to modernization that will yield:

- Real-time, linked systems that recognize threats early to inform timely response;
- Seamless data flow between public health and healthcare to benefit individual and population health;
- Fast, secure data sharing and interoperability through common standards like HL7® FHIR®; and
- Effective local to national coordination on complex health and emergency response challenges.

PHDMI's strategy is to build for the future state, maintain these advancements, and detect and adopt emerging technologies that will help us stay ahead. Priority areas for Administration action include:

- Recognizing that modernization is not a one-time investment;
- Adopting and supporting common polices and standards across the health ecosystem;
- Investing in the public health workforce, including recruitment, training, and upskilling;
- Encouraging public-private partnership for innovation and research; and
- Remaining flexible and responsive as technologies and challenges shift.

Science-Based, Independence, and Scientific Integrity
Over nearly 75 years of high-quality, independent scientific work, CDC has used the best available science to develop sound public health guidance and implement interventions that have benefited hundreds of millions of people by saving lives, preventing illness, and advancing equality. CDC has earned the trust of the American people and the global community and is known as the global leader for public health practice. Today, CDC faces critical challenges, including several that have resulted from and been illuminated by the COVID-19 pandemic and current events. Maintaining and strengthening CDC's scientific credibility is essential and is best accomplished through strong internal oversight, consistently high-quality scientific guidance and products, strong external scientific partnerships, and continued commitment to doing the best science for CDC's mission. Improved use of risk communication during public health emergencies can facilitate support for changing guidance when new evidence emerges.

Climate and Health
Global climatic trends are having a direct impact on the health of Americans. Strengthening CDC's programs monitoring the impact of the changing climate on environmental health and infectious diseases and the research capacity for evaluation of prevention measures can produce data-driven, effective and economically feasible mitigation programs and policies.

The average surface temperature of the Earth has increased by 1.5^{0}F since 1880 and by 1.1^{0}F in the last three decades alone. As a result, atmospheric water content has increased, sea water temperatures have increased on average, tropical storms and hurricanes have increased in frequency and intensity, Arctic storms have greater impact on coastal communities due to the loss of sea ice, extreme heat events have become more common, and the range and migratory patterns of animal and arthropod vectors of infectious diseases have changed and generally expanded, among other changes that can influence human health, including loss of food crops and livestock. The direct health effects of more frequent and extreme heat waves are greatest among the elderly, children, pregnant women, outdoor workers, persons with chronic illnesses, and persons experiencing homelessness and those with substandard housing.

The climate also influences health indirectly by increasing the risk of exposure to hazardous substances and infectious agents. Increased erosion caused by extreme events and thawing of permafrost has unearthed previously buried hazardous materials. Wildfires have become more common in recent years and have caused loss of life and property and have contributed to poor air quality, with associated adverse health effects and worsening of chronic heart and lung diseases, such as asthma.

Environmentally sensitive infectious disease trends currently impacting the health of Americans – often as a result of shorter, milder winter seasons – include introduction and local transmission of mosquito-borne viruses not previously seen in the U.S., such as dengue, Chikungunya, and Zika; the northward spread of Eastern Equine Encephalitis and primary amoebic meningoencephalitis (an often fatal parasitic infection of the brain); and the emergence of fungal diseases in new geographic areas, such as coccidioidomycosis ("Valley Fever") in the American West and *Cryptococcus gattii* infection in the Pacific Northwest. There is evidence of expanded range and density of several tick species, including those that carry Lyme disease, Rocky Mountain Spotted Fever, babesiosis, and Powassan meningoencephalitis (inflammation of the spinal cord and brain) during the past two decades. During this period, the number of reported cases of disease from mosquito, tick, and flea bites has more than doubled, with more than 700,000 cases reported in the U.S. Additionally, since 2009 there have been increasing reports of people experiencing delayed allergic reactions after eating meat. Emerging evidence points to this condition being caused by allergy to a sugar molecule in red meats called galactose-α-1,3-galactose (alpha-gal) and that bites of the lone star tick (*Amblyomma americanum*) sensitize people to alpha-gal.

Many infectious disease agents have significant environmental links, including foodborne, waterborne, vector-borne, zoonotic, and soil-associated infectious pathogens. As climate variability and disruption alter the natural

environment and longstanding ecological relationships, CDC expects to see changes in the distribution and occurrence of these infectious diseases that have environmental links, as well as the introduction and potential establishment of exotic pathogen and vectors. To address these concerns, CDC is in the process of establishing a strategic plan to guide CDC's public health response to the potential adverse effects of global climate change on infectious diseases. Arctic temperatures are rising more than twice as rapidly as the rest of the world, having global impact as well as a myriad of effects on Arctic ecosystems and communities. CDC's Arctic Investigations Program in the National Center for Zoonotic and Emerging Infectious Diseases (NCEZID), based in Anchorage, Alaska, works in close collaboration with the Alaska Native Health Consortium, Alaska Native tribes and tribal organizations, and the health ministries of other circumpolar nations and is uniquely situated to conduct climate-related health surveillance and research.

CDC's Climate and Health Program (CHP) in the National Center for Environmental Health (NCEH) is empowering communities to protect human health from a changing climate. CHP's mission is to lead efforts to identify populations vulnerable to changes in climate, prevent and adapt to current and anticipated health impacts, and ensure systems are in place to detect and respond to current and emerging health threats. With a $10 million budget in FY 2020, CHP provides funding and technical assistance to 16 state and two local health departments to identify likely climate impacts in their communities, potential health effects associated with these impacts, and their most at-risk populations and locations. CDC also works with partners to fund and provide technical assistance to tribes and territories and a number of mini-grantees. These funded health departments use a framework developed by CDC to prepare for the specific health impacts of climate change their communities will face. For example, the Minnesota Department of Health worked with the Department of Transportation and the Minnesota Pollution Control Agency to create and distribute consistent health-focused air quality alert messages to protect health and improve air quality, formalizing cross sector relationships to protect community's health and established processes that can be used in the future.

Several gaps exist in the field of climate and health. These gaps can be addressed by:

- Increasing the number of state, territorial, local, and tribal health departments and communities funded to respond to the health effects of climate change.
- Evaluating interventions to improve the use of data and generate evidence to assist climate-related policymaking and programmatic decision-making.
- Expanding partnerships with non-governmental organizations to increase awareness and reach.
- Identifying the most effective and efficient protective strategies through a more complete national surveillance of environmental factors and vector movement, as well as increasing the capacity to analyze and interpret these data through mathematical modeling that defines how climate change can impact human disease risk and the spread of selected pathogens and the best strategies for mitigation and adaptation.
- Investing in infectious disease surveillance in order to maintain a strong national public health system so that when diseases occur in new areas, they will be quickly detected and reported, allowing prevention and control activities to be rapidly and effectively mobilized.
- Enhancing the capacity of CDC laboratories and partner laboratories to rapidly identify, isolate and characterize emerging pathogens, including those not currently found in the U.S.
- Upgrading existing hardware and software to accommodate large data sets and processor-intensive modeling.
- Collecting baseline data on the distribution and habitat requirements of selected pathogens, vectors and hosts in the U.S. and selected sites elsewhere in the world.
- Conducting long-term ecological and microbiological studies of selected diseases in the U.S. and selected sites in other countries.
- Enhancing existing partnerships between CDC researchers and climatologists and earth scientists at National Aeronautics and Space Administration, National Center for Atmospheric Research, National Oceanic and Atmospheric Administration, United States Geological Survey, and universities.

- Working to increase community awareness of the connections between climate change and potential for increased vector-borne and zoonotic disease transmission and specific actions to mitigate the risk.
- Supporting adaptation of preparedness strategies into national emergency preparedness planning to respond to epidemics in regions likely to be affected by climate change in the next decades.

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

R

(b)(5)

(b)(5)


(b)(5)


(b)(5)

(b)(5)

(b)(5)

Enterprise Risk Management

The Office of Management and Budget (OMB) released guidance on Federal enterprise risk management with instructions for all Federal agencies to implement enterprise risk management (ERM). ERM is coordinated and strategic risk management applied across an organization that addresses all types of risk (e.g., strategic, reputational, operational, financial, and compliance). CDC launched its ERM program in 2015. Since 2015, CDC has trained hundreds of staff on ERM concepts. ERM supports stakeholders across the agency to adopt a more transparent risk culture from the bottom-up, with risk strategy and oversight from the top-down, to manage risk proactively and inform decision making. Each CIO at CDC maintains a risk assessment under the leadership and direction of Risk Champions (in the CIO Office of the Director) and Risk Managers (at the division level). CDC conducts analyses on the risk information provided, informed by agency priorities and the Federal and public health risk landscape. To further support the awareness of risk in decision making, CDC routinely hosts risk communities of practice, roundtable discussions, as well as includes risk in the in-briefs to new staff and leaders.

In 2016, CDC established the ERM Governance Board, comprised of a cross-section of CDC leaders to maintain significant interest in ensuring CDC manages risks that may impact the agency's mission and objectives. In 2020, the ERM Governance Board and CDC senior leaders approved the fourth annual CDC risk profile, which reflects the most significant risk areas to the agency each year. Additionally, the ERM Governance Board developed the agency's first risk appetite statement in 2020 to reflect the types and amounts of risk CDC is willing and unwilling to take in pursuit of its mission. CDC continues to mature its risk culture, improve the quality of risks identified, and embed risk into operations and decision-making.

Cyber Security

CDC is committed to securing information and information systems and has continued to enhance cybersecurity strategies and practices to ensure adequate safeguards are in place to protect our enterprise and support our public health mission. With a history of operating a robust cybersecurity program, the agency continues to

provide sophisticated preventive, detective, and responsive controls to reduce risk to programs, systems, and data.

Responding to a Government Accountability Office (GAO) audit of CDC's cybersecurity program in May 2018, CDC took an aggressive, multi-year remediation approach – taking unprecedented actions through increased investments, dedicated resources, and project management rigor to ensure the protection of CDC information. As a result, CDC successfully remediated findings at an unprecedented rate not seen in recent audits, according to the assigned GAO team. CDC has submitted 100 percent (195) of GAO's remediation actions. To date, 100 percent (11) of GAO's program recommendations have been completed and validated closed by GAO. For the technical recommendations, 100 percent (184) have been completed and submitted to GAO, with 98 percent currently validated as closed by GAO. CDC anticipates GAO to declare 100 percent validated and closed by the end of October 2020.

To further strengthen the cybersecurity program, CDC restructured, streamlined and increased annual funding of the cybersecurity program to embrace lessons learned and adopt industry best practices resulting in significant enhancements to cybersecurity capabilities and processes to increase the resiliency of CDCs critical programs, data and systems. CDC has successfully implemented the Continuous Diagnostics and Mitigation (CDM) program requirements which fulfill the Federal Information Security Management Act (FISMA) mandates. CDC has fulfilled 100 percent of the
HHS-defined Cross-Agency Priority (CAP) goals and achieved an 'A' rating for compliance. These efforts, along with other ongoing audit activities, reinforce CDC's commitment to continuously improve its cybersecurity program to protect CDC users, systems, and data. As cyber threats continue to evolve, the agency recognizes the need for, and remains committed to, protecting public health information and strengthening our cybersecurity posture.

Workforce Initiatives
CDC's workforce requires upskilling to address data science and laboratory quality improvement needs and both retraining, and strategic hiring, to assure retention of a highly deployable workforce capable of technical and rapid assistance in diverse cultural and geographic settings. To fulfill the agency's preparedness and response mission; address the breadth and depth of scientific skills needed within the Nation's public health protection agency; and to better support the state, local and global public health enterprise, CDC also needs enhancement of training and pipeline programs to recruit, train and place a diverse and adaptable workforce. CDC has initiated the Future of Work (FoW) initiative to address these gaps through redesign of human resources workflow, improved workforce analytics, alignment of fellowship and pipeline programs, and more effective career development procedures to enhance human capital. Selected priority job series for recruitment and career development/upskilling include data scientists, laboratory science, quality and safety experts, global health program specialists and project officers with updated accountability and management skills. CDC is committed to diversity and inclusion principles, and senior leadership communicated commitments to continued support for a workplace where all staff are treated with dignity, honesty, and respect. In August 2020, the agency established an elevated and empowered Diversity and Inclusion Executive Steering Committee (DIESC) of senior level staff representing each CIO to oversee progress in achieving the commitments and facilitate best practices across the agency.

Future of Work implementation is under way, highlights include:

- The CDC Workforce Task Force completed its work, resulting in an agency vision and strategic plan along with a major work product (CDC FoW User Guide) for immediate use and adoption. The handoff from the Workforce Task Force to CDC's Human Resources Office was completed in October 2019.
- CDC conducted workshops, comprehensive hands-on sessions, and a train-the-trainer session to begin preparing to support the agency's FoW activities, and established a FoW intranet site to serve as a one-stop shop for guidance, tips, news, and events.

- CDC developed and delivered a five-part learning series on the CDC FoW User Guide for the Workforce Management Community of Practice (April – June 2020) – reaching more than 300 attendees. The learning-on-demand recordings are available on the CDC FoW website.
- CDC offers multiple informational technology and statistics training tracks supporting SAS certification for CDC employees. Training is also being provided for all employees to improve proficiency in using tools for virtual work and data fluency at CDC.
- CDC is developing a comprehensive Workforce Plan including strategies from the Future of Work User Guide such as assessing competencies to reskill/upskill staff to meet critical workforce needs and supporting leadership development.
- Two examples of recent program accomplishments include:
    - NIOSH is developing an Aspiring Leaders Program designed to develop staff who have potential for leadership. The series of courses are built on the foundation of emotional intelligence and covers an array of other competencies to include many identified by the Workforce Task Force as critical future skills.
    - National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) developed a retirement/age tool and dashboard to help managers forecast their future workforce needs. NCHHSTP will continue using workforce data and the CDC FoW User Guide with succession planning and workforce retooling skills to be able to plan for the impending retirement wave over the next 5-10 years.

Data and IT Modernization

Investments in data modernization are needed to bring CDC and public health into the 21st century with shared platforms that support a networked set of systems that are interoperable, accessible, and provide data in ways that support timely action. CDC is actively working to modernize the public health data infrastructure through direct support to state and local health departments to move their data capacities toward the desired future state, as well as improving CDC's internal capacity to support advanced tools and capabilities. In addition, CDC is supporting strategic human capital and workforce development activities that enhance data science and informatics capabilities across the public health system. Finally, CDC is engaging public health partners, academic institutions, and the private sector to accelerate and sustain progress in public health data modernization. All of this will allow data analysis to become more rapid, allowing public health professionals and policymakers to gain real-time insights. This foundation will also allow the public health community to enhance predictive analytics to detecting threats before their emergence as full-blown health crises.

The CDC IT and Data Governance (ITDG) board is a new governance approach and structure that supports enterprise-wide accountability for IT and data investments. The overarching goal is to enable strategic and effective IT and data policies, planning, and processes to support CDC's mission. This goal is supported through three objectives: optimizing CDC's IT and data investment process; strengthening and expanding strategic partnerships; and improving data access, analysis, and sharing to enable better decision-making. ITDG members are charged with prioritizing CDC-wide efficiencies and objectives to better serve program needs. ITDG is composed of leaders from across the agency; members are chosen for their expertise across functional areas and not their affiliation to any one CIO.

Tiger Teams

A tiger team is a CDC-driven process improvement technique designed to be rapid, collaborative, and creative. The chief operating officer identifies tiger team topics based on suggestions from CDC leaders and key managers. A CIO deputy director serves as the team's executive sponsor, contributing CIO experience with the process to guide the direction and outputs of the tiger team. Tiger team members participate in several working sessions to review the identified process to understand process challenges, brainstorm and develop improvement opportunities, and report issues and recommendations to CDC leadership for consideration. Recommendations are intended to be "quick wins" and short-term in nature with additional longer-term

solutions documented for future consideration by the respective process owner(s). The results of the working sessions are documented and summarized in a final report that is shared with the process owner(s) and CDC senior leadership. The process owner maintains responsibility for the implementation and execution of any identified solutions at the conclusion of the tiger team. Examples of recent CDC tiger teams include agency-wide Memorandum of Understanding/Memorandum of Agreement tracking and accountability, space management to reduce the agency's footprint, and a centralized electronic out-processing process.

Budget Overview

In FY 2020, Congress appropriated CDC just over $7.9 billion, almost $1.4 billion over the President's FY 2020 Budget request. In addition, the agency received $7.5 billion in supplemental funding to address COVID-19. While the original President's FY 2021 budget request for CDC was $7.0 billion, the Administration's March 2020 request for emergency supplemental appropriations to address COVID-19 also amended the President's FY 2021 request to include an additional $1.3 billion for CDC's base request.

Table 2: CDC FY 2020 Budget and FY 2021 President's Budget Request

Centers for Disease Control and Prevention (Dollars in Thousands)	FY 2020	FY 2021 Request/1
Budget Authority	$6,839,946	$6,893,514
Public Health Service (PHS) Evaluation Funds	$0	$541,638
Prevention and Public Health Funds (PPHF)	$854,250	$893,950
Nonrecurring Expenses Fund	$225,000	$0
Final Program Level	**$7,919,196**	**$8,329,102**

Table 2

1/Reflects the amended President's Budget request submitted by the Director of the Office of Management and Budget (OMB) on March 17, 2020, which increased the total for CDC by $1.3 billion.

Top Budget Opportunities and Challenges

As presented in the Top Issues for New Leadership, CDC has a number of opportunities under the new Administration to improve the Nation's health security by increasing investments in public health programs, both domestic and abroad. CDC faces significant budget challenges, a few of these are highlighted below.

Budget Structure

CDC's appropriation includes 13 separate accounts and over 150 programs, projects, and activities that Congress determines in the annual appropriations bill. CDC's programs, projects, and activities range from $100,000 for Familial Hypercholesterolemia to $675 million for the Public Health Emergency Preparedness program. This structure is extremely complicated to manage and provides little to no flexibility to direct funds to emerging public health threats.

Funding to Support Core Capabilities

In addition to COVID-19, CDC has responded to diverse public health threats this year including vaping product-use associated lung injuries, Ebola in Africa, complex multi-state food-borne disease outbreaks, wildfires, and hurricanes. The unique characteristics of each emergency require a specialized scientific approach, and one of CDC's strengths is the depth of scientific expertise in every area of public health. However, the common theme across all threats is the need for reliable and ready core public health capabilities – timely, complete and accurate data, often involving laboratory confirmation, interpreted by specially trained public health professionals, and acted on through a public health system at the national, tribal, state, territorial, and local level that must constantly coordinate and prepare for the next threat. These are the core capabilities that must be continually strengthened through dedicated investments that complement other investments being made in specific disease and risk factor programs. The investments in preparedness until now have fallen short of the country's needs, especially as it relates to the spread of infectious diseases. Ensuring that the needs of those most at-risk to health threats and those that have been systematically disenfranchised, or underserved is also a core value of the public health system, but inadequate resources have not allowed for robust inclusion of the necessary supports to these communities. Core capability funding would be used to address key enterprise risks identified by CDC, which include: 1) developing and retaining a robust world-class public health workforce that is

data-savvy and culturally competent; 2) planning, managing, and maintaining facilities to support its world-class work; 3) ensuring laboratory safety and quality; 4) modernizing and improving the interoperability of CDC's information technology, data, and surveillance assets; and 5) ensuring public health emergency preparedness. To enhance public health coordination, collaboration, and communication at the national and state level, CDC will place senior level scientists in every state. This comprehensive set of strategic activities will result in a highly coordinated, technologically advanced, strategic, predictive, and responsive public health system of the future.

Authorities through Appropriations

In addition to problems posed by its complicated budget structure, response efforts have been hampered by cumbersome hiring and staffing processes, lack of authority for danger pay or overtime pay in excess of annual pay caps for senior leaders working on responses, lengthy bureaucratic processes for approval of information collections, and lack of authority for construction of critical facilities overseas. In order to adequately support the evolving needs of CDC and the public health infrastructure at-large, authorities and exemptions are needed to allow CDC and its grantees to be nimbler in their approach to responding to disease outbreaks and other urgent public health threats. Additional flexibility in hiring, staffing, compensation, data requirements, and spending during public health emergencies is needed. CDC is seeking support from Congress, Office of Personnel Management, OMB, and HHS leadership to make these processes more efficient moving forward.

Looking across the Federal Government, there are authorities and flexibilities that allow agencies to be nimbler. For example, FEMA has the ability with a Stafford Act declaration to provide accelerated Federal assistance. A similar authority could be provided to CDC – notwithstanding language – to allow for rapid allocation of grant and contract dollars to accelerate innovation and response activities. FEMA has the authority to accept volunteer services (e.g., using personnel and facilities of outside organizations) through an Interagency Reimbursable Work Agreement with the Corporation for National Community Service and can activate "on-call" staff during a response. Every FEMA employee signs a document acknowledging that they all have emergency management responsibilities and may be deployed. Further, response employees at FEMA have a requirement in their performance plans stating that the incumbent must be able to deploy with little or no advance notice to anywhere in the U.S. and its territories for an extended period of time. Other agencies can pay responders above their annual aggregate salary cap, including allowing overtime plus danger and hazard pay; similar practices are implemented in state and local agencies. Recruitment and retention incentives, as well as direct hiring authority, would enable CDC to maintain a cutting-edge workforce, ready to tackle public health challenges. Finally, efforts to collect data during the COVID-19 public health emergency exposed significant delays caused by compliance with the Paperwork Reduction Act (PRA). Though CDC worked to secure a broad waiver for PRA during the emergency for some data collection packages, mandatory collection was considered ineligible for inclusion in the waiver. CDC must be able to more rapidly adjust data collection to meet data needs in the context of a fast-moving epidemic. This impediment would be removed with an exemption from PRA requirements.

Supplemental Versus Base Appropriations

Since FY 2015, CDC has received significant supplemental appropriations to address specific public health emergencies, as summarized in the table below. This supplemental funding has been critical for responding to the urgent needs of a specific emergency, but often leaves the agency with no sustained source of funding for the capacity to prevent the problems that led to the emergencies.

The FY 2015 Ebola supplemental funding provided CDC with $1.761 billion to be spent over five years to respond to Ebola and create a program to prevent, detect, and respond to future health security threats. The next year, a supplemental appropriation of $394 million supported the agency's response to Zika, which included establishing innovative and long-needed surveillance for emerging threats to mothers and babies, as well as centers of excellence for vector borne diseases. In FY 2017, CDC received $35 million to respond to the environmental health crisis in Flint, Michigan, which included funding to build back state and local capacity in

lead poisoning prevention. Additional supplementals received since FY 2018 are listed below. However, supplemental funds have limited periods of availability. When this type of short-term funding is used to shore up core public health activities that are both necessary to meet the needs of the immediate response, but also fulfill critical roles within CDC's broader public health mission, disruptive fiscal cliffs are created that leave enormous gaps and unmet needs.

This will be particularly challenging following the significant funding provided to CDC to respond to the COVID-19 pandemic. While some of these funds are being used to address unique, short-term challenges related specifically to COVID-19, some funds are being allocated to address long-standing workforce shortages, long-term technology investments, and other critical public health infrastructure that should be maintained not only to respond to COVID-19, but to more effectively address ongoing public health challenges and unknown future threats. Transitioning from a crisis response mode to ensuring that necessary public health infrastructure remains in place to prevent the next crisis will be a major challenge for the agency. CDC has prioritized funding for core public health capabilities to build the sustained, robust public health infrastructure needed to protect the American's health and economic security.

Figure 10: CDC's Top Line Budget with Supplemental Funding.

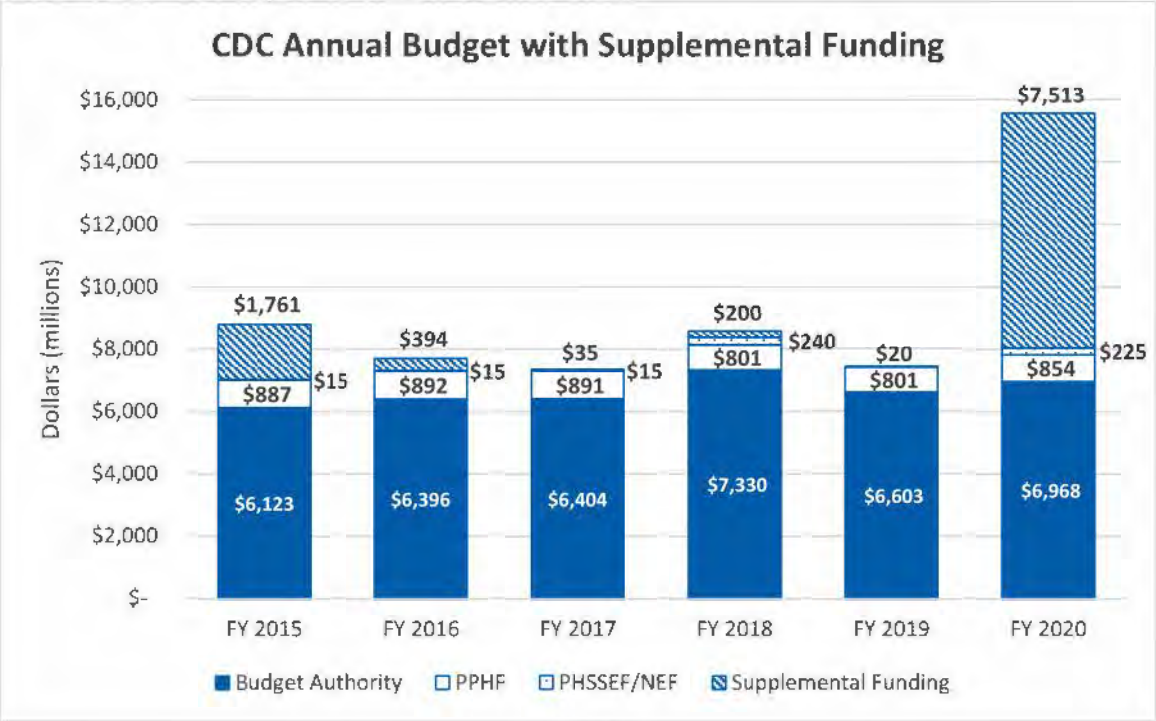


Figure 10

Reliance on the Prevention and Public Health Fund

Since FY 2010, Congress has used the Prevention and Public Health Fund (PPHF) to supplant budget authority. PPHF funding is now integral to CDC programs, and these funds currently support a range of CDC's base activities. PPHF funding has grown from 2.8 to 11.1 percent of CDC's total program budget. As the incoming Administration finalizes the FY 2022 President's Budget request, support for CDC's overall program level and increase in budget authority will be crucial.

The vast majority of these funds support six of CDC's existing state and local programs:

- Preventive Health and Health Services Block Grant: Funded entirely by PPHF, this program provides flexible funds to state health departments to address their unique public health needs in innovative and locally-defined ways.

- Immunization: PPHF funds more than 50 percent of this program, which protects individuals and communities from vaccine-preventable diseases through purchase vaccine, financial support of immunization state programs, provider and public education, and evaluation and research.
- Epidemiology and Laboratory Capacity Program: PPHF remains the annual source of core funding for this program, which support projects address multiple infectious diseases.
- Tobacco: PPHF funds more than 50 percent of this program, which supports the lifesaving Tips from Former Smokers® advertising campaign and tobacco quit line, two proven interventions for smoking cessation, as well as efforts to address e-cigarette use by teens.
- Heart Disease and Stroke: PPHF funding constitutes more than one third of funding, which supports 50 states and three tribal organizations to improve cardiovascular health and blood pressure control through proven, evidence-based strategies.
- Diabetes: PPHF funding constitutes more than one third of funding, which supports state, local, and territorial health departments, tribes and tribal organizations, and national organizations to work to prevent or delay type 2 diabetes, improve diabetes care and self-management and reduce the severity of complications.

Buildings and Facilities Repairs and Improvements

Investments in CDC's physical infrastructure are needed to adequately address today's threats and those of tomorrow. Both major capital investment and repair of current buildings and facilities are essential to ensure that CDC is able to maintain its ability to respond to the public health needs in the next decade. Recent investments by Congress are supporting the construction of a new high containment laboratory at CDC's Roybal campus as well as a new research support facility on the Chamblee campus. However, other critical needs remain. The current backlog of facility repairs and improvements exceeds $156 million and results in failing equipment in laboratories, frequent water leaks, and other urgent and costly emergency repairs. Beyond repair and improvement, construction and renovation to replace and expand aging facilities is needed. Priority projects in CDC's master plan include the development of environmental health laboratory facilities and an expanded infrastructure on the Chamblee campus. Development of these laboratory facilities will enable CDC to expand innovative techniques to assess disease risk, determine exposure levels among Americans, and respond rapidly to public health emergencies. Additional funding is needed to support renovations of CDC's current high containment laboratory for continued use alongside the new high containment lab, currently in design. Support systems for this laboratory that were once state-of-the art are showing their age, and many components are no longer manufactured. Additional laboratory space is also necessary to support CDC's vector-borne disease activities in Fort Collins, Colorado. The work conducted in these labs helps CDC understand when, where, how often, and how people are exposed to vector-borne pathogens, prevent exposure, and mitigate consequences of infection. Finally, additional funding is needed for NIOSH facilities, including construction of a replacement facility for mine research in West Virginia, as well as recapitalization of the Pittsburgh campus. This campus struggles from frequent power outages and aging facilities that interrupt work. The recapitalization will include construction of a 176,000 gross square feet National Personal Protective Technology Laboratory to develop innovative solutions and research-based recommendations for personal protective equipment.

Budget History: Trends

Table 3: CDC All-Purpose Table (FY 2016 Enacted, FY 2020 Enacted, FY 2021 President's Budget Request, and FY 2021 House mark)

All-Purpose Table (Dollars in Thousands)					
Activity	FY 2016 Enacted[1]	FY 2020 Enacted	FY 2021		
			President's Budget/1	House	Senate
Immunization and Respiratory Diseases	$797,155	$790,005	$830,005	$842,005	N/A
HIV/AIDS, Viral Hepatitis, STI and TB Prevention	$1,121,017	$1,273,556	$1,552,556	$1,287,556	N/A
Emerging and Zoonotic Infectious Diseases	$582,228	$635,772	$550,464	$649,972	N/A
Chronic Disease Prevention and Health Promotion	$1,176,651	$1,239,914	$813,250	$1,311,414	N/A
Birth Defects, Developmental Disabilities, Disability and Health	$135,610	$160,810	$112,250	$164,810	N/A
Environmental Health	$182,303	$213,850	$182,000	$236,850	N/A
Injury Prevention and Control	$236,059	$677,379	$730,159	$712,129	N/A
Public Health Scientific Services	$491,022	$578,497	$521,000	$593,497	N/A
Occupational Safety and Health	$338,621	$342,800	$190,000	$344,700	N/A
Global Health	$426,621	$570,843	$532,222	$572,843	N/A
Public Health Preparedness and Response	$1,413,250	$827,200	$802,000	$852,200	N/A
Cross-Cutting Activities and Program Support	$410,977	$358,570	$155,000	$358,570	N/A
Building and Facilities	$10,000	$250,000	$30,000	$30,000	N/A
ATSDR	$74,691	$76,691	$62,000	$79,000	N/A
Total Program Level	**$7,396,205**	**$7,995,887**	**$8,391,102**	**$8,035,546**	**N/A**
Less PHS Evaluation	$0	$0	$(541,638)	$0	N/A
Less PPHF	$(892,300)	$(854,250)	$(893,950)	$(856,150)	N/A
Less other directed resources (PHSSEF, NEF)	$(15,000)	$(225,000)	$0	$0	N/A
Total Budget Authority	**$6,488,905**	**$6,916,637**	**$6,995,514**	**$7,179,396**	**N/A**
FTE	**11,421**	**11,158**	**11,438**	**N/A**	**N/A**

Table 3

1/Reflects the amended President's Budget request submitted by the Director of OMB on March 17, 2020, which increased the total for CDC by $1.3 billion

Funding Sources

Since 2018, CDC has received funding from various sources:

- Budget Authority (BA): Broad responsibility conferred by Congress that empowers Government agencies to spend Federal funds. Congress can specify criteria for how agencies spend these funds. For example, Congress may stipulate that a given agency must spend funds by any time in the future, such as within a specific year or number of years.
- Cooperative Research and Development Agreement (CRADA): CRADA makes Government facilities, intellectual property, and expertise available for collaboration to promote development of commercialized products that meet a public health need. CRADA offers collaborators an option to license any CDC-developed intellectual property that results from the agreement.
- Energy Employees Occupational Illness and Compensation Program Act (EEOICPA): EEOICPA was enacted in October 2000 to provide compensation and medical benefits to employees who worked at certain Department of Energy facilities, including contractors, subcontractors, and certain vendors.
- Non-recurring Expenses Fund (NEF): NEF permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions including information technology and facilities infrastructure.
- President's Emergency Plan for AIDS Relief (PEPFAR): PEPFAR is an initiative to address the global HIV/AIDS epidemic and help save the lives of those suffering from the disease (primarily in Africa).
- President's Malaria Initiative (PMI): PMI's mission is to reduce malaria-related mortality by 50 percent across 15 high-burden countries in sub-Saharan Africa.
- Prevention and Public Health Fund (PPHF): Section 4002 of the Patient Protection and Affordable Care Act of 2010 established PPHF. PPHF is the Nation's first mandatory funding stream dedicated to improving our Nation's public health system.
- Public Health and Social Services Emergency Fund (PHSSEF): PHSSEF is an account HHS uses to provide annual or emergency supplemental appropriations for one-time or short-term public health activities in a variety of agencies and offices.
- Public Health Service Evaluation Funds (PHS Evaluation): Section 241 of the Public Health Service Act (PHSA) authorizes the HHS Secretary, with the approval of Congressional appropriators, to use a portion of the funds appropriated for programs authorized by PHSA to evaluate their implementation and effectiveness. This long-standing budgeting authority is known as the PHS Program Evaluation Set-Aside.
- Vaccines for Children (VFC): VFC is a federally-funded program providing no-cost vaccines to children who lack health insurance or who cannot otherwise afford vaccination costs. The Omnibus Budget Reconciliation Act of 1993 created the VFC program and required VCF to be a new entitlement of each State's Medicaid plan.
- Working Capital Fund (WCF): WCF is a revolving fund that allows an agency to provide business services on a fee-for-service basis. CDC's WCF finances organizations that provide administrative and business services support to CDC programs. WCF refers to these organizations, commonly known as CDC's Business Services Offices (BSOs), as "service providers." WCF launched in the beginning of FY 2014.
- World Trade Center Health Program (WTCHP): WTCHP provides medical benefits to individuals affected by the September 11, 2001 terrorist attacks on the United States. Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (P.L. 111-347), which amended the Public Health Service Act, established WTCHP.
- Further Additional Supplemental Appropriations for Disaster Relief Requirements Act, 2018 (P.L. 115-123, Division B): provided CDC $200 million for response, recovery, preparation, mitigation and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria.
- 2019 Disaster Relief Supplement (P.L. 116-20): P.L. 116-120 provided $20 million to CDC to support necessary expenses related to the consequences of Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, and wildfires and earthquakes occurring in calendar year 2018 and tornadoes and floods occurring in calendar year 2019 for which a disaster or emergency was declared.

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123): P.L. 116-123 provided $2.2 billion to CDC to prevent, prepare for and respond to coronavirus domestically and internationally.
- Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136): P.L. 116-136 provided CDC $4.3 billion and ATSDR $12.5 million to prevent, prepare for and respond to coronavirus domestically and internationally.
- Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139): P.L. 116-139 provided $1.0 billion to CDC transferred from the PHSSEF to support surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization, disseminating information about testing, and workforce support necessary to expand and improve COVID–19 testing. In addition, $10.25 billion from the PHSSEF was awarded to health departments through the CDC Epidemiology and Laboratory Capacity program for testing and contact tracing.

Component Information

Mission

CDC is a unique agency with a unique mission—to protect the safety, health, and security of Americans from threats here and around the world. CDC is the Nation's leading science-based, data-driven, service organization that protects the public's health. For more than 70 years, CDC has put science into action to help children stay healthy so they can grow and learn, to help families, businesses and communities fight disease and stay strong, and to protect the public's health. CDC works with states, communities, and other partners throughout the United States and internationally to secure global health, ensure domestic preparedness, eliminate disease, and end epidemics by using science and innovation to provide a foundation to prevent, detect, and respond to disease outbreaks. CDC focuses on five core capabilities to accelerate and enable our public health mission: optimize and employ world-class data and analytics, maintain state-of-the-art laboratory capacity, build and sustain top-tier public health expertise, quickly respond to outbreaks at their source, and build on the foundation for strong global health capacity and domestic preparedness.

Agency for Toxic Substances and Disease Registry

The director of CDC is also the Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). Superfund legislation created ATSDR in 1985 as an advisory, non-regulatory agency. Although ATSDR is an independent operating division within HHS, CDC performs its administrative functions. Today, congressional mandate directs ATSDR to perform specific functions concerning the effect of hazardous substances in the environment on public health. These functions include public health assessments of waste sites, health consultations concerning specific hazardous substances, health surveillance and registries, response to emergency releases of hazardous substances, applied research in support of public health assessments, and education and training concerning hazardous substances. With its headquarters in Atlanta, Georgia, at CDC's Chamblee Campus, ATSDR has a joint Office of the Director with the National Center for Environmental Health (NCEH).

CDC Components and Top Issues

CDC's centers, institute, and offices implement CDC's programs and activities in their areas of expertise and provide cross-cutting support to improve public health capacity and response domestically and abroad.

Fact sheets about each CIO – including their mission, organization, and priorities – can be found in Attachment B.

Oversight

CDC's Office of the Chief of Staff and has responsibility for CDC program reviews performed by the Government Accountability Office (GAO) and audits or program evaluations conducted by the Office of Inspector General (OIG).

Audit liaisons work closely with leadership throughout CDC and HHS OPDIVS/STAFFDIVS to ensure appropriate officials are participating in and prepared for GAO and OIG interviews, facilitate requests for information, and mitigate risks by working in tangent with the Office of the General Counsel and policy offices in each CIO.

Since 2017, CDC has had more than 300 new engagements, including at least 60 prominent engagements at any given time, many of which obtain media interest.

Office of the Inspector General and Government Accountability Office Engagements

CDC's OIG and GAO engagements since 2017 can be found in Attachment F.

Governance

Key Structures and Decision-Making Processes

Meeting Calendar

Leadership Group	Regular Meeting Occurrences
Senior Leadership Team	Every other week
CDC Management Board	Monthly
Working Capital Fund Board	Quarterly
Enterprise Risk Management Governance Board	Quarterly
IT and Data Governance Board	Monthly
Diversity and Inclusion Executive Steering Committee	Monthly

Senior Leadership Team

CDC's senior leadership team governs the agency's overall direction. A wide array of specific topic, functional, and project leadership boards work together to network, coordinate, and move the agency's agenda forward. The CDC director manages the agency's primary leadership group, the senior leadership team.

CDC Management Board

CDC's chief operating officer leads the CDC Management Board, which governs CDC's management practices in support of the agency's goals and strategic direction. The board is accountable for:

- Ensuring the health, welfare, morale, and development of an increasingly diverse workforce;
- Improving management within CDC;
- Providing cost-effective and efficient business services; and
- Communicating significant decisions and the associated rationales.

Working Capital Fund Governance Board

WCF is a revolving fund that allows an agency to provide business services on a fee-for-service basis. CDC's WCF finances organizations that provide administrative and business services support to CDC programs. A board presides over the WCF and approves the scope of services, associated rates, and service levels. The chief operating officer chairs the board, which is comprised of the CDC center directors, chief information officer, and chief financial officer.

Enterprise Risk Management Board

The CDC ERM Governance Board provides a structured and effective governance process for managing risks to CDC's mission and bears executive responsibility for presiding over agency-wide risk management at CDC. The Board is co-chaired by the chief operating officer (who also serves as the chief risk officer) and the principal deputy director. The Board is comprised of a cross-section of CDC leaders from all levels of the agency that maintain a significant interest in ensuring CDC manages risks that could impact the agency's mission and objectives. The Board enables senior level engagement and oversight to promote risk awareness and transparency across CDC strategy, operations, and performance. Members represent the interests of both their respective professional roles and the agency. In FY 2020, CDC developed and disseminated the first CDC agency risk appetite statement, which identifies the agency approach to managing risk to achieve its public health mission. In addition, development of risk appetite statements for grants management and laboratory safety and quality to reflect the types and amount of risk CDC is willing to take in these specific areas. CDC also updated the agency risk profile based on a combination of a bottom-up assessment from programs (more than 400 risks identified by risk champions and CIO directors) and a top down review of strategic risk to CDC's public health mission.

IT and Data Governance Board

The CDC IT and Data Governance (ITDG) board is a new governance approach and structure that supports enterprise-wide accountability for IT and data investments. The overarching goal is to enable strategic and effective IT and data policies, planning, and processes to support CDC's mission. This goal is supported through three objectives: optimizing CDC's IT and data investment process; strengthening and expanding strategic partnerships; and improving data access, analysis, and sharing to enable better decision-making. ITDG members are charged with prioritizing CDC-wide efficiencies and objectives to better serve program needs. ITDG is composed of leaders from across the agency; members are chosen for their expertise across functional areas and not their affiliation to any one CIO.

CDC Diversity and Inclusion Executive Steering Committee

The CDC Diversity and Inclusion Executive Committee (DIESC) was established to oversee agency-wide commitments to a work environment and organizational culture that fosters inclusion, fairness, and equity. DIESC recommendations will ensure senior leadership commitment, accountability, and strategic action. DIESC will monitor progress toward goals, require CIO-level leadership and engagement in the implementation of best practices, and ensure that CDC-wide communications increase the visibility of agency and CIO activities to achieve greater diversity and inclusion. DIESC is co-chaired by the principal deputy director and Office of Minority Health and Health Equity director and made up of a diverse group of senior leaders from each agency CIO. These senior leaders have a vested interest in creating change across the agency by helping shape each CIO's efforts toward diversity and inclusion and will serve as a channel to discuss and address employee concerns among CDC leadership.

Federal Advisory Committees

Federal advisory committees are a key component of CDC's overall strategy to achieve stakeholder and public engagement in its efforts and commitment to improve people's health. The Federal Advisory Committee Act (P.L. 92-463) provides a mechanism for experts and stakeholders to participate in the decision-making process, offering advice and recommendations to the Federal Government as members of advisory committees. Currently, Federal advisory committees provide advice and recommendations on a broad range of public health issues to help the agency achieve its mission to promote health and quality of life by preventing and controlling disease, injury, and disability.

- Advisory Board on Radiation and Worker Health (ABRWH);
- Advisory Committee on Breast Cancer in Young Women (ACBCYW);
- Advisory Council for the Elimination of Tuberculosis (ACET);
- Advisory Committee on Immunization Practices (ACIP);
- Board of Scientific Counselors, Center for Preparedness and Response (BSC, CPR);
- Board of Scientific Counselors, Deputy Director for Infectious Diseases (BSC, DDID);
- Board of Scientific Counselors, National Center for Health Statistics (BSC, NCHS);
- Board of Scientific Counselors, National Center for Injury Prevention and Control (BSC, NCIPC);
- Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH);
- CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT);
- Clinical Laboratory Improvement Advisory Committee (CLIAC);
- Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP);
- Healthcare Infection Control Practices Advisory Committee (HICPAC);
- Interagency Committee on Smoking and Health (ICSH);
- Lead Exposure and Prevention Advisory Committee (LEPAC);
- Mine Safety and Health Research Advisory Committee (MSHRAC);
- National Committee on Vital and Health Statistics (NCVHS);
- Safety and Occupational Health Study Section (SOHSS); and
- World Trade Center Health Program – Scientific Technical Advisory Committee (WTCHP-STAC).

Participation in Enterprise Government Activities

CDC is an active participant with many HHS and Government-wide committees and working groups. These range from scientific, cross-cutting activities such as Combating Antibiotic-Resistant Bacteria to management and operations, such as the HHS Service and Supply Fund, ReImagine HHS, and the Program Management Improvement Accountability Act.

Policies and Regulations

For more information about CDC's regulations, please visit www.cdc.gov/regulations. The following data is as of July 2020.

Historical Overview (2017-Present)

Most of CDC's regulatory activities each year are revisions to current regulations. Since 2017:

- Number of regulations issued: 29 (range: 3-13 per year).
- Number of regulatory Federal Register Notices (FRNs) issued: 34 (range: 5-12 per year).
- Number of deregulatory actions taken: 8 (range: 1-4 per year).
- Percentage deemed not significant by the Office of Management and Budget's Office of Information and Regulatory Affairs (OIRA): 27 percent.
- Number of rules for which E.O. 13771 (Reducing Regulation and Controlling Regulatory Costs) did not apply: 13.

CDC's 2020 Spring Regulatory Agenda

Final Rules:

- Approval Tests and Standards for Air-Purifying Particulate Respirators;
- Control of Communicable Diseases; Importation of Human Remains;
- Control of Communicable Diseases; Foreign Quarantine; and
- Control of Communicable Diseases; Foreign Quarantine: Suspension of Introduction of Persons into the United States from Designated Foreign Countries or Places for Public Health Purposes.

Proposed Rules:

- Updates to Specifications for Medical Examinations of Coal Miners; B Reader Decertification and Reimbursement for Autopsies;
- Respirator Certification Fees: Fee Schedule Update; and
- CDC and ATSDR User Fee Regulations.

Pre-Rule Stage:

- Possession, Use, and Transfer of Select Agents and Toxins; Biennial Review.

Existing Regulatory Practice

Response to World Trade Center Health Program petitions:

- Response to one petition is in development; response should be published by December 31, 2016. The response will not require rulemaking.
- At this time, it is unknown if other petitions will be submitted in the new Administration's first year.

Request for comments:

- CDC routinely publishes requests for comments and requests for information on various draft scientific documents, vaccine information materials, and strategic plans.
- CDC currently has no requests for comments and requests for information under review.

Office of Information and Regulatory Affairs Relations

Relations between CDC and the Office of Information and Regulatory Affairs (OIRA):

- CDC works through policy coordinators in HHS's Office of the Executive Secretariat.
- Within CDC, the Office of the Chief of Staff serves as the liaison for all regulatory matters.

Review process for regulations within CDC:

- CDC programs submit regulatory documents to the Office of the Chief of Staff for review.

- Documents are disseminated to key CDC offices for review including:
    - Office of the Associate Director for Policy and Strategy;
    - Office of the Associate Director for Communication;
    - Office of the General Counsel;
    - Office of the Chief Operating Officer;
    - Office of Science;
    - CDC Washington Office;
    - CDC privacy officer;
    - CDC Information Collection Review Office (Paperwork Reduction Act); and
    - Other CDC units as necessary.
- After comments are resolved, the chief regulatory officer approves the regulation.
- After approval by the chief regulatory officer, the chief of staff and the CDC director approve the rule for transmittal to HHS Office of the Executive Secretariat.

CDC Regulatory Authorities

CDC's regulatory authorities are outlined in Attachment G.

Summary of Litigation

For the latest information about litigation, please contact HHS's Office of the General Counsel.

Congressional Relations

Relevant Committees

Oversight Committees and Leadership (as of October 2020)

Committee	Majority Leadership	Minority Leadership
House Energy and Commerce Subcommittee on Oversight and Investigations	Diana DeGette (D-CO), Chairwoman	Brett Guthrie (R-KY), Ranking
House Committee on Oversight and Government Reform	Carolyn Maloney (D-NY), Chairwoman	James Comer (R-KY), Ranking
Senate Homeland Security and Governmental Affairs	Ron Johnson (R-WI), Chairman	Thomas Carper (D-DE), Ranking

Authorization Committees and Leadership (as of October 2020)

Committee	Majority Leadership	Minority Leadership
House Energy and Commerce Committee **Subcommittee on Health**	Frank Pallone (D-NJ), Chairman Anna Eshoo (D-CA), Chairwoman	Greg Walden* (R-OR), Ranking Member Michael Burgess (R-TX), Ranking Member
Senate Health, Education, Labor and Pensions	Lamar Alexander* (R-TN), Chairman	Patty Murray (D-WA), Ranking Member
House Committee on Foreign Affairs (Global Health)	Eliot Engel* (D-NY), Chairman	Michael McCaul (R-TX), Ranking Member
Senate Committee on Foreign Relations (Global Health)	Jim Risch (R-ID), Chairman	Bob Menendez (D-NJ), Ranking Member
House Transportation and Infrastructure Committee (ATSDR)	Peter DeFazio (D-OR), Chairman	Sam Graves (R-MO), Ranking Member
House Education and the Workforce Committee **Subcommittee on Workforce Protections (NIOSH)**	Bobby Scott (D-VA), Chairman Alma S. Adams (D-NC), Chairwoman	Virginia Fox (R-VA), Ranking Member Bradley Byrne (R-AL), Ranking
Senate Environment and Public Works Committee (ATSDR)	John Barrasso (R-WY), Chairman	Tom Carper (D-DE), Ranking Member

*Member of Congress not running for re-election

Appropriations Committees and Leadership (as of October 2020)

Committee	Majority Leadership	Minority Leadership
House of Representatives Appropriations Committee	Nita Lowey* (D-NY), Chairwoman	Kay Granger (R-TX), Ranking Member
Senate Appropriations Committee	Richard Shelby (R-AL), Chairman	Patrick Leahy (D-VTMD), Vice Chairman
Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies	Roy Blunt (R-MO), Chairman	Patty Murray (D-WA), Ranking Member
House of Representatives Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies	Rosa DeLauro (D-CT), Chairwoman	Tom Cole (R-OK), Ranking Member
Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs	Lindsey Graham (R-SC), Chairman	Patrick Leahy (D-VT), Ranking Member
House of Representatives Appropriations Subcommittee on State, Foreign Operations, and Related Programs	Nita Lowey* (D-NY), Chairwoman	Hal Rogers (R-KY), Ranking Member
Senate Appropriations Subcommittee on Interior, Environment, and Related Agencies	Lisa Murkowski (R-AK), Chairwoman	Tom Udall (D-NM), Ranking Member
House of Representatives Appropriations Subcommittee on Interior, Environment, and Related Agencies	Betty McCollum (D-MN), Chairwoman	David Joyce (R-OH), Ranking Member

*Member of Congress not running for re-election

Membership and Key Issues

Key CDC staff:

- CDC's Washington Office manages relations with oversight and authorization committees.
- CDC's Office of the Chief Operating Officer manages relations with appropriations committees.

Overview of previous hearings

Attachment H contains a list of CDC's hearings since 2017.

Current inquiries:

- House Committee on Oversight and Government Reform: Vaccine Safety;
- House Energy and Commerce Committee: Laboratory Safety and Select Agents; and
- House Energy and Commerce Committee: Prescription Drug Overdose.

Required Authorization/Appropriation Reports and Updates to Congress

For more information on required reports to Congress, please see bill language for FY 2020 and FY 2021.

Key Pending Legislation

For the latest information about pending legislation, contact the HHS's Assistant Secretary for Legislation.

Confirmation hearing prep

CDC does not have any positions that require Senate confirmation.

Implications of Continuing Resolutions

CDC provides billions of dollars to state, local, tribal, and territorial agencies on an annual basis. The uncertainty of funding levels during a continuing resolution can have significant impact on CDC and its partners' ability to meet critical program goals. Similar to prior continuing resolutions, the FY 2021 continuing resolution poses a problem to perform fiscal planning and impacts a number of high-priority program decisions.

Examples of FY 2021 priorities that will not be met under a continuing resolution include:

Core Public Health Capabilities

CDC and our public health partners as at the state, territorial, tribal and local level as well as across the world, need sustainable funding for core capabilities that enable us to end epidemics, eliminate diseases, detect and respond new and emerging threats and to promote health for all. These core capabilities include all of the fundamental building blocks for effective public health action, such as laboratory capacity; public health disease surveillance; data and analytics; and a well-trained public health workforce that is diverse, culturally competent, data-savvy and working in safe, modern facilities. Sustained funding for these capabilities will ensure CDC is prepared domestically and contributing effectively to an effort that builds global public health capacity and provides global health security. In the FY 2021 amended budget request, CDC requested $1.328 billion in new funding for this purpose.

Ending the HIV Epidemic

Working together, public health professionals and local communities have begun a once-in-a-generation effort to turn critical breakthroughs in the science of HIV prevention into the opportunity to end the HIV epidemic in America. Important progress has already been made in some of the communities in the U.S. hardest hit by new HIV infections. With sustained resources over the next 8-10 years, it will be possible to improve diagnosis, treatment, and prevention of HIV to the point where new infections are completely eliminated. In the FY 2021 amended budget request, CDC requested $371 million for this purpose, although earlier estimates for year two of this initiative were $554 million.

Vector-Borne Diseases

The United States is increasingly vulnerable to vector-borne diseases, and Americans are threatened by these diseases both at home and when traveling outside the U.S. Globally, vector-borne diseases account for 17 percent of all infectious diseases, and nationally, there are troubling trends emerging. There has been a tripling of reported vector-borne disease since 2004 and a doubling of tick-borne disease. In the last 13 years, 10 new vector-borne pathogens have been identified in the U.S. A major contributor to the increasing risk of vector-borne disease in the U.S. is the geographic expansion of mosquito and tick vectors, which leaves many states and territories vulnerable to new and emerging diseases with little or no capacity to respond. In the FY 2021 amended budget request, CDC requested an increase of $13 million for this purpose.

External Stakeholders Overview

CDC alone cannot protect the health of the American people. By engaging with others – from state and local health departments and private corporations, to media outlets and the general public – the agency can achieve the vision of a better world, with safer, healthier people.

State, Tribal, Local, and Territorial Health Departments

Annually, CDC awards billions of dollars to support the Nation's public health system, which includes state, local, tribal, and territorial entities. CDC plays a vital role in helping health agencies work to enhance their capacity and improve their performance to strengthen the public health system on all levels. CDC provides an online interactive data tool to provide information about grant funding to recipients in states, the District of Columbia, and territories. The tool allows users to view, sort, and analyze data by funding opportunity announcement, funding source, and recipient. In addition to financial support, CDC provides technical assistance to public health officials by:

- Serving as an informal sounding board and consultation;
- Sharing data to support health departments for decision making;
- Distributing toolkits and other resources for conducting epidemiologic investigations;
- Developing materials for communicating with the public regarding emerging issues of concern;
- Convening discussions with stakeholders to increase awareness and discuss solutions;
- Connecting partners to other jurisdictions with similar issues; and
- Assigning CDC staff to work in the field.

CDC can also conduct an Epi-Aid, if requested. An Epi-Aid is an investigation of an urgent public health problem, such as infectious or noncommunicable disease outbreaks, unexplained illnesses, or natural or manmade disaster. When a public health authority requests assistance from CDC, an Epi-Aid provides rapid, short-term support by Epidemic Intelligence Service officers and other CDC subject matter experts. The Epi-Aid investigation team helps partners make timely decisions to control the public health problem. The CDC team joins local staff in the community, while the requesting public health authority provides overall leadership for the investigation.

CDC is available to provide other support services to health officials:

- Health Hazard Evaluation (HHE): The program provides services to assess potential health hazards in workplaces.
- Community Assessment for Public Health Emergency Response (CASPER): Health officials can request assistance in conducting a rapid needs assessment to determine the health status, basic needs, or knowledge, attitudes, and practices of a community in a quick and low-cost manner.
- Assessment of Chemical Exposures (ACE): Health officials can use ACE tools to conduct, or can request assistance from the ACE program in performing an epidemiologic assessment after a chemical incident.
- Customized Support for Health Officials (CSHO): The program provides customized support for health officials to improve population health in their communities by connecting them with world-class subject matter experts, developing customized data and resource packages, and coordinating peer-to-peer networking opportunities.

Pertinent Third Party Reports

The National Academies of Sciences, Engineering, and Medicine released a report in 2020 titled *Evidence-Based Practice for Public Health Emergency Preparedness and Response* that can be found at https://doi.org/10.17226/25650.

International Partners

CDC works in close partnership with a wide array of international agencies and institutions to shape global health policies and to fund, implement, and evaluate programs. CDC partners with international and

multinational organizations, the World Bank, other Federal agencies within the U.S. Government, private foundations, universities, and global health organizations. CDC works closely with ministries of health and other partners to maintain strong programs overseas.

Health Professionals

CDC is the key source of information for health professionals around the world. Ranging from recommendations from the Advisory Committee on Immunization Practices to clinical guidance on emerging health threats like COVID-19 and Ebola, health professionals count on CDC for accurate and timely guidance and breaking news.

Some of CDC's key publications and information sources:

- Health Alert Network (HAN): HAN is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers. CDC's HAN collaborates with Federal, state, territorial, and city/county partners to develop protocols and stakeholder relationships to ensure a robust interoperable platform for the rapid distribution of public health information.
- *Morbidity and Mortality Weekly Report (MMWR)*: MMWR is often called "the voice of CDC." The MMWR series is the agency's primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations. MMWR readership predominately consists of physicians, nurses, public health practitioners, epidemiologists and other scientists, researchers, educators, and laboratorians. The data in the weekly MMWR are provisional, based on weekly reports to CDC by state health departments.
- Vital Signs: CDC Vital Signs monthly report includes an MMWR Early Release, a fact sheet and media release, and social media tools. Most materials are available in English and Spanish. Vital Signs is released the first Tuesday of each month. CDC Vital Signs links science, policy, and communications with the intent of communicating a call-to-action for the public action.
- Epi-X: Epi-X supports postings and discussions about disease outbreaks and other public health events that potentially involve multiple jurisdictions. Epi-X was created to provide public health officials with a single source for up-to-the-minute alerts, reports, discussions, and comments to respond to public health emergencies, and encourage professional growth and exchange of information. The reports are contributed by health professionals and moderated by medical epidemiologists and laboratorians at CDC.

Non-Governmental Organizations

The U.S. public health system is most effective when Government teams up with national nonprofit organizations to address emerging epidemics, develop the public health workforce, communicate public health information, translate science to practice, and evaluate effective public health services. National public health partners with their memberships and associations have the reach, influence, access, and capabilities for an effective public health response. A key role for national public health partners is to provide capacity-building assistance to ensure a capable and efficient public health workforce.

Private Sector Partners

CDC works with the business sector to successfully carry out its mission. Engaging the business community can improve workforce and community well-being, lead to innovative strategies, and change the way CDC conceptualizes and solves problems. Opportunities for both formal and informal collaborations may lead to valuable, mutual benefits. For example, CDC partners with industry, academia, nonprofits, and other Government agencies to transfer its research portfolio into products and services to improve public health and facilitate the use of Cooperative Research and Development Agreements.

Federal Employee Unions

CDC has seven collective bargaining agreements (CBA) with local chapters of the American Federation of Government Employees (AFGE), the National Alliance of Postal and Federal Employees (NAPFE), and the National Treasury Employees Union (NTEU).

Union	Location	Approximate Number of Bargaining Unit Employees Represented	Collective Bargaining Agreement (CBA)
AFGE Local 1916	Pittsburgh, PA; Spokane, WA	59	Active CBA
AFGE Local 2883	Atlanta, GA	1,900	Recent contract negotiations resulted in an impasse between the union and CDC, five articles are with the Federal Service Impasse Panel for a decision
NAPFE Local 303	Atlanta, GA	4	The union is currently inactive
AFGE Local 2923	Research Triangle Park, NC	17	The union and CDC are working to renegotiate the contract
AFGE Local 3430	Morgantown, WV	58	Active CBA
AFGE Local 3840	Cincinnati, OH	100	Active CBA
NTEU Chapter 287	Hyattsville, MD	66	Active CBA

Crisis Management and Emergency Response

Emergency Response Plan

- CDC develops and implements internal emergency response planning for the agency.
- Planning occurs under the umbrella of the Occupant Emergency Program. CDC's Occupant Emergency Program is an all-hazards approach that ensures that CDC can respond to and manage any incident that may impact CDC staff or facilities.
- CDC's current major focus is on ensuring all CDC locations have a similar approach and comparable resources through a revision of the CDC Occupant Emergency Plan, and through a series of emergency response exercises, including seminars, tabletop exercises, and full-scale exercises.
- Activities in the coming year will focus on continuing to build capacity within the Atlanta area, and on working with CDC facilities outside of the Atlanta area to update their response plans and bring them into better alignment with CDC's Occupant Emergency Program.

Continuity of Operations Information

- CDC develops and implements continuity of operations (COOP) planning to meet Federal requirements and further best practices in emergency preparedness.
- CDC maintains a COOP plan designed to ensure the continuation of pre-identified essential functions. CDC also maintains an alternate operating facility to assist in the continuation of CDC's essential functions.
- COOP activities in the coming year will focus on updating COOP plans to apply lessons learned from the COVID-19 pandemic which caused CDC to implement aspects of COOP planning.

Primary Point of Contact

Josh Bornstein
Director, Office of Security, Safety, and Asset Management
Centers for Disease Control and Prevention
(404) 639-5153
jbornstein@cdc.gov

Administrative Information

Division Transition Team Contacts

HHS Presidential Transition Council Representative
Sherri Berger, MSPH
Chief Operating Officer
Centers for Disease Control and Prevention
(404) 639-7846
sberger@cdc.gov

Lessons Learned for Success on Day 1

CDC's headquarters are located in Atlanta, Georgia. The main address is 1600 Clifton Road NE, Atlanta, Georgia 30329. CDC has a number of additional locations in the Atlanta area. CDC can reserve visitor parking on campus with advance notice. CDC's cybersecurity infrastructure plan and procedures, as well as privacy infrastructure, is under the chief information officer. CDC will provide Wi-Fi and computer access to on-site visitors, using the Government-issued PIV card.

Security Procedures, Transportation, and Parking Information
Josh Bornstein
Director, Office of Security, Safety, and Asset Management
Centers for Disease Control and Prevention
(404) 639-5153
jbornstein@cdc.gov

Information Technology and Computer Access
Suzi Connor
Chief Information Officer
Centers for Disease Control and Prevention
(770) 488-1002
sconnor2@cdc.gov

Map of Organization Facilities

Attachment I contains maps for all CDC locations across the United States.

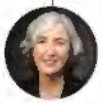
Attachments

Attachment A: CDC's Organizational Chart

CDC Organizational Chart

September 17, 2020

CDC DIRECTOR
Robert R. Redfield, MD



PRINCIPAL DEPUTY DIRECTOR
Anne Schuchat, MD (RADM, USPHS, RET)

CHIEF OF STAFF
Nina Witkofsky**

CHIEF STRATEGY OFFICER & CHIEF OPERATING OFFICER
Sherri Berger, MSPH

CDC WASHINGTON DIRECTOR
Anstice Brand Kenefick**

OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY
Reginald R. Mebane, MS

ASSOCIATE DIRECTOR FOR COMMUNICATION
KATE GALATAS, MPH **

ASSOCIATE DIRECTOR FOR LABORATORY SCIENCE AND SAFETY
Steve Monroe, PhD

ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY
Robin M. Ikeda, MD, MPH (RADM, USPHS)

CHIEF MEDICAL OFFICER
Mitch Wolfe, MD, MPH (RADM, USPHS)

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
John Howard, MD, MPH, JD, LLM, MBA

DEPUTY DIRECTOR FOR PUBLIC HEALTH SERVICE AND IMPLEMENTATION SCIENCE
Nathaniel Smith, MD, MPH

Office of Minority Health and Health Equity
Leandris Liburd, PhD, MPH, MA

Center for Global Health
Rebecca Martin, PhD

Center for Preparedness and Response
John Dreyzehner, MD, MPH, FACOEM

Center for State, Tribal, Local, and Territorial Support
José T. Montero, MD, MHCDS

DEPUTY DIRECTOR FOR PUBLIC HEALTH SCIENCE AND SURVEILLANCE
Chesley Richards, MD, MPH, FACP

Office of Science
Rebecca Bunnell, PhD

Office of Laboratory Science and Safety
Steve Monroe, PhD

Center for Surveillance, Epidemiology, and Laboratory Services
Michael F. Iademarco, MD, MPH (RADM, USPHS)

National Center for Health Statistics
Brian C. Moyer, PhD

DEPUTY DIRECTOR FOR NON-INFECTIOUS DISEASES
Celeste Philip, MD, MPH

National Center on Birth Defects and Developmental Disabilities
Karen Remley, MD, MBA, MPH, FAAP

National Center for Chronic Disease Prevention and Health Promotion
Karen Hacker, MD, MPH

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry
Patrick Breysse, PhD, CIH*

National Center for Injury Prevention and Control
Debra Houry, MD, MPH

DEPUTY DIRECTOR FOR INFECTIOUS DISEASES
Jay C. Butler, MD (CAPT, USPHS, RET)

National Center for Immunization and Respiratory Diseases
Nancy Messonnier, MD (CAPT, USPHS, RET)

National Center for Emerging and Zoonotic Infectious Diseases
Rima Khabbaz, MD

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Jonathan Mermin, MD, MPH (RADM, USPHS)

* ATSDR is an OPDIV within DHHS but is managed by a common director's office.

** Acting position

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC Organizational Chart: Text Version

Office of the Director

- Director: Robert R. Redfield, MD
- Principal Deputy Director: Anne Schuchat, MD (RADM, USPHS, RET)
- Office of the Associate Director for Communication: Kate Galatas, MPH **
- Office of the Associate Director for Laboratory Science and Safety: Steve Monroe, PhD
- Office of the Associate Director for Policy and Strategy: Robin M. Ikeda, MD, MPH (RADM, USPHS)
- Chief Medical Officer: Mitch Wolfe, MD, MPH (RADM, USPHS)
- Office of the Chief of Staff: Nina Witkofsky**
- Office of the Chief Operating Officer: Sherri A. Berger, MSPH
- CDC Washington Office: Anstice Brand Kenefick**
- Office of Equal Employment Opportunity (OEEO): Reginald R. Mebane, MS

National Institute for Occupational Safety and Health (NIOSH)

Director: John Howard, MD, MPH, JD, LLM, MBA

Deputy Director for Public Health Service and Implementation Science (DDPHSIS)

Nathaniel Smith, MD, MPH

- Office of Minority Health and Health Equity (OMHHE): Leandris Liburd, PhD, MPH, MA
- Center for Global Health (CGH): Rebecca Martin, PhD
- Center for Preparedness and Response (CPR): John Dreyzehner, MD, MPH, FACOEM
- Center for State, Tribal, Local and Territorial Support (CSTLTS): José T. Montero, MD, MHCDS

Deputy Director for Public Health Science and Surveillance (DDPHSS)

Chesley Richards, MD, MPH, FACP

- Office of Science (OS): Rebecca Bunnell, PhD, MEd
- Office of Laboratory Science and Safety (OLSS): Steve Monroe, PhD
- Center for Surveillance, Epidemiology, and Laboratory Services (CSELS): Michael F. Iademarco, MD, MPH (RADM, USPHS)
- National Center for Health Statistics (NCHS): Brian C. Moyer, PhD

Deputy Director for Non-Infectious Diseases (DDNID)

Celeste Philip, MD, MPH

- National Center on Birth Defects and Developmental Disabilities (NCBDDD): Karen Remley, MD, MBA, MPH, FAAP
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Karen Hacker, MD, MPH

- National Center for Environmental Health/Agency for Toxic Substances and Disease Registry* (NCEH/ATSDR): Patrick Breysse, PhD, CIH
- National Center for Injury Prevention and Control (NCIPC): Debra Houry, MD, MPH

Deputy Director for Infectious Diseases (DDID)

Jay C. Butler, MD (CAPT, USPHS, RET)

- National Center for Immunization and Respiratory Diseases (NCIRD): Nancy Messonnier, MD
- National Center for Emerging and Zoonotic Infectious Diseases (NCEZID): Rima F. Khabbaz, MD
- National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP): Jonathan Mermin, MD, MPH (RADM, USPHS)

** ATSDR is an OPDIV within DHHS but is managed by a common director's office.*

***Acting*

Attachment B: Fact Sheets for CDC's Centers, Institute, and Offices (CIOs)

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR)

SNAPSHOT

MISSION

The mission of ATSDR is to investigate environmental exposures to hazardous substances in communities and take action to reduce harmful exposures and their health consequences.

ORGANIZATION

Office of Capacity Development and Applied Prevention Science (OCDAPS)

Office of Community Health and Hazard Assessment (OCHHA)

Office of Innovation and Analytics (OIA)

PRIORITIES

Help communities reduce the harmful health effects of hazardous environmental exposures from waste sites, chemical releases and spills

Expand the scientific knowledge base for toxic substances and health effects

Address community environmental justice issues by assessing hazardous exposures, particularly among tribal communities and other vulnerable populations

Educate and train health professionals on how to better address environmental and chemical hazards

Respond to emergency releases of hazardous substances 24/7

Apply innovative Geographic and Geospatial Information Science to research and practice

Why We're Here

The Comprehensive Environmental Response, Compensation, and Liability Act of 1980—the "Superfund" Act—created ATSDR to serve as a science-based public health agency working to address community concerns about hazardous waste and other harmful exposures. As a core function, ATSDR establishes and maintains effective relationships with people in communities that are impacted by environmental hazards throughout the nation. ATSDR assists those impacted communities by investigating and addressing their environmental hazards. ATSDR's environmental health expertise, regional locations, and ability to respond 24/7 enables the agency to respond to and address environmental health threats from chemical spills and other emergencies at a moment's notice.

How We Work

ATSDR accomplishes its mission by:

- **Assessing human exposures** to potentially harmful substances by being strategically positioned in the 10 HHS regions across the United States.
- **Partnering with communities** to help address concerns about environmental exposures and providing resources to build capacity in state and local governments to anticipate, assess and respond to hazardous substances.
- **Strengthening the application of toxicological science** to inform public health actions and building the scientific knowledge base about hazardous substances.
- **Providing clinical education and outreach** to healthcare providers, parents, childcare providers and government officials on human health and the environment. Building state and national collaborations to improve environmental practice in healthcare settings.
- **Using geographic and geospatial expertise** to enable ATSDR's scientists and communities to better understand interrelated environmental, sociodemographic and behavioral issues resulting from hazardous exposures throughout the United States.

ATSDR
U.S. Department of Health and Human Services
Agency for Toxic Substances and Disease Registry

CS317591-A 09/24/2020

KEY ACCOMPLISHMENTS

700+ requests fulfilled in 2019 - assisting communities, states and federal agencies in investigating hazardous substances, addressing potential health risk of over 2 million people in the United States.

40+ communities examined across the nation for potential of exposure to Per- and Polyfluoroalkyl Substances.

35 sites or communities supported by ATSDR's Geospatial Research, Analysis, and Services Program (GRASP) looking at many types of environmental and infectious disease concerns through geospatial analysis.

79,000 childcare stakeholders reached through educational and **2,300 childcare locations screened** for potential hazards to directly protect children and staff.

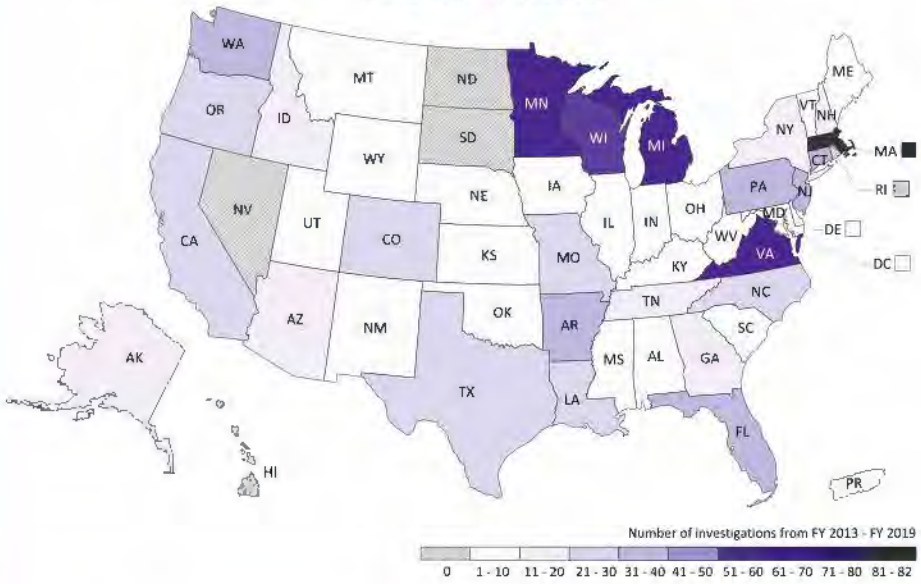
31,000+ Health professionals educated on diagnosing and treating conditions related to hazardous exposures.

16,500+ Participants added to the National Amyotrophic Lateral Sclerosis (ALS) Registry diagnosed with the disease and over 1,000 patients connected with more than 45 clinical trials and epidemiological studies, collected 1,000+ biorepository specimens and funded 17 research grants.

What's Needed

- **Expand the use of technological tools**, to increase effectiveness and timeliness in protecting communities from environmental hazards.
- **Increase knowledge about toxic exposures** in communities and within vulnerable populations.
- **Identify and address environmental justice issues** in underserved populations.
- **Expand the state cooperative agreement program to all 50 states** to develop the capacity to address environmental health issues within their communities.
- **Promote environmental health literacy** to create environments that promote health and reduce negative health effects of environmental contamination.
- **Provide data for public action** by increasing knowledge of environmental science through toxicological profiles and other toxicological analyses.

ATSDR Community Health Investigations FY 2013 - FY 2019



Long-Term Opportunities

- **Leverage citizen and cutting-edge science and technology** to guide the future of environmental assessment and response.
- **Improve partnerships with underrepresented populations** and communities affected by environmental injustices, including the African American, Latino and American Indian/Alaska Native population.
- **Improve children's health** by reducing the exposure to harmful environmental factors that may impact expectant mothers and children.
- **Address the public health effects of emerging contaminants** by expanding health studies, increasing dissemination of data and evidence to inform decision making.
- **Improve ATSDR's ability to respond to environmental emergencies 24/7**, and better understand how environmental factors impact the health of communities throughout the United States.

For more information visit https://www.atsdr.cdc.gov/ or call 1-800-CDC-INFO.

CENTER FOR GLOBAL HEALTH (CGH)

SNAPSHOT

MISSION

The mission of CGH is to improve the health, safety, and security of Americans while reducing morbidity and mortality worldwide.

ORGANIZATION

Office of the Director

Global Travel Office

Management and Overseas Operations Office

Division of Global Health Protection

Division of Global HIV and TB

Division of Parasitic Diseases and Malaria

Global Immunization Division

PRIORITIES

Health Impact: Save lives, improve health outcomes, and foster healthy populations globally

Health Security: Protect Americans and populations across the globe by strengthening global public health prevention, detection, and response

Public Health Science Leadership: Lead and influence the advancement of global public health science and practice

Why We're Here

Global health security is national and economic security. In today's inter-connected world, a disease threat anywhere is a disease threat everywhere. Global health threats have a direct impact on Americans, their health, and their jobs.

CGH works to ensure a safer America by monitoring for disease outbreaks 24/7 around the world and responding to stop them. Our scientific and programmatic expertise in: eradicating and eliminating diseases, including polio, measles, malaria, and neglected tropical diseases; ending epidemics, including HIV and TB; detecting and responding to emerging infectious diseases; and strengthening public health systems around the world prevents and reduces the impact of global health threats to Americans. The Center's deep and long-term commitment to global health impact and security has saved millions of lives.

5,950+ outbreaks and public health emergencies investigated by CDC-trained field epidemiologists since 2005.

CDC Supported Field Epidemiology Training Programs (FETPs) in 2019

How We Work

CDC works in 61 countries to:

- **Respond** quickly to threats posed by infectious diseases like COVID-19, Ebola, Zika, MERS, avian influenza, epidemic-prone vaccine-preventable diseases such as measles, yellow fever and cholera.
- **Implement** science-based prevention and intervention programs for global epidemics like HIV, malaria, and tuberculosis.
- **Train** current and future public health leaders and health workers to build a ready workforce and enhance global preparedness to identify and respond to disease threats at their source.
- **Intensify and amplify** epidemiology and laboratory preparedness.
- **Conduct scientific research and provide technical expertise** to global eradication and elimination strategies, and to other nations to develop emergency operations centers and catch outbreaks faster.
- **Build** reporting and health information systems to improve the effectiveness of response strategies, and programs and support decision-making and faster action.
- **Partner** with U.S. government agencies, international organizations and non-governmental organizations to maximize impact.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 09/28/2020

KEY ACCOMPLISHMENTS

Identifying Outbreaks and Detecting and Stopping Threats: Since 2006, CDC has monitored more than 1900 public health events. CDC supported more than 130 outbreak responses in nearly 90 countries, in 2019 alone.

Eradicating Polio: Since 1988 polio cases have dropped by more than 99%. More than 90% of the world is free from wild poliovirus: only Afghanistan and Pakistan have not interrupted wild poliovirus transmission.

Provide Anti-retroviral Treatment (ART): By the end of 2019, as a result of CDC's support of HIV care and treatment, 9.2 million patients were on ART -more than one third of people on treatment worldwide.

Conducting population-based household serosurveys: CDC plays a key role in designing and implementing HIV surveys that validate country progress toward achieving epidemic control. Since 2015, population-based household surveys have been completed in 15 countries. CDC is working with in-country partners to leverage these collected samples for other serosurveys for an accurate depiction of multiple diseases at once.

Eliminating parasitic diseases: Scale up of proven interventions has led to:

- **280 million people** no longer requiring treatment for lymphatic filariasis.
- **3.5 million people** no longer at risk for Guinea worm disease.
- **114 million people** no longer requiring treatment for trachoma.
- **Reducing malaria deaths:** CDC—alongside its partners in the US President's Malaria Initiative—has helped save more than seven million lives and prevented **more than a billion cases of malaria** since 2000.

What's Needed

CGH is committed to building capacity needed for responding to disease threats at their source and to disease prevention, elimination, and eradication initiatives. This includes working in unstable or volatile regions of the world where disease outbreaks often start and where endemic diseases remain. Investments in global health capacity and disease elimination over the past twenty years have yielded progress, yet many countries remain unprepared to respond to a public health emergency. Future efforts should focus on:

- **Scaling up disease elimination and eradication initiatives to** (1) address the leading infectious disease killers, specifically, HIV, TB, malaria, neglected tropical diseases and vaccine preventable diseases like measles, and (2) to eliminate wild polio from the last two countries where it circulates.
- **Expanding research efforts to develop effective strategies to prevent, detect and respond to disease threats** when and where they are most needed, including creating and sustaining CDC-like organizations in targeted countries.
- **Extending CDC's global reach to ensure coverage in all vulnerable regions of the world,** including establishment of regional platforms to increase efficacy of disease control and prevention efforts.
- **Supporting global health security and investing in prevention strategies** to break the cycles of panic and neglect.
- **Prioritizing global health security as national health security.**

BY THE NUMBERS

60+ 

Nations working together to improve preparedness and outbreak response

18,000+ 

Disease detectives trained to stop outbreaks at their source since 1980

11 

Dangerous diseases newly discovered since 2005

Long-Term Opportunities

- **Surge Health Security** – Strengthen our US-based rapid response workforce with our Global Rapid Response Team (GRRT) and continue to expand our global disease detection and 24/7 monitoring and analytic capacities. No other U.S. agency works along the domestic to global health continuum.
- **Strengthen Global Preparedness** – Support the development and sustainability of public health infrastructure (National Public Health Institutes), including professionals, disease monitoring, and labs, so that countries detect and diagnose diseases with a ready, trained workforce. We also build the linkages in preparedness and response from global to domestic across the agency.
- **Conduct Scientific Research of Global Health Significance** – Ensure our scientific research is translated into programmatic work to achieve health equity and meet our public health goals across the global health portfolio.
- **Intensify, Innovate, Sustain, and Accelerate** – Scale up known, proven interventions and advance the science base to develop the public health tools to continue the fight against HIV, TB, malaria, neglected tropical diseases, and vaccine preventable diseases.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

CENTER FOR PREPAREDNESS AND RESPONSE (CPR)

SNAPSHOT

MISSION

The mission of CPR is to protect people from public health threats by improving and advancing preparedness and response at home and abroad.

ORGANIZATION

Office of the Director

Division of Emergency Operations

Division of Select Agents and Toxins

Division of State and Local Readiness

PRIORITIES

Prepare for, respond to, co-manage and improve performance in domestic and global public health emergencies 24/7/365.

Support, advance and enhance CDC, state and local health department preparedness and response capacity.

Ensure lifesaving research with select agents and toxins, as well as poliovirus containment, is conducted safely and securely.

Develop scientific principles, tools, and the next generation of public health preparedness professionals and leaders.

Support continuous improvement in and advance and implement the science of preparedness and response.

Why We're Here

To prevent and, when necessary, mitigate the disastrous costs in human lives, health and prosperity from an expanding diversity of naturally occurring and human caused health threats, both domestic and global. A local disease outbreak has the potential, as seen with the COVID-19 pandemic, to escalate into a global emergency. CDC's Center for Preparedness and Response (CPR) works to protect the American people by improving and advancing preparedness and response at home and abroad. CPR catalyzes development of the scientific framework, the public health tools, collaborations, and public health workforce needed at the federal state, tribal, local and territorial levels.

Improvements in Public Health Emergency Preparedness Since September 11, 2001

PHEP Jurisdiction Who	Then	Now
Can mobilize staff during an emergency	19%	100%
Have an Incidence Command system with pre-assigned roles in place	5%	100%
Have identified point-of-distribution (POD) sites of critical medicines and supplies	2%	98%
Have sufficient storage and distribution capacity for critical medicines and supplies	0%	100%

How We Work

CPR's Public Health Emergency Preparedness (PHEP) Program and Cooperative Agreement strengthens state and local public health emergency management and response programs. CPR provides technical assistance, guidance, and capacity building to strengthen all-hazards preparedness and threat-based readiness among state, tribal, local and territorial public health partners.

CPR leads CDC's accredited Emergency Management Program, coordinating the agency's preparedness for, response to, and recovery from public health emergencies and engaging internationally to support global health security. CPR manages CDC's Emergency Operations Center, bringing together highly trained experts and state-of-the-art technology to coordinate resources, information, and crisis and emergency risk communication to detect and respond to public health threats both domestic and global.

CPR prevents emergencies by overseeing and regulating laboratories that conduct important scientific research with deadly pathogens and toxins, ensuring this important work is conducted as safely and securely as possible. CPR also regulates the importation of infectious biological materials and the implementation of containment plans for eradicated poliovirus strains.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 09/28/2020

KEY ACCOMPLISHMENTS

Responding to public health emergencies: Provide 24/7/365 expertise, staffing, resources, and coordination in response to natural disasters, terrorist attacks, and disease threats like fungal meningitis, influenza, Zika, Ebola, vaping-associated lung injuries and COVID-19.

Providing critical funding: PHEP supports preparedness activities in 50 states, 4 localities, and 8 territories and freely associated states. CPR's Public Health Crisis Response Cooperative Agreement enabled award of COVID-19 supplemental response funds within 10 days of appropriation.

Keeping deadly pathogens safe and secure: Register and inspect more than 200 laboratories and approve access for thousands of individuals who work with select agents and toxins to keep these materials safe, secure, and out of the hands of those who may misuse them.

Training emergency experts: Educate and train public health practitioners to become emergency response leaders.

Connecting state and local partners and fostering planning, training, exercise and evaluation among the emergency management, public health, and healthcare sectors.

What's Needed

It is time to design, build and sustain the next generation of public health emergency preparedness and response (PHEPR). Investments over 20 years created a consistent national PHEPR enterprise yet the cost of not improving on this is unacceptably high. The next generation should include:

- A scientific framework for PHEPR with support for research and translational implementation.
- A response culture and infrastructure committed to stronger partnerships based on networks of trust across all levels of government and responder disciplines with training in both technical skills and leadership.
- Adoption of a framework for continuous improvement during response and after-action transparency fostering performance excellence.
- A new foundation of culturally competent, locally trusted community health workers, working within existing team-based frameworks on preventive health routinely and supporting emergencies when necessary.
- A locality-guided consultancy model to share and implement best-in-class, evidence-based PHEPR practices.
- Additional CDC scientist-leaders embedded in health departments locally and regionally to assist in PHEPR and provide ready linkages.
- A regulatory framework responsive to threats from both emerging infectious diseases and synthetic biology, ensuring laboratories working on or creating dangerous pathogens and toxins do so safely and securely.

In the first seven months of 2020, over 6000 CDC staff have logged more than 2.45 million hours working on the COVID-19 emergency response.

Long-Term Opportunities

- Enhance the pipeline of trained public health professional leaders and new cadre of culturally competent, locally trusted workers for responses at the community, local, state and national levels. Ensure all levels of this workforce address health equity and disparities during routine and emergency situations.
- Promote a science and research agenda to spark innovation and advance evidence-based practice and planning to enhance local resiliency in the face of public health emergencies.
- Leverage lessons learned during the COVID-19 response to further strengthen STLT and CDC preparedness and response capabilities.
- Create and maintain a next-generation public health system that can build on existing capacity to develop the resiliency needed to address future challenges, including the ability to "fight on multiple fronts" simultaneously.
- Continue to build emergency management capabilities and capacity globally to stop public health emergencies before they become threats abroad and to the United States.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

CENTER FOR SURVEILLANCE, EPIDEMIOLOGY, AND LABORATORY SERVICES (CSELS)

SNAPSHOT

MISSION

The mission of CSELS is to provide scientific services to advance public health nationwide

ORGANIZATION

Division of Laboratory Systems

Division of Scientific Education and Professional Development

Division of Health Informatics and Surveillance

Public Health Informatics Office

Morbidity and Mortality Weekly Report (MMWR)

PRIORITIES

Universal interoperable exchange of laboratory data: National implementation of Electronic Test Orders and Results (ETOR) for faster, more precise exchange of laboratory data

Modernize the public health workforce: Recruit, train, upskill, and reskill an elite workforce.

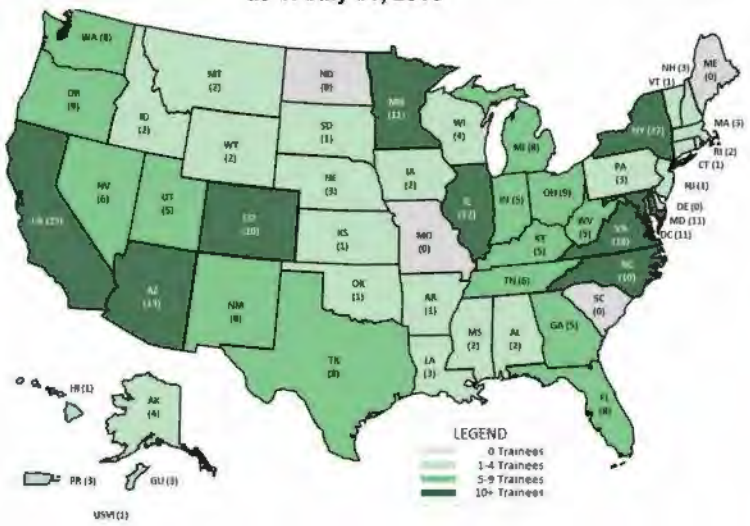
Automate and standardize data flow from healthcare to public health: Scale up seamless, secure case reporting from electronic health records to public health authorities.

Expand early warning surveillance: Ensure every emergency department and urgent care encounter is captured by CSELS' National Syndromic Surveillance Program.

Why We're Here

CSELS strengthens and modernizes the infrastructure of the United States public health system. Every public health jurisdiction and CDC center relies on CSELS' cross-cutting systems, data, and scientific services. CSELS runs CDC's "disease detectives," the Epidemic Intelligence Service (EIS), and other core public health workforce programs; supports two critical national surveillance systems; publishes the MMWR; and strengthens the quality, safety, and science of the nation's clinical and public health laboratories. CSELS' mission is to modernize systems to meet future threats, and the Center's technical, informatic, and workforce expertise is instrumental to the implementation of CDC's Data Modernization Initiative.

CDC Fellows Assigned to State, Tribal, Local and Territorial Agencies as of July 31, 2019



How We Work

CSELS applies systems-level solutions to public health surveillance, workforce, and laboratory challenges, modeling the application of modern and innovative approaches at the interface between public health and healthcare. CSELS runs flagship scientific services that support the agency's mission, including MMWR, EIS, Laboratory Leadership Service, the National Notifiable Diseases Surveillance System, the National Syndromic Surveillance Program, electronic case reporting, and the Clinical Laboratory Improvement Advisory Committee. It feeds the pipeline of America's public health workforce and ensures that every level of government has public health workers ready and able to meet tomorrow's challenges. CSELS maintains strategic relationships with partners such as the Association of Public Health Laboratories and the Council of State and Territorial Epidemiologists, helping build a stronger, layered network between federal, state, and local governments. It strengthens and supports the nation's clinical laboratory system and maintains an accredited national biorepository of more than 6 million biological and environmental samples.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/08/2020

KEY ACCOMPLISHMENTS

Modernizing syndromic surveillance: CDC's National Syndromic Surveillance Program now covers 73% of emergency department visits.

Partnerships to strengthen laboratory systems: CSELS formalized a partnership with the Association of Public Health Laboratories, the Council of State and Territorial Epidemiologists, and American Clinical Laboratory Association to strengthen laboratory capacity during public health emergencies, enabling CDC to support the needs of the laboratory community during the COVID-19 response.

Feeding the pipeline of America's public health workforce: CSELS has trained over 6,300 full-time and nearly 3,000 part-time fellows, from the elite EIS "Disease Detectives" to the new Laboratory Leadership Service, and others. CSELS also established a new leadership development fellowship, FLIGHT, to address global public health threats.

Expansion of electronic case reporting: As a result of scale up activities in support of the COVID-19 response, all jurisdictions have been configured to receive COVID-19 electronic case reports with almost 1 million reports received through July.

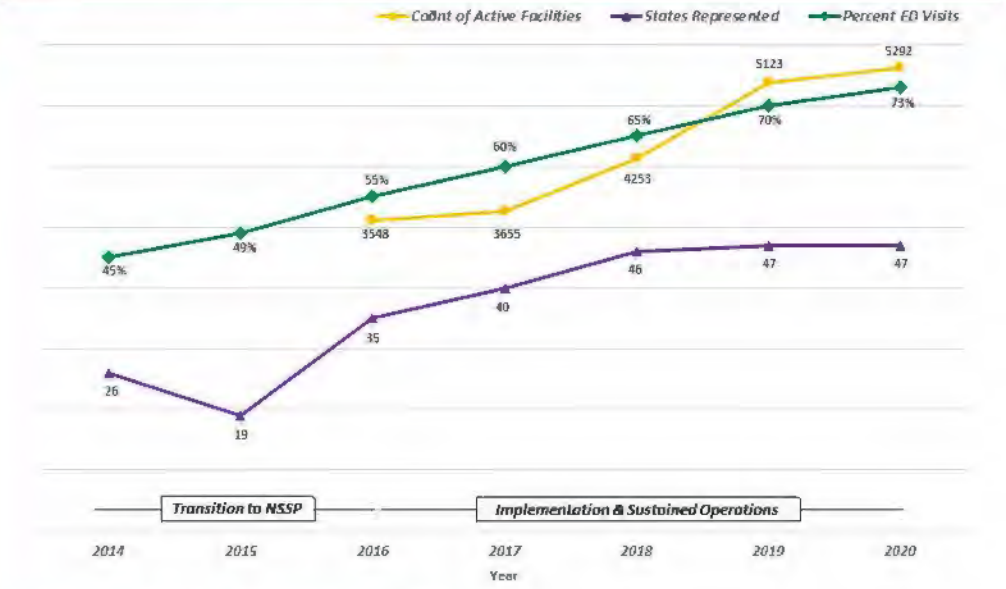
What's Needed

The COVID-19 pandemic highlights the strengths and vulnerabilities of public health systems at every level of government. CSELS will continue to play an instrumental role in maintaining, strengthening, and modernizing these systems. To meet future threats, we must

- **Implement and sustain data modernization.** The investments in Public Health Data Modernization present a critical opportunity to transform public health surveillance, data science, and workforce for years to come. Smart implementation and securing sustained investment are imperative.
- **Fortify partnerships across sectors.** The interdependence between CDC, health care organizations, the health information technology sector, and state and local public health has never been clearer, and we must deepen our relationships across sectors.

Invest in the next generation of public health workers. We must continue to make short-term gains in workforce capacity as well as long-term investments in a diverse and skilled generation of future public health leaders.

CSEL's National Syndromic Surveillance Program Now Captures Nearly 3 out of 4 Emergency Department Encounters



Long-Term Opportunities

- Improve public health response and support by providing staff, technical assistance, data modernization assistance, and training to state and local health departments.
- Modernize health data systems, connecting the electronic health record to public health, information dissemination procedures, and laboratory systems in preparation for future pandemics and crises.
- Obtain real-time, complete, and interoperable data on notifiable diseases and health conditions.
- Improve federal, state, and local health agencies' access to tools for analyzing and acting on syndromic data.
- Strengthen the capabilities of public health staff, including laboratory and informatic science, through recruitment, training (upskilling and reskilling), and modernizing systems to collect workforce data to inform strategy
- Expand collaboration between the healthcare and public health sectors, leading to a truly transformed and interoperable health system equipped to address emerging threats.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT (CSTLTS)

SNAPSHOT

MISSION

The mission of CSTLTS is to improve community health outcomes by strengthening state, tribal, local, and territorial health agencies.

ORGANIZATION

Office of the Director

Management and Operations Unit

Policy Unit

Science Unit

Communication Unit

Office of Public Health Law Services

Office of Tribal Affairs and Strategic Alliances

Office of Insular Affairs

Division of Performance Improvement and Field Services

Performance Development, Evaluation, and Training Branch

Field Services Branch

Division of Program and Partnership Services

Health Department Program Branch

National Partnership Branch

PRIORITIES

Enhance public health system coordination and collaboration to advance public health priorities

Strengthen cross-cutting public health workforce competencies and capacities

Fortify public health infrastructure and core capabilities to help STLT health departments achieve operational excellence

Put public health systems science into action to achieve public health impact

Why We're Here

CSTLTS was created specifically to support health departments—the nation's front line of public health defense. Every day, thousands of health departments work to provide timely, high quality, and sustainable public health services to protect Americans' health and safety. CSTLTS achieves its mission through meaningful collaboration and partnership with state, tribal, local, and territorial leaders of the public health system. CSTLTS works within CDC and in the field to identify gaps, opportunities, and strategies to support and enhance service delivery and public health improvement.

How We Work

- Provide services tailored to state, tribal, local, and territorial health officials, including targeted communications, consultations, and site visits
- Strengthen health agency infrastructure and capacity by administering funding through a suite of flexible cooperative agreements and grants
- Train and develop the public health workforce through the Public Health Associate Program (PHAP), National Leadership Academy for the Public's Health, Public Health Improvement Training, and Public Health Law Program
- Enhance public health professionals' capacity to use law to improve health
- Help health departments improve their performance and accountability by using quality improvement tools, undertaking community health assessments, implementing community health improvement plans, meeting national standards, and attaining public health accreditation
- Provide leadership and support for public health strategies, programs, and systems improvements in the 5 US territories and 3 freely associated states, recognizing their unique cultural, political, geographic, and disease-burden needs
- Build the capacity of Indian Country to identify and mitigate public health threats by managing the CDC/ATSDR Tribal Advisory Committee, connecting tribal nations to CDC programs, and coordinating tribal consultations to improve American Indian and Alaska Native health

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

Built foundational mechanisms to facilitate and enhance internal collaboration and integrate cooperative agreement and grant funds totaling approximately $670 million to help public health partners improve the public health system

Developed a noncompetitive grant providing $142 million in COVID-19 funding to 346 recipients, reaching more than 490 tribes

Deployed award-winning evaluation framework to assess the Preventive Health and Health Services Block Grant

Supported development of a diverse, elite workforce with cross-cutting skills and competencies to build the next generation of public health professionals

- Host annual Health Official Orientation for newly appointed health officials
- Hired nearly 1,300 public health associates since 2007
- Trained more than 2,000 professionals in quality improvement, health improvement planning, and accreditation since 2013
- Trained more than 32,500 professionals, responded to more than 675 technical assistance requests, and produced more than 40 public health law resources since 2016

What's Needed

- Flexible and sustainable resources to help health departments address emerging or complex issues, such as emergency responses and social determinants of health
- Sustained and increased engagement from other CDC centers and programs to strengthen and improve our support to the field via CSTLTS key activities, such as PHAP, Health Official Orientation, and the national partnership cooperative agreement
- Improved and coordinated pathways for better understanding the needs of the field via bidirectional opportunities and engagements to learn about challenges and needs
- Support for the cross-cutting capabilities and quality improvement efforts that are crucial to the success of public health agencies and provide the foundation for public health programs
- Increased use of braided and layered funding so health departments can improve, maintain, or build their core capabilities and public health infrastructure

Public Health Associate Program

Training the next generation of public health professionals and building host site workforce capacity

Contribution to the Public Health Workforce

— 74% of PHAP graduates pursue a career in public health immediately after PHAP

Satisfaction with PHAP

— According to a 2019 survey, host sites believe PHAP adds value and recommend the program

— 95% recommend PHAP participation

— 91% would supervise another associate

Long-Term Opportunities

- Gather and apply evidence of what works to strengthen public health core infrastructure and capabilities
- Continue to develop a public health workforce that expands public health agency capacities with the needed skills and expertise needed to meet current and emerging challenges
- Enhance coordination and collaboration among public health partners at all levels to address current and emerging health priorities
- Develop foundational capabilities to help modernize and improve the efficiency and effectiveness of health departments
- Increase the number of novel legal data sets addressing issues of public health importance

DEPUTY DIRECTOR FOR INFECTIOUS DISEASES (DDID)

SNAPSHOT

MISSION

The mission of DDID is to lead, promote, and facilitate science, programs, and policies to reduce the burden of infectious diseases in the United States and globally.

ORGANIZATION

National Center for Emerging and Zoonotic Infectious Diseases

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

National Center for Immunization and Respiratory Diseases

PRIORITIES

Strengthen public health fundamentals, including infectious disease surveillance, laboratory detection and capacity, and epidemiologic investigation.

Identify and implement high-impact public health interventions to prevent infectious diseases and promote health equity.

Develop and advance strategies to prevent, detect, and control infectious diseases.

Why We're Here

The Deputy Director of Infectious Disease (DDID) office was established to advise the CDC director and help set agency strategic priorities regarding infectious disease prevention and control, and to provide leadership and support to CDC's three infectious disease national centers. DDID serves to coordinate and provide leadership for the core public health activities to prevent and control infectious diseases and achieve the goal of a world more safe from infectious diseases for all.

Using Science and Innovation to Prevent, Detect, and Respond

Securing Global Health and America's Preparedness

Eliminating Disease

Ending Epidemics

How We Work

DDID is led by CDC's Deputy Director for Infectious Diseases and works to provide strategic leadership to CDC's infectious disease national centers—including setting priorities, developing and implementing infectious disease goals and objectives, and evaluating and adjusting activities to ensure optimal effectiveness and efficiency.

DDID leadership works with internal and external partners to advance infectious disease prevention programs and priorities. DDID collaborates with CDC's infectious disease centers and other CDC/OD offices on cross-cutting issues, including policy development and coordination; public and professional communications; budget, program, personnel, and scientific concerns; laboratory regulatory compliance; addressing needs of vulnerable populations; and informatics activities. DDID actively identifies opportunities to strengthen CDC capacities and connect programs.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 09/29/2020

KEY ACCOMPLISHMENTS

Strategic Partnerships

- Regularly convened the Infectious Diseases Board of Scientific Counselors to ensure external expert engagement in CDC's infectious disease efforts and overall strategic direction.

Laboratory Quality

- Provided leadership to support cross-cutting quality improvements across infectious diseases laboratories, such as the commitment from all infectious disease center directors to implement a laboratory quality management system, finalizing a cross laboratory infectious diseases quality manual, documenting the improvements needed for laboratory informatics through the laboratory IT tiger team and overall working with the center laboratory leadership to coordinate as needed.

Policy/Program Development

- Supported CDC priorities by developing key policy documents, providing strategic direction, and coordinating high-profile GAO and OIG engagements. For example, DDID coordinated the response to the GAO engagement for infectious disease modeling.
- Stood up the agency-wide Homelessness and Public Health Working Group, which has 235 members with representation from 35 divisions and all CIOs. The working group has convened 3 quarterly meetings and webinars, elected first executive committee, developed 4 subcommittees, connected 3 responders to the COVID-19 response.

What's Needed

- Sustaining priority infectious disease initiatives, including CDC's infectious disease rapid response activities, HIV/AIDS, vaccine preventable diseases, and vector borne diseases.
- Strengthening CDC's infectious disease laboratories, including implementing enhanced oversight structures and quality systems to ensure safe, effective, and sustainable operations to meet ongoing and emergency demands and prepare for future refurbishing/replacement of critical facilities.
- Advancing and monitoring progress of infectious disease activities that cross CDC programs, including efforts to combat antibiotic-resistant bacteria, prevent infections with human papillomavirus, address infectious diseases associated with substance use, improve health among persons experiencing homelessness, facilitate detection of new and emerging microbial threats, and support the COVID-19 pandemic response and recovery.
- Enhancing work with state and local health departments and other partners to sustain and upgrade public health fundamentals and address infectious disease issues of special concern, including those described above, as well as chronic viral hepatitis, food safety, healthcare-associated infections, respiratory infections, safe water, advanced molecular detection, and zoonotic diseases.

These patients' samples were to be tested for SARS-CoV-2 antibodies, using the Centers for Disease Control and Prevention (CDC) serologic test.

PHOTO: Jim Gathany

Long-Term Opportunities

DDID will work to identify and evaluate opportunities to incorporate the latest scientific advances and technical innovations into its programs and develop and implement new tools to enhance infectious disease detection, prevention, and outbreak response. These innovations include advanced molecular diagnostic methods to track the source and course of microbial disease outbreaks. Additionally, public health information systems must be modernized to achieve the goal of real-time disease reporting to keep the finger on the pulse of infectious disease impacts on health. We have the opportunity to use public health data to facilitate, not just situational awareness, but also, through modeling activities, forecast disease trends to ensure a public health enterprise that is proactive and not merely reactive. Finally, new ways of implementing these innovative technologies will be needed to ensure that the improvements in health are realized for everyone.

DEPUTY DIRECTOR FOR NON-INFECTIOUS DISEASES (DDNID)

SNAPSHOT

MISSION

The mission of DDNID is to reduce the burden of non-infectious diseases, injuries, birth defects, disabilities, and environmental health hazards

ORGANIZATION

Office of the Director

National Center on Birth Defects and Developmental Disabilities (NCBDDD)

National Center for Injury Prevention and Control (NCIPC)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

National Center for Environmental Health / Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)

PRIORITIES

Strengthen the non-infectious disease national centers' impact to promote health and prevent the leading causes of death among Americans across the life span

Facilitate cross-cutting collaboration and innovation to tackle emerging non-infectious public health issues and elevate actionable solutions

Support science, policies, and programs that strengthen population health approaches to build community health security, reduce health disparities, and create better health for all

Why We're Here

Preventing non-infectious diseases through public health interventions at the state and local levels is critical to maximize the health of Americans and to increase communities' resilience to infectious diseases and environmental hazards.

The Deputy Director for Non-Infectious Diseases (DDNID) promotes health and prevents the leading causes of death and disability among Americans through CDC's four non-infectious disease national centers:

- NCBDDD advances the health and well-being of the nation's most vulnerable populations
- NCIPC protects people from preventable injuries
- NCCDPHP works to prevent chronic diseases and promote health and wellness
- NCEH protects America's health from environmental hazards.
- ATSDR addresses community concerns about hazardous exposures.

Non-infectious diseases are the leading cause of death for Americans across the life span

For Americans:	Leading Causes of Death are:	Such as:
Under 1 year old	**Birth defects & complications**	• Congenital malformations • Short gestation and birthweight • Maternal pregnancy complications
Ages 1 to 45	**Injuries & violence**	• Unintentional injuries • Suicide • Homicide
Ages 45 and over	**Chronic conditions**	• Heart disease • Cancer • Chronic lower respiratory disease
Environmental exposures also contribute to and exacerbate non-infectious diseases		

SOURCE: CDC/NCHS (2019). Deaths: Final data for 2017; Norman, et al. (2013). Environmental exposures: an underrecognized contribution to noncommunicable diseases

How We Work

DDNID's Office of the Director helps to advance CDC's cross-cutting priorities related to non-infectious diseases, injury prevention, birth defects, disabilities, and environmental health by promoting and supporting science, policies, and programs; and identifying, facilitating, and promoting cross-center and cross-agency collaboration, innovation, and new initiatives, in collaboration with internal Agency partners and external partners.

The Office of the Director also advises the CDC Director, provides overall strategic direction and leadership to the four non-infectious disease national centers, and advises cross-sector partners on non-infectious disease issues.

CDC's emerging cross-cutting, non-infectious disease priorities include adverse childhood experiences, blood disorders such as sickle cell disease, social determinants of health, environmental health hazards in the air, water, and world that sustains us, and non-infectious risk factors and consequences associated with severe illness from COVID-19.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/02/2020

KEY ACCOMPLISHMENTS

Provided strategic leadership and championed the science and programs of CDC's non-infectious disease national centers

Established strong leadership teams in each of the non-infectious disease national centers

Worked with Agency-wide and external partners to explore, develop, and sustain work related to emerging non-infectious disease issues:

- Developed a public health program to address the emerging issue of cannabis use and legalization, in response to rising interest from the public and external stakeholders. CDC's cannabis strategy is now sustained and led by NCIPC with an internal workgroup addressing science, policy, and partnerships.
- Reviewed the public health science on mental health and developed a public health program to promote emotional well-being. CDC's emotional well-being work is now sustained and led by NCCDPHP which is developing community-based approaches for health promotion.

What's Needed

- Sustain the priorities of the four non-infectious disease national centers to create better health, quality of life, and resilience for all Americans across the life span
- Increase DDNID's capacity to facilitate and promote cross-cutting collaboration and innovation to drive impact towards reducing the burden of non-infectious diseases, injuries, birth defects, disabilities, and environmental health hazards
- Promote efforts to identify communities at increased risk for poor health outcomes, implement evidence-based prevention strategies, and monitor progress towards better health in these communities

Non-infectious diseases make up many underlying medical conditions that put people at increased risk for severe illness from COVID-19

People of any age with the following conditions **are at increased risk** of severe illness:

- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Obesity
- Serious heart conditions
- Sickle cell disease
- Type 2 diabetes mellitus

Children with medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

People with the following conditions **might be at increased risk** for severe illness:

- Asthma
- Cerebrovascular disease
- Cystic fibrosis
- High blood pressure
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis
- Smoking
- Thalassemia (blood disorder)
- Type 1 diabetes mellitus

Long-Term Opportunities

- Build data and technology capacity to link public health, healthcare, social services, and socioeconomic data, use data to identify populations at risk for disease and fill knowledge gaps, and target implementation of community-based prevention approaches
- Identify and focus public health action to reduce inequities in social determinants of health that increase risk for disease and poor health outcomes within communities
- Promote implementation of upstream evidence-based approaches such as reducing adverse childhood experiences and improving environmental factors to prevent disease
- Enhance multi-sector partnerships and strengthen the public health workforce to maximize community impact

DEPUTY DIRECTOR FOR PUBLIC HEALTH SERVICE AND IMPLEMENTATION SCIENCE (DDPHSIS)

SNAPSHOT

MISSION

The mission of DDPHSIS is to lead, promote, and facilitate identification of and response to domestic and international public health threats.

ORGANIZATION

Within CDC, DDPHSIS provides strategic leadership for:

- Center for Global Health (CGH)
- Center for Preparedness and Response (CPR)
- Center for State, Tribal, Local and Territorial Support (CSTLTS)
- Office of Minority Health and Health Equity (OMHHE)

PRIORITIES

Promote the development and implementation of policies and strategies across CDC programs to promote health equity and eliminate health disparities in communities at highest risk

Elevate CDC's critical role in putting science into action through promoting agency priorities for public health service and strategies for implementation science

Strengthen the public health system (both domestically and globally) to enhance capacity to detect and respond to public health threats, drive public health impact and improve population health

Why We're Here

The Deputy Director for Public Health Service and Implementation Science (DDPHSIS) serves as the principal advisor to the CDC director on issues related to advancing CDC's goals through public health service and implementation science. DDPHSIS provides strategic direction and leadership to OMHHE, CSTLTS, CGH and CPR. The work of the DDPHSIS community of practice occurs in close partnership and in direct support of state, local, tribal and global stakeholders to put science into action. DDPHISIS's vision is a public health system that can better protect the lives of all Americans and people around the globe.

How We Work

DDPHSIS provides leadership and facilitation across centers and offices to identify opportunities to strengthen CDC's and our partners' capacity to achieve health equity, protect the population from health threats, enhance public health service, and put science into action.

DDPHSIS collaborates with CDC programs across the agency on cross-cutting issues, including policy, program and implementation strategy development and coordination.

DDPHSIS leadership works with internal and external partners to advance critical public health service programs, implementation science and other critical priorities and identify opportunities to strengthen CDC capacities and connect programs.

What's Needed

- **Sustained public health programs and resources** critical to ensuring CDC is able to detect and respond to public health threats with a focus on reducing health disparities and ensuring health equity
- **Strengthen CDC's capacity** to put science into practice through enhancing partnerships with critical public health stakeholders, domestically and globally, and promoting CDC's critical role in advancing implementation science
- **Monitor, assess, and advance** the critical role of public health service across CDC programs to achieve our cross-cutting missions and ensure public health impact
- **Enhance CDC's work** with health departments, ministries of health, and other partners to strengthen public health systems, enhance the public health workforce, addressing systemic health disparities, advance the science and programs global stakeholders to put science into action.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 09/30/2020

Public Health Service and Implementation Science

KEY ACCOMPLISHMENTS

Standing up the new community of practice:

- DDPHSIS was created in 2018. The initial focus was on defining priorities and identifying themes across the community of practice centers and offices, hiring critical staff to provide strategic and operational leadership, and establishing communication and management systems.
- Promoting the critical role of implementation science and public health service in putting the science into action and achieving health impact:
- DDPHSIS brings together CDC experts and programs from the community of practice, other centers and programs at CDC, and key external partners to promote collaboration and sharing of best practices. DDPHSIS leads efforts to advance implementation science at CDC and promote the critical role of CDC as the federal government lead agency focused on putting science into public health practice.
- Providing substantial expertise, staffing, and public health management support to the CDC and USG COVID19 pandemic emergency response including:
  - » Serving in key leadership roles in the National and Joint Coordination Centers, Deputy Incident Managers, Task Force Leads and the first-ever Chief Health Equity Officer to advise the Incident Manager
  - » Staffing critical deployments to assist state, local and tribal health departments
  - » Rapid facilitation and management of the funding to directly support health departments' and other partners' capacity to respond to COVID19 at the global, state, tribal, territorial and local levels, resulting in more than $1 Billion dollars reaching frontline partners and communities within the first 6 months

Long-Term Opportunities

- **Address health disparities and promote health equity,** understand, apply and communicate what works to address the social and structural determinants of health across CDC programs
- **Advance global health security** collaboration across CDC, with federal partners, with health departments, with ministries of health, and other partners, highlighting opportunities for local to global connections
- Identify opportunities to incorporate best practices, scientific advances and technical innovations in **public health service,** program strategy and **implementation science**
- Ensure a diverse, multi-disciplinary and well-trained **public health workforce** at all levels of the public health system, able to respond to public health threats
- Leverage lessons learned during the COVID19 pandemic emergency response to further **strengthen the public health system**, focused on building nimble and resilient systems with strong emergency management capacity, able to detect and respond quickly to diverse threats domestically and globally

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

DEPUTY DIRECTOR FOR PUBLIC HEALTH SCIENCE AND SURVEILLANCE (DDPHSS)

SNAPSHOT

MISSION

The mission of DDPHSS is to lead, promote, and facilitate science standards and policies to reduce the burden of diseases in the United States and globally. We do this through supporting and ensuring the integrity of science, public health data, and surveillance at CDC.

ORGANIZATION

Within CDC, the DDPHSS provides strategic leadership to:

- National Center for Health Statistics
- Center for Surveillance, Epidemiology and Laboratory Services
- Office of Science
- Office of Laboratory Science and Safety

PRIORITIES

Leading efforts to modernize data and surveillance across the agency and with federal, state, local, and health system partners

Setting and promoting agency-wide scientific priorities

Driving transformational change by innovating new approaches to data collection and sharing

Advancing CDC's first enterprise-wide data and IT governance board

Informing, advising, and representing the CDC Director in advancing surveillance, health statistics, science, lab safety, and data modernization

Why We're Here

We are here to ensure that all people have the right information at the right time to make decisions that protect health. The COVID-19 pandemic has underscored the value of accurate and timely data that directs decisions, technology that keeps pace with our need for speed, analysis that informs trusted guidance, and research that spans CDC and beyond. The DDPHSS has provided strategic direction to these mission-critical priorities even before the current crisis.

We are committed to making sure that investments in data modernization will produce a secure, integrated, high-speed, networked health system that alerts us to any future health threat. Our goal is to accelerate lifesaving disease prevention and response so that every American has equal opportunity to attain the highest level of health possible.

How We Work

The DDPHSS provides overall leadership and coordination for CDC's essential science, laboratory, surveillance, and statistics CIOs. By identifying science and surveillance issues of public health importance and launching strategic initiatives to address them, the DDPHSS helps coordinate work at the highest levels to ensure a CDC-wide perspective as progress is achieved.

The DDPHSS promotes collaboration and innovation to push data science and analytics forward. It is our job to find efficiencies, leverage resources, and coordinate partners throughout public health and the private sector toward common outcomes. We are counted upon to tackle tough problems that need wider participation, and to ensure that agency-wide decisions on resource allocation are aligned with science and surveillance priorities. We confront challenges and embrace opportunities that arise as partnerships, processes, policies, data, and technology progress.

What's Needed

What's needed now is a sustained and uncompromising commitment to data modernization at CDC and among our state and local partners. Our country must be able to act based on trusted science. To get there, we need resources CDC can put in place today to protect the health of all Americans into the future.

Recent legislation, including the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), has provided CDC with additional resources to help bring the country's public health data infrastructure into the 21st Century. But modernization must be more than a one-time investment if we are to achieve all the work necessary. We must continue until we have closed the gaps, until we can rapidly identify and effectively respond to any crisis, and until we achieve a standardized, modern approach to data and technology that will help reduce illness, injury, and deaths.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

CDC's surveillance strategy met or exceeded aggressive targets: Deaths are reported to CDC in record time, 65% of emergency rooms provide near-real-time notification of health threats, and electronic laboratory reporting saves valuable time and manpower.

Launched the Data Modernization Initiative (DMI): For the first time, CDC has a comprehensive strategy to modernize data, technology, and workforce capabilities – together and at once. DMI supports lasting, life-saving enhancements that will accelerate response to the COVID-19 pandemic while strengthening surveillance, science, and decision-making around all public health threats.

Created CDC's first governance board overseeing both IT and data investments: Leadership is creating enterprise-wide efficiencies and emboldening innovative, inclusive approaches to technology and data at CDC.

Supported policies to strengthen the evidence base for data modernization: CDC is supporting Evidence Act requirements through developing guidance with HHS and integrating data modernization into evidence-building and evaluation plans.

Advanced data visualization: A robust Community of Practice merges innovation, science, and communication.

Long-Term Opportunities

Better data, better decisions, better health: The cross-cutting strategies we are implementing today are how our nation can move from tracking threats to predicting and, ultimately, preventing them. We will do this by:

- Providing funding and support to local and state health departments
- Creating advanced tools and capabilities at CDC
- Building a public health workforce skilled in data science and informatics
- Realizing best-in-class innovation with research, private sector, and public health partners

In the long term, the work of the DDPHSS will help CDC arrive at a vision, strategy, and roadmap to modernize public health data and surveillance in a post-COVID world.

TIMELY. ACCURATE. ACCESSIBLE.
THE NEW WORLD OF PUBLIC HEALTH DATA

CDC is building a digital public health superhighway to accelerate lifesaving prevention and response.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES (NCBDDD)

SNAPSHOT

MISSION

The mission of NCBDDD is to work to save babies by studying and addressing the causes of birth defects; help children reach their potential by understanding developmental disabilities; reduce complications of blood disorders; and improve the health of people living with disabilities.

ORGANIZATION

Division of Birth Defects and Infant Disorders

Division of Blood Disorders

Division of Human Development and Disability

PRIORITIES

Learn the Signs. Act Early.: Promoting Early Identification and Treatment of Developmental Disorders and Mental Health Conditions

Sickle Cell Data Collection: Improving Access to Health Care and Health Outcomes

Emerging Threats to Mothers and Babies: Protecting Babies through Surveillance

Disability Inclusion: Adapting Public Health Emergency Preparedness and Response Efforts for People with Disabilities

Why We're Here

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) advances the health and well-being of our nation's most vulnerable populations.

- Saving babies through birth defects prevention and research. Birth defects affect 1 in 33 babies and are a leading cause of infant death in the United States. More than 4,000 infants die each year because of birth defects.
- Helping children live to the fullest by understanding developmental disabilities. One in six children aged 3 through 17 years has a mental, behavioral, or developmental disorder.
- Protecting people and preventing complications of blood disorders. Blood disorders—such as sickle cell disease (SCD) and hemophilia—affect millions each year in the United States, cutting across age, race, sex, and socioeconomic status.

Improving the health of people with disabilities. Anyone of any age can have a disability. Sixty-one million adults in the United States report living with a disability.

1 IN 33
IS BORN WITH A BIRTH DEFECT

1 IN 54
HAVE AUTISM SPECTRUM DISORDER

How We Work

To achieve its mission, NCBDDD works to:

- Understand the problem — Characterize the occurrence and distribution of priority health conditions to inform public health action.
- Identify where we can intervene — Conduct research to help us understand the major modifiable risk factors that must be addressed when developing intervention and prevention programs and strategies.
- Develop plans that work and take them to scale — Formulate, evaluate, and disseminate effective programs and strategies.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/01/2020

KEY ACCOMPLISHMENTS

Published critical data on neonatal abstinence syndrome (NAS) documenting that children born with NAS were more likely to be evaluated for an educational disability or to be diagnosed with a developmental delay or speech or language impairment in early childhood, compared with children born without NAS.

Provided guidance on the care of pregnant women and babies impacted by Zika based on real-time data showing that this virus causes birth defects and developmental problems.

Autism tracking drove policy and clinical changes that lead to a reduction in racial and ethnic disparities in children identified with Autism Spectrum Disorder (ASD) and an increase in early ASD identification.

Developed COVID-19 materials using a variety of communication formats, including American Sign Language, to ensure that all people with disabilities could easily access and understand COVID 19 messages to the public.

Improved and expanded sickle cell data collection efforts by funding 7 new states to build capacity to develop systems that collect healthcare utilization data on people living with sickle cell disease to ultimately help them live longer, healthier lives.

What's Needed

- Sustain and recruit epidemiology and laboratory expertise to understand the impact of public health emergencies like COVID-19 on infants, people with disabilities, and people with blood disorders.
- Expand mother-baby linked surveillance network that collects data on emerging infectious diseases like COVID-19 from pregnancy through infancy to inform clinical and public health guidance.
- Scale up surveillance systems to additional states to address health disparities in sickle cell disease to help ensure people with SCD receive appropriate care now and in the future.
- Modernize and adapt effective programs to monitor children for developmental disorders and mental health conditions and refer them for timely treatment, including mental health needs related to the COVID-19 pandemic.
- Support state health departments to ensure people with disabilities have access to critical and tailored health information and services during the COVID-19 pandemic and other public health emergencies.

1 IN 10

WITH A BLOOD CLOT
WILL DIE IF IT MOVES TO THE LUNGS

1 IN 4

AMERICANS HAS
SOME KIND OF DISABILITY

Long-Term Opportunities

- Modernize and expand surveillance for:
  - » **birth defects** to rapidly respond to emerging health threats such as COVID-19 to understand infant health outcomes and birth defects.
  - » **neonatal abstinence syndrome (NAS)** and the impact of opioid use disorder treatment during pregnancy, with a focus on understanding outcomes in affected children.
  - » **autism spectrum disorder (ASD)** to help people of all ages with ASD reach their full potential.
  - » **sickle cell disease (SCD)** to identify the SCD population's health care needs to improve their care and quality of life.
- Improve guidance to reduce health disparities:
  - » Strengthen and adapt state and local public health programs to include the needs of people with disabilities during public health emergencies, such as the COVID-19 pandemic.
  - » Using SCD surveillance data, address disparities in health care access for SCD patients through telemedicine and increased services at blood disorder treatment centers.

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

SNAPSHOT

MISSION

The mission of NCCDPHP is to lead the nation's efforts to deliver expertise, information, and tools to support people and communities in preventing chronic diseases and promoting health for all.

ORGANIZATION

Division of Cancer Prevention and Control (DCPC)

Division of Diabetes Translation (DDT)

Division for Heart Disease and Stroke Prevention (DHDSP)

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

Division of Oral Health (DOH)

Division of Reproductive Health (DRH)

Division of Population Health (DPH)

Office on Smoking and Health (OSH)

PRIORITIES

Prevent and reduce chronic diseases such as

- Diabetes
- Heart disease
- Cancer

Address risk factors for chronic disease by

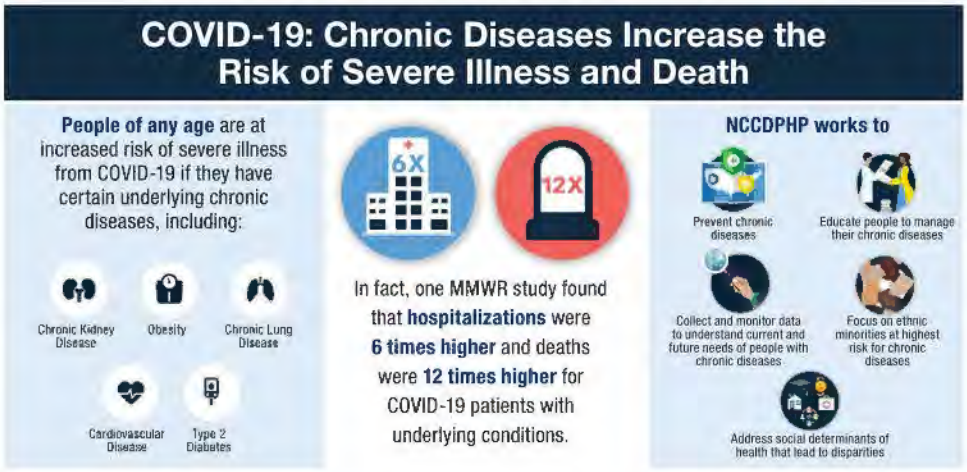
- Reducing obesity
- Reducing tobacco use
- Increasing physical activity
- Eliminate maternal mortality
- Reduce health disparities and address social determinants of health
- Improve data efficiency and capacity

Why We're Here

Chronic diseases are the main cause of sickness, disability, death, and healthcare expenditures. They are often preventable, and most are caused by a few risk behaviors: tobacco use, poor nutrition, lack of physical activity, and excessive alcohol consumption.

NCCDPHP works to prevent chronic diseases, **promote health and wellness for all, and make our vision of healthy people living in healthy communities a reality.**

Public health crises, like the current COVID-19 pandemic, disproportionately affect those with chronic diseases, those already experiencing disparities, and those with less access to drivers of good health such as income, housing, and education.



How We Work

NCCDPHP invests about 80% of our funds, or $800 million annually, in all 50 states and US territories, DC, various Native American tribes, and national and community-based organizations to improve population health and reduce health disparities.

NCCDPHP applies scientific findings to inform policy and guide practice by using four approaches:

- Tracking chronic diseases and risk factors through surveys and research like the Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment Monitoring System, and Prevention Research Centers.
- Improving environments to make it easier for people to make healthy choices. For example, promoting smokefree air laws that protect nonsmokers from exposure to secondhand tobacco smoke.
- Strengthening healthcare to deliver preventive services to keep people well and diagnose diseases early.
- Connecting community programs and clinical services that help people prevent and manage their chronic diseases and conditions.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/08/2020

KEY ACCOMPLISHMENTS

Preventing Colorectal Cancer Deaths: From 2016 to 2018, 4.2 million more adults aged 50 to 75 were screened for colorectal cancer.

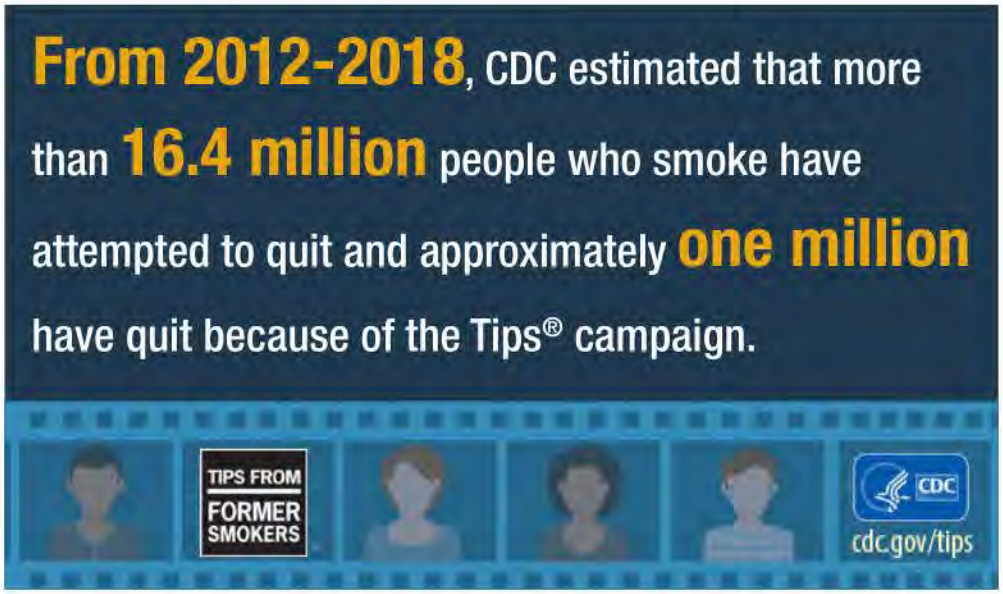
Increasing Physical Activity: The proportion of adults meeting aerobic physical activity guidelines increased from 44% in 2008 to 54% in 2018.

Co-leading the national response to e-cigarette, or vaping, product use-associated lung injury (or EVALI) over 7 months, resulting in identification of the primary cause of the outbreak: Emergency department visits related to EVALI declined to pre-outbreak levels by February 2020, after sharply increasing in August 2019 and peaking in September 2019.

Expanding coverage for the National Diabetes Prevention Program (National DPP): Over 4 million public employees and dependents are now covered by employer and commercial health plans. CMS certified expansion of the National DPP lifestyle change program into Medicare, the first preventive service model to become eligible for expansion into the Medicare program—a landmark for public health.

What's Needed

- Additional resources for communities to implement evidence-based interventions addressing drivers of health. These interventions increase access to healthy foods, physical activity, smokefree environments, and connections to clinical care. For example:
  - **Racial and Ethnic Approaches to Community Health (REACH)** focuses explicitly on reducing chronic diseases across racial and ethnic minority groups.
  - The **Healthy Tribes** program reaches more than 130 tribes to promote health, prevent chronic disease, reduce health disparities, and strengthen connections to culture and community practices that improve health and wellness.
- Increased support for modernizing surveillance systems and meeting Big Data challenges by connecting data streams to better monitor chronic diseases, conditions, risk factors, and disparities. Better data can guide public health decision making and help NCCDPHP understand challenges, detect emerging public health threats, and support data analytics and predictive modeling.
- Expanded policies that support reimbursement for evidence-based interventions like the **National Diabetes Prevention Program**.



Long-Term Opportunities

NCCDPHP provides national leadership in communicating about chronic disease to achieve three primary goals:

- Reduce rates of illness, disability, and premature death due to chronic disease by:
  - Preventing and delaying chronic disease by creating health-promoting environments and policies to control risk factors.
  - Detecting chronic disease early for improved outcomes.
  - Preventing complications of chronic disease by promoting self-management and quality care.
- Develop, synthesize, communicate, and apply the research base.
- Achieve health equity by eliminating differences in chronic disease rates and outcomes associated with socioeconomic, racial, ethnic, or regional differences.

These three goals in combination are designed to contribute directly to good health, longevity, health equity, improved quality of life, less illness and disability, and better allocation of health care resources.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

NATIONAL CENTER FOR ENVIRONMENTAL HEALTH (NCEH)

SNAPSHOT

MISSION

The mission of NCEH is to protect people's health from environmental health (EH) hazards that can be present in the air we breathe, the water we drink, and the world that sustains us by investigating relationships between environmental factors and health, developing guidance, and building partnerships.

ORGANIZATION

Division of Environmental Health Science and Practice (DEHSP)

Division of Laboratory Sciences (DLS)

PRIORITIES

Protect children from the health risks of harmful exposures and conditions

Identify and address disproportionately high adverse human health or environmental effects in socially vulnerable and minority communities

Bolster capacity of state/local EH services to detect, prevent and control EH hazards

Harmonize diverse data systems to optimize EH surveillance

Provide unique laboratory science that improves the detection, diagnosis, treatment and prevention of diseases resulting from exposure to environmental chemicals

Why We're Here

Humans are constantly interacting with our environment – the air we breathe, the water we drink, the food we eat, and the places where we live, work, and play – and these interactions affect our health, quality of life, and health disparities. Environmental exposures can contribute to and exacerbate non-infectious diseases. The impacts from these exposures (e.g. air pollution, water and sanitation, built environment, chemical and biological agents, radiation, adverse climate events and disasters) are uneven across age and disproportionately affect vulnerable individuals in lower socioeconomic status who are already at high-risk for poor health outcomes.

How We Work

NCEH advances its mission through four core strategies:

1. **Partnering with state/local/territorial health departments, Tribal nations and organizations** to provide expertise, guidance and support aimed at increasing environmental public health capacity to reduce harmful environmental exposures and implement effective environmental public health prevention programs.
2. **Monitoring and investigating environmental public health threats and their health effects** by developing and utilizing modern surveillance systems, conducting laboratory analyses and championing informatics for data-driven decisions to improve health outcomes.
3. **Responding effectively to extreme weather events and environmental emergencies** - from hurricanes and floods to wildfires and extreme heat and building workforce capacity within communities to prepare for and address the health impact of a changing climate.
4. **Improving guidance, education and implementation of best practices to prevent and reduce the effects of the environment on health** through research, evaluation and translation of quality scientific findings into an expanded environmental health (EH) evidence base.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

Enhanced surveillance of childhood lead exposure in 53 jurisdictions, connecting approximately 70,000 lead-exposed children to services annually, contributing to $11.7 billion saved in lifetime earnings.

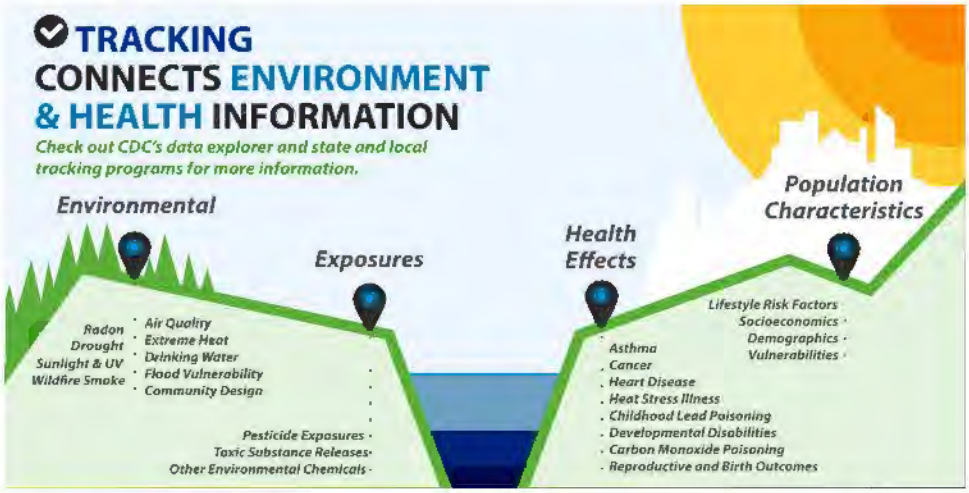
Assessed health effects of environmental hazards and protected vulnerable populations by measuring over 350 chemicals/nutritional indicators in the environmental health laboratory. Adopted newborn screening approaches in 685 laboratories in 50 states and 84 countries. Reached over 48 million people through biomonitoring program.

Supported data-driven decision making through NCEH's Environmental Public Health Tracking Program which covers 180 million individuals in communities across the nation. The network includes 449 health measures and 23 data sets on air quality, water and health outcomes to inform decision-making.

Responded to environmental threats and emergencies by deploying hundreds of staff during hurricanes, water contamination in Flint, flooding, infectious disease outbreaks and hazardous materials releases. Implemented adaptive actions to address health effects arising from climate-related hazards such as heat, drought, and wildfires.

What's Needed

- **Harness the power of innovative solutions:** Enhanced tools, methods and data science capabilities are needed to track environmental trends, identify emerging environmental public health threats and inform decision-making. This would enable state and local health departments to rapidly identify environmental conditions and address emerging or priority EH hazards and issues (e.g., extreme weather events, chemical and radiological events, harmful algal blooms, arsenic, etc.).
- **Bolster EH capacity:** Increased resources to bolster the ability of EH programs to better understand the EH needs of their communities and leverage data-driven approaches to meet those needs through improved guidance, education and implementation of best practices.
- **Advance the critical role of our world-class EH lab:** Develop, improve, and harmonize laboratory tests for measuring biomarkers of environmental exposures to better detect, treat and prevent exposures and related disease; apply unique laboratory tests to regularly assess exposure to environmental chemicals; and include vulnerable populations when conducting studies.



Long-Term Opportunities

- **Develop a model to eliminate lead from children's environments** and support the establishment of lead-free communities.
- **Optimize the Tracking Network to support predictive data science and surveillance** across NCEH and to be a CDC-shared service for data standardization, integration and visualization.
- **Improve environmental justice** by addressing harmful exposures, risks from poor environmental conditions and inequitable access to environmental benefits.
- **Reduce the burden of uncontrolled asthma** by implementing CDC's Controlling Childhood Asthma, Reducing Emergencies (CCARE) initiative to prevent half a million hospitalizations and emergency department visits among children with asthma in 5 years.
- **Increase capacity for laboratory** support that improves the rapid and accurate detection of chemical threat agents (chemical terrorism), radiologic threat agents (radiologic terrorism) and selected toxins.
- **Build a skilled and diverse environmental health workforce** at the federal, state, and local levels to support everyday environmental health needs of communities and emergencies (e.g., chemical, radiological and natural disasters).

NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES (NCEZID)

SNAPSHOT

MISSION

The mission of NCEZID is to reduce illness and death associated with emerging and zoonotic infectious diseases in the United States and around the world and protect against the spread of infectious diseases.

ORGANIZATION

Division of Foodborne, Waterborne, and Environmental Diseases

Division of Global Migration and Quarantine

Division of Healthcare Quality Promotion

Division of High-Consequence Pathogens and Pathology

Division of Preparedness and Emerging Infections

Division of Scientific Resources

Division of Vector-Borne Diseases

Office of Advanced Molecular Detection

One Health Office

PRIORITIES

Drive action to **address antibiotic resistance** in the United States.

Modernize infectious disease laboratories and maximize innovative technologies like advanced molecular detection.

Strengthen public health department preparedness and response to pandemics, disease outbreaks, bioterrorism, and other emerging infectious disease emergencies.

Prevent zoonotic disease outbreaks using a One Health approach that brings together human, animal, and environmental health sectors.

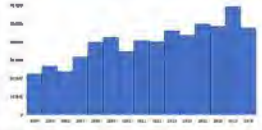
Protect patients and the healthcare workforce from infectious diseases.

Prevent infectious diseases from coming to, or spreading in, the United States.

Why We're Here

The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) protects people at home and around the world from diseases ranging from the familiar, such as foodborne illnesses, to the less common, such as Ebola and Zika. Our programs are critical for responding to infectious disease outbreaks, including the COVID-19 pandemic.

On the front lines combating deadly public health threats



Tickborne Diseases

U.S. reports of tickborne diseases **more than tripled** between 2004 and 2016 and remain high.

CDC discovered that **nootkatone**, an active ingredient from nature, **repels and kills ticks** as well as mosquitoes and other biting pests that can spread disease.

Antibiotic Resistance

At least **2.8 million people** get an antibiotic-resistant infection each year in the United States, and more than 35,000 people die.

CDC's **AR Lab Network** combats antibiotic resistance by harnessing the collective power of 7 regional labs, the National Tuberculosis Molecular Surveillance Center, and 55 state and local labs.

Advanced Molecular Detection

SPHERES: Sequencing for Public Health Emergency Response, Epidemiology and Surveillance:

- **Coordinates and standardizes** SARS-CoV-2 sequencing in laboratories nationwide.
- **Brings together partners** from 85 institutions to share genomic data on SARS-CoV-2.
- **Advances research** for COVID-19 drug and vaccine development.
- **Informs disease mitigation strategies** now and for years to come.

How We Work

NCEZID is ground zero when there's an outbreak of infectious disease. We have world-class scientists, researchers, laboratory scientists, and emergency responders to protect the health and safety of people in the United States and across the world. Staff in NCEZID work on:

- Foodborne, waterborne, and fungal illnesses
- Infections that spread across the health system, including hospitals, nursing homes, and outpatient care settings
- Infections that are resistant to antibiotics and antifungals used in healthcare settings, livestock and poultry, the community, and the environment
- Deadly diseases like Ebola, rabies, and anthrax
- Illnesses that affect travelers, immigrants, refugees, and migrants
- Diseases shared between animals and humans
- Diseases caused by mosquitoes, ticks, and fleas

We partner with state and local public health departments, public health and commercial laboratories, the healthcare sector, academic institutions, private industry, Federal agencies, and ministries of health and international organizations.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 09/24/2020

KEY ACCOMPLISHMENTS

Awarded nearly $11 billion to 64 Epidemiology and Laboratory Capacity recipients as part of CDC's COVID-19 emergency response — the largest single investment in state and local health departments in CDC's history. Funding is helping states, localities, and territories support COVID-19 testing and conduct surveillance, case investigations, and contact tracing.

Integrated whole genome sequencing technology into all 83 PulseNet laboratories, at least one in every state, which is helping to find sources of foodborne outbreaks with more precision.

Supported reductions of U.S. deaths from antibiotic-resistant infections by 18% overall and nearly 30% in hospitals.

Developed a mobile app that allowed health workers in the Democratic Republic of Congo to quickly determine when someone was exposed to Ebola and when they could have exposed others. The app has been downloaded more than 900 times and has helped stop the spread of Ebola.

Between January and August 2020, screened over 500,000 travelers arriving in the United States as part of CDC's COVID-19 emergency response.

Discovered that a new active ingredient called nootkatone repels and kills ticks, mosquitoes, and a wide variety of other biting pests and can be used in insecticides to protect people from vector-borne diseases.

What's Needed

- **Support efforts to end the COVID-19 pandemic** by strengthening infection control in healthcare settings, preventing COVID-19's spread across borders, bolstering health departments' response activities, supporting laboratory innovation and surge capacity, and developing and deploying effective medical countermeasures.
- **Fully support domestic and global antibiotic resistance activities** to track and collect data on antibiotic resistance patterns; measure antibiotic use and access; support vaccines, therapeutics, and diagnostics; and assess antibiotic resistance in the environment.
- **Build an infrastructure to conduct DNA sequencing nationwide** with secure, user-friendly methods for sharing data needed to stop deadly outbreaks.
- **Develop a comprehensive traveler management program** that engages travelers before, during, and after travel and sends timely and complete data to state, local and international partners during disease outbreaks and emergency responses.
- **Build and support a new state-of-the-art high-containment laboratory** (BSL-4) as current CDC systems begin to age. This system will advance applied research and improve treatments and vaccines for the deadliest of diseases.

Long-Term Opportunities

- Enhance **data collection and integration of laboratory, epidemiology, and health information systems** to protect communities from infectious disease outbreaks, including communities with health disparities.
- Strengthen **state and local public health epidemiology and laboratory capacity** to prevent and control emerging infectious diseases.
- Establish a **national, pathogen DNA sequence-based surveillance system** to understand genetic strengths and weaknesses of pathogens; patterns in transmission and introduction; and provide context to outbreak investigation and mitigation efforts.
- Strengthen the **capacity of hospitals and other healthcare systems to prevent and control infections** and automate healthcare surveillance systems such as the National Healthcare Safety Network.
- Build **sustainable global health programs** that stop emerging infectious diseases at their source and build country and regional capacity in epidemiology, laboratory, and outbreak response.
- Build **comprehensive vector-borne disease prevention programs** in 64 U.S. jurisdictions and develop new methods to rapidly diagnose and respond to these diseases.
- Streamline surveillance and data flow, build scientific expertise, and expand prevention activities for specific **foodborne, waterborne, and fungal pathogens.**
- Develop an **integrated travel, migration, and quarantine system** with international and domestic coverage of air, land, and sea entry.
- Improve the **coordination of human, animal, and environmental health activities** to prevent and control zoonotic disease outbreaks through CDC's One Health Office.

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (NCHHSTP)

SNAPSHOT

MISSION

The mission of NCHHSTP is to save lives, protect people, and reduce health disparities associated with HIV, viral hepatitis, STDs, and tuberculosis.

ORGANIZATION

Division of Adolescent and School Health

Division of HIV/AIDS Prevention

Division of STD Prevention

Division of Tuberculosis Elimination

Division of Viral Hepatitis

PRIORITIES

NCHHSTP prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest impact on reducing the incidence of HIV, viral hepatitis, STDs, and TB; preventing related illness and death; and decreasing health disparities across groups affected by HIV, viral hepatitis, STDs, and TB. We work to save lives and money, prevent disease, identify and stop outbreaks, and support schools in keeping young people healthy and at lower risk.

Why We're Here

NCHHSTP prevents infections that result in high health, societal, and economic costs and works to reduce health disparities associated with these diseases.

- 81% of new HIV infections are transmitted from people who don't know they have HIV or are not in care.
- Approximately 21% of all new HIV diagnoses, and half of new STD infections, are among adolescents between ages 13 and 24.
- Combined cases of syphilis, gonorrhea, and chlamydia reached an all-time high in 2018, with more than 20 million cases of STDs nationwide.
- An estimated 2.4 million persons in the nation are living with hepatitis C, a curable infection, which is a leading cause of liver disease and cancer and results in over 15,000 deaths a year.
- Up to 13 million people in the United States have latent tuberculosis infection and are at risk for developing TB disease.

20 MILLION

STDs Nearly 20 million STDs occur in the U.S. each year; about half occur among teens and young adults. STDs can cause infertility, ectopic pregnancy, cancer, and increased HIV risk. The healthcare costs from new STDs, excluding HIV, that occur each year, are approximately $3.9 billion.

MILLIONS AT RISK

Tuberculosis Fewer than 10,000 cases of TB occur annually in the U.S. Up to 13 million Americans are infected with the bacteria that causes TB. Without treatment, these Americans are at risk of developing active TB disease. Drug-susceptible TB costs, on average, $19,000 per year to treat, a figure that rises to $175,000 if the person has multidrug-resistant TB, and $544,000 if the case is extensively drug-resistant

FOCUS DISEASES

3.26 MILLION

Viral Hepatitis Between 2013 and 2016, 2.4 million adults in the U.S. are estimated to be living with hepatitis C virus infection, and in 2016, 862,000 adults in the U.S. are estimated to be living with hepatitis B virus infection. Viral hepatitis is the leading cause of liver cancer and liver transplants in the U.S. Curing hepatitis C costs about $47,000 per person.

1.2 MILLION

HIV An estimated 1.2 million people in the U.S. have HIV. Lifetime treatment costs around $501,000 per person living with HIV.

How We Work

NCHHSTP allocates approximately 85% of its budget for extramural funding, 70% of which supports state and local health departments. We focus on high-impact prevention activities promoting efficient and effective use of resources, such as:

- Investing in prevention, testing, and linkage to care by health departments and community-based organizations.
- Expanding the use of public health and clinical data to identify at–risk populations and ensure access to testing and care.
- Developing guidelines and training for healthcare providers.
- Educating the public, partners, and key populations about essential health information and preventive actions.
- Strengthening schools, families, and communities to prevent HIV, other STDs, and unintended pregnancy and help youth become healthy, successful adults.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

Preventing HIV in America: Investments in HIV prevention have helped to prevent 20,000 new HIV infections per year.

Targeting Health Disparities: Over 5 years, there has been a 25% decrease in the HIV diagnosis rates for African American women relative to those of white women.

Controlling Resurgent Syphilis: CDC–funded STD/HIV Prevention Training Centers trained 25,000 clinicians a year to prevent, diagnose, and treat STDs.

Tackling Chronic Hepatitis B and C: One CDC–funded project has performed 175,000 hepatitis C tests, diagnosed 12,700 people with hepatitis C infection, and prescribed treatment for 2,400 people.

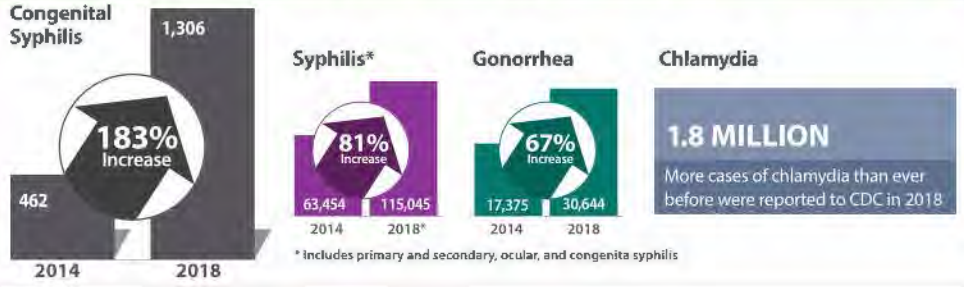
Driving the number of TB cases to an all-time low. The U.S. has one of the lowest TB case rates in the world at 2.7/100,000 people.

Protecting Youth from Behaviors and Experiences that Increase Risk: CDC–funded school–based programs saw declines in the percentage of students who ever had sex, were sexually active, or had four or more lifetime sexual partners.

What's Needed

- **Expand diagnosis and treatment for people with HIV and use of pre-exposure prophylaxis (PrEP) for those at risk for HIV:** There is opportunity to improve testing, access to treatment, and education about PrEP by partnering with other federal agencies and state and local communities.
- **Embrace innovative strategies:** Telehealth and home-testing can reach the most affected populations and reduce health disparities.
- **Strengthen Disease Intervention Specialist (DIS) capacity:** DIS are essential personnel for responding to outbreaks of infectious disease, conducting contact tracing, and linking patients to essential health services such as STD, TB and HIV care.
- **Increase hepatitis C screening:** Updated hepatitis C screening guidelines recommend testing all adults at least once and pregnant women during every pregnancy.
- **Prevent TB:** Expand partnerships with primary care to screen and treat people with latent TB infection.
- **Support school–based primary prevention:** Quality health education, connections to services and positive youth development, with improved data collection and science translation.
- **Expand syringe services programs (SSPs):** Infectious disease screening, treatment referral, and substance use prevention for people who inject drugs are elements of comprehensive SSPs.

NUMBER OF STD CASES REPORTED TO CDC REACHED AN ALL-TIME HIGH IN 2018



* Includes primary and secondary, ocular, and congenita syphilis

Long-Term Opportunities

- **End the HIV epidemic.** This can be done by diagnosing people with HIV as early as possible, treating people rapidly, preventing new infections by using proven interventions and responding quickly to potential HIV outbreaks. By ending the HIV epidemic, we will prevent over 255,000 HIV infections and reduce healthcare expenditures by >$100 billion over a decade.
- **Reduce health disparities** and achieve health equity by ensuring that universally applied strategies are complemented with culturally and linguistically responsive programs that effectively reach target populations with high impact, evidence – based programs and practices to prevent and treat HIV, viral hepatitis, STDs and TB.
- **Reduce new viral hepatitis infections and related morbidity and mortality** through increased hepatitis A and B vaccination, prevention efforts to decrease high-risk drug use, and increased hepatitis C testing with linkage to treatment and cure.
- **Strengthen advanced molecular techniques** to detect and enhance outbreak response and monitor gonorrhea antimicrobial resistance.
- **Eliminate TB.** Save additional lives and money by finding and curing persons with latent TB infection.
- **Reduce risk behaviors and experiences** that put youth at higher risk for HIV, STDs, and unintended pregnancy.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

NATIONAL CENTER FOR HEALTH STATISTICS (NCHS)

SNAPSHOT

MISSION

The mission of NCHS is to provide statistical information that guides actions and policies to improve the health of the American people. As the Nation's principal health statistics agency, NCHS leads the way with timely, accurate, and relevant data.

ORGANIZATION

Division of Health and Nutrition Examination Surveys

Division of Health Care Statistics

Division of Health Interview Statistics

Division of Research and Methodology

Division of Vital Statistics

Division of Analysis and Epidemiology

PRIORITIES

Provide the necessary, high-quality evidence to support decision making on critical health policy and public health issues

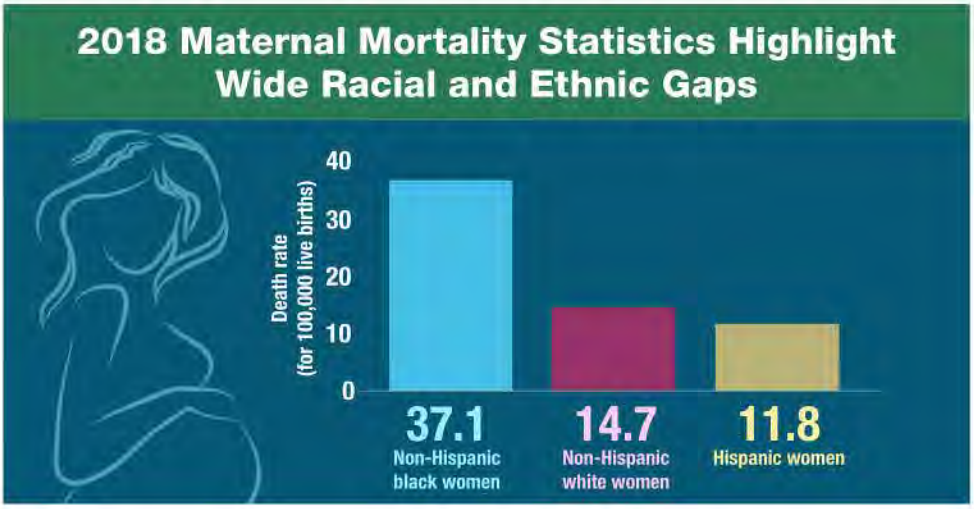
Track progress on HHS priorities

Promote NCHS data modernization by transforming NCHS data systems, exploring new data sources, increasing data integration and linkage, and expanding modeling and analytics

Improve data access from NCHS and other data sources through new tools and technologies

Why We're Here

- As the designated Federal statistical agency for health, NCHS provides data that are unavailable elsewhere for informed decision-making.
- NCHS monitors the nation's health by collecting, analyzing, and disseminating health to:
- Compare across time, populations, providers, and geographic areas
- Identify health problems, risk factors, and disease patterns
- Inform actions and policies to improve the health of the American people
- Administer cross-cutting, comprehensive, and foundational data collections to address the full range of public health issues including emerging concerns



How We Work

NCHS provides timely, accurate, and relevant public health data for policymakers and government leaders to make decisions that improve the health and health outcomes of Americans. NCHS brings decades of experience transforming data into objective, credible, and relevant health statistics to support research and public policy. As the nation's health statistics agency, NCHS works with other members of the federal statistical community and with public health partners to ensure NCHS data are accessible to public health researchers and policy makers, Department leadership, and statisticians.

NCHS protects privacy and confidentiality while providing data to the public, researchers, and health policymakers in support of public health programs and policies. NCHS is committed to quality standards and transparency to report data strengths and weaknesses. NCHS works with HHS, including CDC, and other public- and private-sector organizations to set and monitor health objectives and to provide the necessary health data to monitor national health programs and outcomes.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-B 10/16/2020

KEY ACCOMPLISHMENTS

Released maternal mortality data and analyses: NCHS released the official maternal mortality rate in January 2020 (17.4 deaths per 100,000 live births for data year 2018) after analyses and work with jurisdictions on the adoption of the latest death certificate.

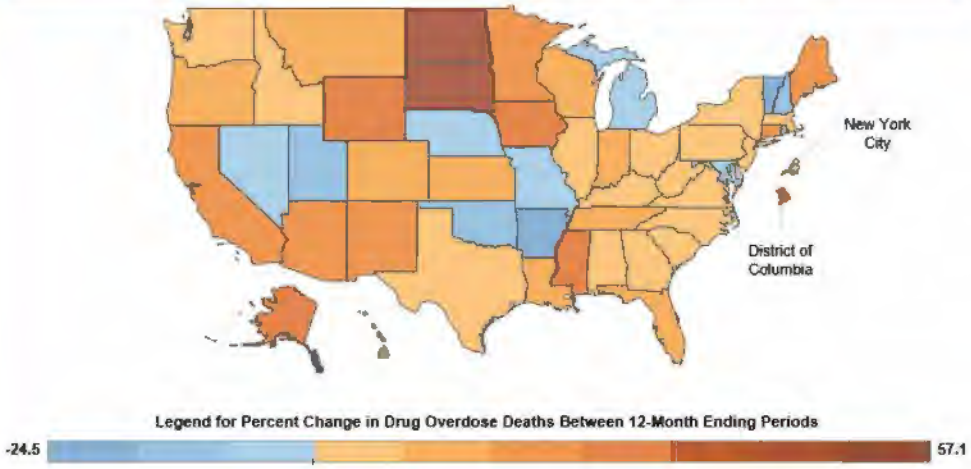
Provided timely COVID-19 mortality data and implemented experimental data collection efforts to provide key data on COVID-19: NCHS provided provisional COVID-19 death data, including more detailed data on race and ethnicity as well as analyses on excess deaths; worked with Census on the development of the COVID Household Pulse Survey; and rolled out a web-based panel survey to better understand the impact of COVID on mental health, health care access, and mortality.

Provided evidence on the harmful impact of lead exposure on children: The NCHS Data Linkage Program linked data from NCHS surveys with program data from Housing and Urban Development to provide key health data on the impact of lead removal from HUD housing on a child's development.

What's Needed

- **Expand efforts to modernize NCHS data collection systems, including the National Vital Statistics System (NVSS)** to allow more rapid receipt, coding, review, analysis, and release of vital statistics data.
- **Accelerate the use of electronic health records (EHRs)** for broad-based, system-wide monitoring of the health care system capabilities and patient encounters, including the development of the appropriate statistical methods for the use and analysis of EHRs.
- **Expand use of existing, new, and alternative data for evidence-building,** including NCHS's data linkages program and data science platforms to use administrative and other data across the federal system.

Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: January 2019 to January 2020



Long-Term Opportunities

- **Develop Center of Excellence for Modeling and Analytics,** leveraging external data sources, new data science methods, and technologies, along with subject-matter expertise on both population health and health data, to improve data for surveillance and research.
- **Build secure virtual data enclave** to expand access to key health data; develop a remote or virtual environment for the Research Data Center, while ensuring privacy and security.
- **Improve the use of existing data,** supporting evaluation and evidence-building for performance, policy, and decision-making through the NCHS Director's role as the HHS Statistical Official.

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)

SNAPSHOT

MISSION

The mission of NCIPC is to prevent violence and injuries through science and action

ORGANIZATION

Division of Injury Prevention

Division of Overdose Prevention

Division of Violence Prevention

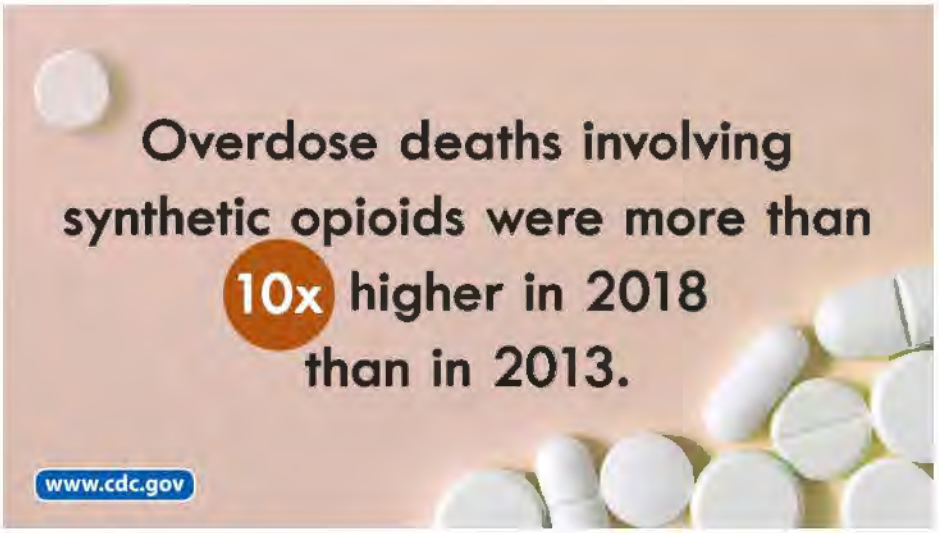
PRIORITIES

NCIPC prioritizes the prevention of:

- Adverse Childhood Experiences (ACEs)
- Substance Use and Overdose
- Suicide
- Community Violence and Health Disparities
- Firearm Injury and Deaths

Why We're Here

As the nation's leading authority on violence and injury prevention, the National Center for Injury Prevention and Control (NCIPC) is committed to saving lives, protecting people, and lowering the costs of violence and injuries. NCIPC collects data to identify problems and monitor progress, uses research and evaluation to understand what works, and promotes evidence-based strategies to inform real-world solutions. NCIPC prioritizes populations most at risk of injury and violence in order to reduce health disparities. We offer individuals, communities, and states timely, accurate information and actionable tools and resources to keep people safe where they live, work, play, and learn.



How We Work

Like diseases, injuries and violence are preventable. NCIPC uses the same scientific methods to prevent injuries and violence that are used to prevent disease: carefully describing the problem through surveillance, studying factors that increase or decrease risk for injury and violence, designing and evaluating interventions that target these risk factors, and ensuring that proven strategies are implemented in communities nationwide. In addition, NCIPC partners with and supports American Indian/Alaska Native communities to prevent injuries and improve health and wellness.

With NCIPC's leadership, states and communities can implement comprehensive prevention strategies that promote safe, stable, and supportive environments to lessen harms and prevent future risk.

NCIPC monitors injuries and violent deaths to ensure data are informing prevention through multiple data systems like the National Violent Death Reporting System (NVDRS) and provides all 50 states, five territories, and numerous local jurisdictions with direct funding and scientific expertise through programs like Overdose Data to Action.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/08/2020

KEY ACCOMPLISHMENTS

Combatting Drug Overdose: NCIPC's work began in five states, and within five years has grown from a $2m program to a $475m program and expanded to 47 states, D.C., 16 localities and three territories.

Understanding Violent Deaths: NCIPC's National Violent Death Reporting System (NVDRS) has recently expanded to all 50 states. NVDRS provides invaluable information on the context of violent deaths, informing tailored prevention strategies.

Preventing Suicide: NCIPC reported that more than half of people who died by suicide did not have a known diagnosed mental health condition. This underscores the importance of focusing on individuals, families, and communities. NCIPC released the Preventing Suicide technical package which summarizes the best available evidence for prevention and will be used to inform comprehensive suicide prevention in the newly awarded funding to states.

Preventing ACEs: NCIPC released a package of strategies to help states and communities prioritize impactful prevention activities. This is a culmination of research to build evidence on what works and informed the Preventing ACEs Data to Action program.

What's Needed

In the face of complex problems, we need to:

- Build states and communities' ability to measure adverse childhood experiences, implement effective programs, and evaluate implementation.
- Combat rising rates of polysubstance use and overdose by expanding surveillance and increasing our ability to track, understand, and address related injuries through evidence-based strategies.
- Analyze data sources to monitor cannabis use and associated health effects and evaluate the impact of state cannabis policies on health outcomes and health disparities.
- Develop, disseminate, and expand replicable suicide prevention strategies geared towards vulnerable populations.
- Improve state and local practitioners' ability to identify and respond to emerging public health problems by enhancing the timeliness of surveillance of nonfatal firearm injuries.
- Reduce the impact of the COVID-19 pandemic on suicide, ACEs, substance use and overdose, and violence by building tribal public health capacity, developing virtual violence and injury prevention programs, and updating NCIPC resources to include online and virtual tools.

Preventing suicide is a priority for CDC.

Long-Term Opportunities

End drug overdose by continuing opioid overdose prevention work and expanding beyond opioids to address emerging drug trends. The Drug Free Communities (DFC) program strengthens collaborations among communities to prevent and reduce substance use among youth, and over time, reduce substance use among adults.

Eliminate ACEs through the Preventing Adverse Childhood Experiences: Data to Action program. This program is designed to reduce ACEs by implementing comprehensive strategies based on the best available evidence.

Prevent suicides by focusing on vulnerable populations through the Comprehensive Suicide Prevention program. This program includes implementing a strategic action plan that identifies strong leadership to convene and connect multi-sectoral partnerships, evaluate strategies, and use data to recognize vulnerable populations with increased risk of suicide.

Stop violence before it begins by supporting research that informs the development of innovative strategies to enhance safety and prevent child abuse and neglect, youth violence, sexual violence, and intimate partner violence.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES (NCIRD)

SNAPSHOT

MISSION

The mission of NCIRD is to prevent disease, disability, and death through immunization and by controlling respiratory and related diseases.

ORGANIZATION

Division of Bacterial Diseases

Division of Viral Diseases

Immunization Services Division

Influenza Division

Advisory Committee for Immunization Practices

PRIORITIES

Improve immunization coverage across the life span by using data and other public health tools to address vaccine confidence and disparities in access

Improve prevention, detection and response for respiratory diseases by maximizing the use of surveillance platforms and improving integration of epidemiology and laboratory data

Protect Americans from influenza threats by improving global surveillance to detect novel threats and improving effectiveness of flu vaccines

Accelerate development and introduction of new vaccines and evaluate new platforms for study of viral and bacterial disease vaccines

Why We're Here

NCIRD protects Americans from infectious diseases by issuing recommendations and guidance for the prevention and control of vaccine-preventable diseases and respiratory diseases. Through programs such as the Vaccines for Children (VFC) Program, NCIRD improves access to immunization services for uninsured and underinsured U.S. populations, supports the scientific base for vaccine policy and practices, addresses disparities, and promotes vaccine coverage for all populations. NCIRD delivers critical surveillance, epidemiology and laboratory capacity to detect, prevent, and respond to vaccine-preventable and respiratory infectious disease threats through use of vaccines and community interventions and conducts preparedness planning for pandemic influenza and other respiratory disease outbreaks.

95 Investigations of vaccine-preventable disease received NCIRD technical support in 2019.

How We Work

NCIRD partners with state and local health agencies, private healthcare providers and multiple domestic and global partners to implement a safe and effective immunization system.

- Provides funds to build, maintain and promote immunization programs and vaccines to protect populations and to respond to disease outbreaks.
- Provides technical expertise and support including evaluation of vaccine effectiveness and safety, ordering and distribution systems, public awareness campaigns and resources, and provider education and tools.

NCIRD partners with domestic and international partners to build surveillance and laboratory capacity.

- Provides the scientific and programmatic foundation and leadership for the diagnosis, prevention, and control of influenza and other respiratory diseases.
- Builds capacity to respond to and control seasonal and pandemic influenza.

NCIRD works with federal, state, and local partners to address emerging and reemerging respiratory infectious disease threats.

- Utilizes surveillance, laboratory and epidemiology networks to monitor the impact of disease spread in the US.
- Provides expertise and new innovative technologies to detect and respond to these emerging threats.
- Conducts research that supports the development of effective prevention measures.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/08/2020

KEY ACCOMPLISHMENTS

Increasing immunization coverage: In the United States today, we enjoy record high immunization coverage rates for most childhood vaccines and increasing coverage rates for adolescent and adult vaccines. Less than 1% of children receive no vaccinations. NCIRD supports states, cities, and counties to find communities with pockets of under-vaccination and take steps to protect them.

Expanding pandemic readiness: NCIRD's influenza laboratory capabilities and epidemiologic networks have strengthened national security by improving influenza surveillance and vaccine strain selection and have provided the underpinning of the COVID-19 response.

Responding to Acute Flaccid Myelitis: With cases increasing since 2014, NCIRD has identified likely viral causes for the disease, promoted enhanced surveillance for AFM and improved strategies for communicating with clinicians so that all cases are identified and reported.

Preventing Legionnaires' disease: NCIRD has built capacity to prevent Legionnaires' disease by disseminating building water management toolkits and improving prevention strategies of outbreaks in communities and healthcare facilities.

What's Needed

- Sustain adequate support of a robust and responsive public health immunization infrastructure at the federal, state, and local levels.
- Support vaccine confidence and address disparities in vaccine coverage rates.
- Enhance epidemiology and laboratory capacity to respond to vaccine-preventable disease outbreaks and other urgent and emerging public health needs.
- Modernize immunization information systems so that real-time, consolidated immunization data and services for all ages are available for authorized clinical, administrative, and public health users, as well as consumers, anytime and anywhere.
- Modernize influenza vaccines by expanding vaccine effectiveness monitoring and evaluation, enhancing virus characterization and expanding vaccine virus development, and increasing influenza vaccine use by removing barriers to vaccination and promoting vaccination coverage.
- Respond to emerging and reemerging infectious disease threats, such as COVID-19, AFM, and Legionnaires' disease.

NCIRD estimates that vaccination of children born between 1994 and 2018

- **PREVENTED** 419 million illnesses.
- **PREVENTED** 26.8 million hospitalizations.
- **HELPED AVOID** 936,000 early deaths.
- **SAVED** nearly $406 billion in direct costs.
- **SAVED** $1.9 trillion in total societal costs.

Every dollar spent in childhood vaccination ultimately saves $10.10.

Long-Term Opportunities

- Improve vaccine coverage rates and increase America's trust and confidence in vaccines through NCIRD's Vaccinate with Confidence framework, which aims to strengthen public trust in vaccines and prevent vaccine-preventable disease outbreaks.
- Decrease hospitalizations and deaths with timelier and broadly effective seasonal influenza vaccines.
- Better domestic and worldwide human and zoonotic surveillance of viruses with pandemic potential, including shared specimens and data to be used in vaccine development.
- Harness the advances in informatics and bioinformatics and improve diagnostics and advance molecular detection techniques.
- Study the effectiveness and safety of new vaccines post-licensure.
- Improved ability for CDC and State Health Departments to access and integrate data sources (i.e., epidemiology and laboratory information, vaccine coverage, impact on healthcare systems) to improve federal, state, and local decision making.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

SNAPSHOT

MISSION

The mission of NIOSH is to promote productive workplaces through safety and health research.

ORGANIZATION

Division of Field Studies and Engineering

Health Effects Laboratory Division

National Personal Protective Technology Laboratory

Respiratory Health Division

Division of Safety Research

Pittsburgh Mining Research Division

Spokane Mining Research Division

Western States Division

Division of Science Integration

Division of Compensation Analysis and Support

World Trade Center Health Program

PRIORITIES

Implement the third decade of the National Occupational Research Agenda with partners and stakeholders.

Advance the science of worker protection in emergency response.

Evaluate worker safety and health risks and seize opportunities presented by future of work advances by developing evidence-based research solutions around new industries, organizational design, job arrangements, and ways to control risks that affect the future workforce.

Why We're Here

NIOSH is the only federal entity responsible for conducting research and making recommendations for the prevention of work-related injury and illness. NIOSH transfers its research findings into cost-effective solutions to make work safer, healthier, and more productive for workers, employers, and the Nation. NIOSH also administers the World Trade Center Health Program, which provides medical monitoring and treatment for eligible 9/11 responders and survivors and funds research into health conditions associated with the September 11, 2001, terrorist attacks.

NIOSH developed science-based recommendations to protect first responders from exposure to illicit drugs, such as fentanyl, and developed training and communication products for responders to use on the job.

How We Work

Relevance: Employer and worker needs for solutions drive research programs at NIOSH. We focus our efforts on ten industry sectors to address the specific problems for which research solutions are needed.

Quality: Sound science, the highest level of data quality, and independent peer review are hallmarks of NIOSH science.

Collaboration: Different than the regulatory approach to safety and health, NIOSH works cooperatively with employers and workers to adapt research findings into workable solutions.

Accountability: NIOSH aims to use its funding to maximize the taxpayer investment in research. We use a burden, need, and impact method to ensure accountability for our appropriated dollars.

Partnership: For over 20 years, the National Occupational Research Agenda (NORA) has been the way NIOSH connects to the Nation's industry sectors. NORA is a public-private partnership to identify critical needs and to optimize the transfer of science findings where they can do the most good.

Impact: NIOSH is results driven. We are committed to evaluating our performance and measuring the impact of our search solutions in the real world.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/09/2020

KEY ACCOMPLISHMENTS

Advanced Manufacturing: Collaborated with the private sector to understand the complex exposures and potential health effects associated with 3D printing. Designed and fabricated a cost-effective engineering control for 3D printers that reduces emissions by 98%.

Firefighting: Created the National Firefighter Registry, which will track and analyze cancer trends and risk factors among the U.S. fire service to help the public safety community, researchers, scientists and medical professionals find better ways to protect those who protect our communities and environment. Begin firefighter registration by the end of 2020 and enroll 200,000 by 2024.

Mining: Developed canopy air curtain technology for use in underground coal mines to protect machine operators from overexposure to respirable coal mine dust. The technology reduces respirable dust levels by 83%.

First Responders: Developed science-based recommendations to protect first responders from exposure to illicit drugs when responding to an emergency and released training videos, tool kits, and training.

Outdoor Workers: Co-developed a Heat Safety app which has over 911,000 downloads. The app provides recommendations to prevent heat-related illnesses and reduce heat stress in outdoor workers based on local weather conditions used to calculate the heat index.

What's Needed: Infrastructure Improvements

NIOSH facilities in Pittsburgh and Cincinnati need critical updates to support research needs for the 21st century.

Cincinnati

Three aging NIOSH facilities are merging into one updated, consolidated building to maximize NIOSH work in developing engineering solutions, conducting field research, and other key activities. CDC is finalizing purchase of site to build a new facility and anticipates beginning construction of the new campus in early 2022 with relocation of staff anticipated in spring of 2024.

Pittsburgh

Most of the site and utility infrastructure at the NIOSH campus in Pittsburgh, Pennsylvania, is obsolete and failing, which has resulted in frequent utility outages, delays in research activities, lost time for employees, which has impacted critical research in personal protective technologies and mining. NIOSH's respirator certification activities are also conducted in Pittsburgh where laboratory and equipment upgrades are necessary in order to increase efficiencies and avoid delays to programmatic activities.

NIOSH Locations

Long-Term Opportunities

- Provide site-specific scientific assessments of potential workplace hazards through Health Hazard Evaluations by request from employers, workers, and worker representatives.
- Prepare tomorrow's workforce for safe and healthy work through the Safe-Skilled-Ready Workforce program with eight, transferable, work-readiness competencies to help protect young people and new hires on the job now and throughout their lives.
- Identify and address important research gaps for emergency response and recovery through the Disaster Science Responder Research program.
- Reduce oil and gas extraction worker fatality rates.
- Reduce the number of fatalities from falls in construction.
- Reduce new cases of work-related, noise-induced hearing loss.
- Improve worker safety, health, and well-being by improving the design of work and addressing the effects of working hours and fatigue, non-standard work arrangements, and occupational stress.
- Evaluate potential benefits and risks of robots in the workplace, conduct workplace interventions to prevent robot-related worker injuries, and develop guidance for safe interactions between humans and robots through the Center for Occupational Robotics Research.

OFFICE OF THE ASSOCIATE DIRECTOR FOR COMMUNICATION (OADC)

SNAPSHOT

MISSION

The mission of OADC is to extend CDC's health security mission by providing timely, accurate information to save lives and protect people.

ORGANIZATION

Office of the Director

Division of Public Affairs

Division of Communication Services

Office of Communication Science

PRIORITIES

Increase public trust in and credibility of CDC's science, research, and recommendations

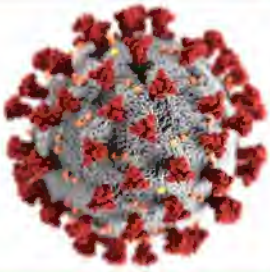
Deliver health information that is accessible, understandable, and actionable

Increase strategic communication opportunities

Why We're Here

Strategic and credible health communication saves lives. As CDC's central leader for strategic communication, OADC enhances the agency's communication impact, manages the high visibility of the agency and its senior leaders, and guides public messaging through ongoing support to programs. OADC provides communication strategy and risk communication guidance to the CDC senior leaders and the entire agency. It coordinates CDC communication efforts, builds public understanding of scientific recommendations and helps increase program impact. OADC also works with the Department of Health and Human Services (HHS) on media issues, emerging health threats, and prepares the CDC director and other leaders to serve as public health thought leaders on multiple media platforms. OADC helps the agency and CDC leadership deliver clear and effective messages whether speaking to international partners, presenting on the Hill, giving interviews to top-tier reporters on complex issues, communicating with CDC staff, or engaging with important communities.

OADC medical illustrators designed the now ubiquitous visual of COVID-19.



Communication at CDC is about motivating behavior change—taking our science, communicating it to the people who need to know, and turning it into public health action.

How We Work

With an understanding of consumer information seeking behaviors, OADC provides *accurate, clear health information when, where, and how people need it.* It marshals the professional expertise, years of experience and resources of its staff to support the agency's needs—in health and strategic communication, health literacy, behavioral science and communication research, managing national cross-cutting consumer campaigns, risk and crisis communication, digital communication, media relations and public affairs, visual design and broadcast communication, language translation, clear communication and communication science application, and community and partnership development. OADC advances innovations and embraces trends in communication whether in graphics and broadcast, with digital platforms, in high-impact science communications such as *Vital Signs*, engaging staff, the public and the community through managing CDC web presence, CDC-INFO call center, our Smithsonian-affiliated museum, speakers' bureau and other community and employee activities

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/09/2020

KEY ACCOMPLISHMENTS

Media Relations: Increases reach of health messaging through stories and responding to media inquiries. First half of 2020: fielded over 11,000 press inquiries and held more than 25 press briefings.

Digital Leadership: Leads "Digital First" digital integration throughout the U.S. government by tools and consultations on best practices. During COVID-19: managed about 1,300 web pages, 2 billion page views, and more than 2 billion social media impressions.

Risk and Emergency Response: Advises on risk communication and response communicators during emergencies when messages must be clear and use the latest risk communication principles. COVID-19: handled about 400,000 COVID-19 inquiries to the CDC-INFO call center.

Communication Science and Campaigns: Supports science by publishing the latest in health communication science, Grand Rounds presentations, and health literacy courses, handles clearances. In 2020: coordinated high-profile consumer campaigns on opioids, COVID-19, influenza, and vaccinations.

What's Needed

Today's communication landscape is defined by fast-paced technological changes. OADC builds capacity and innovations for agency communicators to effectively reach priority audiences.

- Using newly emerging communication technologies to deliver information during health emergencies.
- Addressing trends toward wider changes in communication behaviors and preferences.
- Maintaining tailored communication for population segments disseminated to their channels and adaptive modes of communication.
- Planning for and training the communication workforce for the future.

> Americans give the Centers for Disease Control and Prevention and other public health organizations the highest rating (64%) when it comes to getting the facts right [during COVID-19].
>
> — Pew Research Center, June 28, 2020

COVID-19 Response

OADC partners during epidemics with emergency response operations for months of intense focus providing staffing, strategic communication, campaigns, media relations, web and materials development to get people information they need to protect themselves and their families.

- Coordinates with the Joint Information Center on public affairs strategy, media outreach, digital strategies, employee communication, visual and broadcast design, and spokesperson training.
- Ensures agency messages are aligned to risk communication science and clear language principles.
- Develops web and social media, media briefings, broadcast products, visual graphics, multilingual translation, and resources for state and local health department use.

Long-Term Opportunities

- Increase clear communication and culturally appropriate materials to encourage uptake of CDC's recommendations.
- Build in-house capacity for data visualization services to increase storytelling with our data.
- Advance STEM through the CDC Museum, Disease Detective camps, and other science education outreach.
- Modernize CDC's digital content management using lessons from COVID-19.
- Advance number of trained presenters and on-camera talent to clearly communicate our science and actions whether on broadcast channels or giving presentations.
- Enrich CDC's digital communication content on CDC Connects, CDC Today, and CDC Now to support information needs of CDC staff.
- Ensure that CDC communicators are well versed in the latest communication and behavior science, platforms, tools and techniques.

OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRATEGY (OADPS)

SNAPSHOT

MISSION

The mission of OADPS is to build and translate evidence for what works in public health to inform decision makers and to help CDC's science go further, faster. DADPS drives action across the agency to further CDC's Strategic Framework and connects CDC to crucial partners and stakeholders.

ORGANIZATION

OADPS Office of the Director

Community Guide Office

Policy Research, Analysis, and Development Office

Population Health and Healthcare Office

Program Performance and Evaluation Office

PRIORITIES

OADPS helps CDC's science go further, faster by:

- Working across the agency to make sure CDC's work is **strategic, well-integrated, and continually improving**
- **Building the evidence** for policy and public health interventions that work to improve health and prevent disease
- Helping decision makers **select interventions that work and are cost effective,** including those addressing the social determinants of health
- **Collaborating with partners across different sectors** to get evidence-based policies and practices into place in the community

Why We're Here

The Office of the Associate Director for Policy and Strategy (OADPS) sits within the CDC Office of the Director and is charged with leading and coordinating essential public health functions, such as performance monitoring, program planning and improvement, policy analysis, evidence generation, and partnership development, across health topics and CDC strategic priorities. OADPS supports the mission of CDC by providing resources and expertise agency-wide and serving as an incubator for new and promising policies, programs, and systems so that CDC's science goes further, faster, and has the greatest public health impact.

How We Work

OADPS offers two primary services:

1. Expertise in evidence-based public health policy and program interventions:
   - » Analyzing available evidence on the effectiveness and economics of specific policy and intervention approaches;
   - » Translating evidence-based interventions and generating recommendations for communities and healthcare systems; and
   - » Accelerating the dissemination and uptake of these evidence-based interventions into communities and healthcare systems through internal program improvement and strategic partnerships.
2. Expertise in internal program strategy and improvement:
   - » Ensuring agency and program accountability through CDC's Data-Driven Regular Review process to monitor progress in critical areas. Creating strategic connections across the agency and working with individual programs to support all aspects of program design, development, monitoring, and evaluation;
   - » Developing agency capacity in policy, program strategy and improvement, and evaluation through trainings, fellowships, seminars, and individual consults and facilitations; and
   - » Building partnerships across the agency and with other government agencies, private and non-profit organizations, and professional associations.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

Strengthened Agency Capacity:

- Provided 250+ workshops and trainings, 60 CDC University courses, & 10 online courses to 10,000+ attendees; graduated 90 Evaluation Fellows and 90 Policy Academy fellows; conducted 300+ consults and facilitations.
- Oversaw and strengthened semi-annual Data-Driven Regular Reviews for all Centers/ Institutes and Offices

Provided Strategic Guidance:

- Provided quality control reviews and consultation for over 200 CDC Notices of Funding Opportunity.
- Conducted over 1350 Policy Reviews.

Provided Critical Evidence to Support National Efforts:

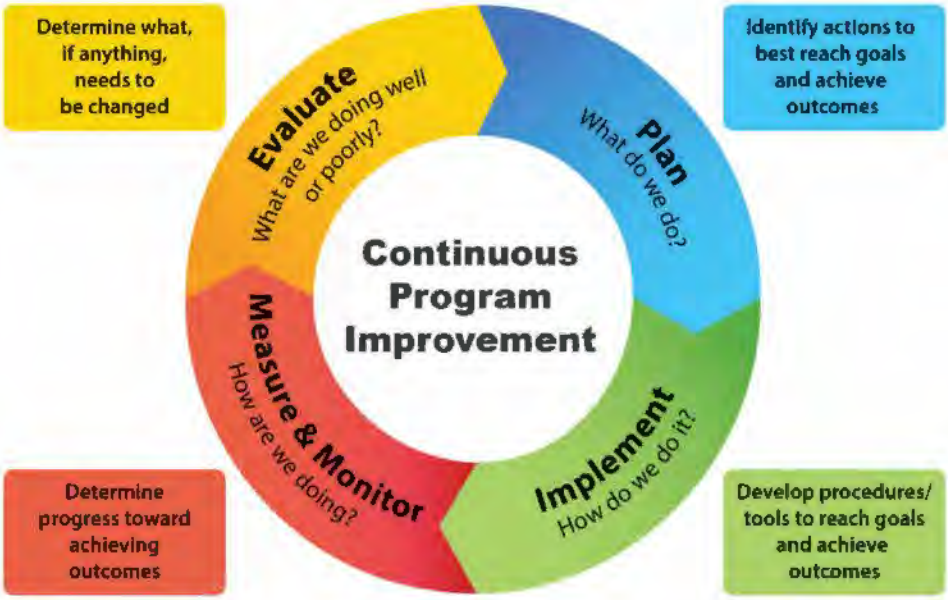
- Supported the Community Preventive Services Task Force (CPSTF) to issue 30 findings related to diverse topics and intervention approaches.
- Served as CDC's coordinator for rural health; wrote 6 policy briefs to accompany rural MMWR series.
- Coordinated creation of 2020 Surgeon General Report on Community Health and Economic Prosperity.

Engaged Partners to Implement Evidence-Based Strategies:

- Invited by the Robert Wood Johnson Foundation to serve as external subject matter experts to develop and implement the 6|18 and HI-5 initiatives—both first-of-their-kind programs to implement evidence-based interventions.
- Engaged with 40 states, territories, and localities; CMS; major national partner organizations; payors; business coalitions; and CDC CIOs on improving adoption and coverage of the 6|18 interventions.

What's Needed

- **Strengthen CDC's ability** to make use of evidence-based public health policies and program interventions, to conduct continuous program improvement, and evaluate success by providing high-quality training, technical assistance, and guidance to programs.
- **More widespread application of CDC's strategy** and use of strategic planning and performance management uniformly across activities.
- **Improved Identification and implementation of evidence-based public health policies and interventions** to increase engagement with internal and external partners to get what works in public health into practice.



Long-Term Opportunities

- **Accelerating public health achievement** by focusing on high-impact activities and serving as an incubator and accelerator for scalable, evidence-based solutions. Promoting the use of continuous program improvement to optimize CDC's investments and impact.
- **Promoting the use and adoption of evidence** to improve population health, the social determinants of health, and cost-effectiveness of interventions.
- **Increasing capacity** of public health to partner successfully across sectors on implementation of evidence-based strategies in community and clinical settings.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

OFFICE OF THE CHIEF OPERATING OFFICER (OCOO)

SNAPSHOT

VISION

To be partners in protecting health through exemplary business service, innovative practice, and continuous workforce development.

ORGANIZATION

Office of the Director:

- Strategic Business Initiatives Unit (SBI)
- Executive Officer (EO)
- Working Capital Fund (WCF)
- Freedom of Information Act Office (FOIA)
- Policy, Performance, and Communications Team (PPCT)

Human Resources Office (HRO)

Office of Financial Resources (OFR)

Office of the Chief Information Officer (OCIO)

Office of Safety, Security, and Asset Management (OSSAM)

PRIORITIES

Customer Service: Provide high-quality services and solutions that are timely, accurate, and meet mission needs.

Efficiency: Implement business practices and cost-effective strategies that ensure OCOO is a model for efficient government operations.

Effectiveness: Provide compliant, high- quality services.

Healthy Enterprise: Be a desired employer that attracts, develops, and retains a skilled and diverse workforce.

Why We're Here

The Office of the Chief Operating Officer (OCOO) provides oversight and support for all of CDC's centralized business operations. Led by the chief operating officer, OCOO ensures that CDC employees and contractors have the tools and resources they need in a safe, secure, and healthy workplace as they strive to fulfill CDC's mission.

From human resources to finance to IT to safety and wellness, OCOO provides more than 100 services to CDC staff.

How We Work

OCOO's business services offices administer CDC's budget, grants, facilities, physical security, workforce health and wellness, human resources, and information technology programs. In 2014, CDC began working under a working capital fund (WCF), which seeks to achieve greater efficiency, transparency, and accountability for business services support. BSOs provide services to CDC programs and the WCF bills programs for the services consumed based on preestablished rates.

Human Resources Office (HRO): Leads human capital management activities, delivers agency-wide training and workforce development services, advises and assists agency hiring managers with recruitment and workforce needs, and manages and oversees ethics and compliance activities.

Office of Financial Resources (OFR): Leads CDC's financial management activities, manages budget formulation, integration, and execution, oversees a system of internal budget, financial, and payment processes and systems, and leads and directs CDC's contract and grant activities.

Office of the Chief Information Officer (OCIO): Leads IT and data architecture, including capital planning, enterprise architecture, project management, employee IT services, business systems and analytics, information security, and other IT management services.

Office of Safety, Security, and Asset Management (OSSAM): Provides a safe, secure, and healthy workplace environment for CDC staff by managing CDC facilities, providing occupational health services, ensuring environmental stewardship, running a premiere wellness program, and delivering mail, shipping, fleet, and logistics solutions worldwide.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

OCOO BY THE NUMBERS

$15.4 billion obligated

1, 240 FOIA requests completed

1,600 travel visits and medical clearance exams performed

20,000 staff migrated to Microsoft Office 365

23,027 contract and grant actions processed

11,072 employees trained in more than 500 classes

60,872 personnel actions processed

5,246 flu shots administered to staff

4,938 immigration actions processed

5,084 eligibility certificates issued

99 percent of IT ServiceDesk tickets resolved on time

1,276 new employees hired

What's Needed

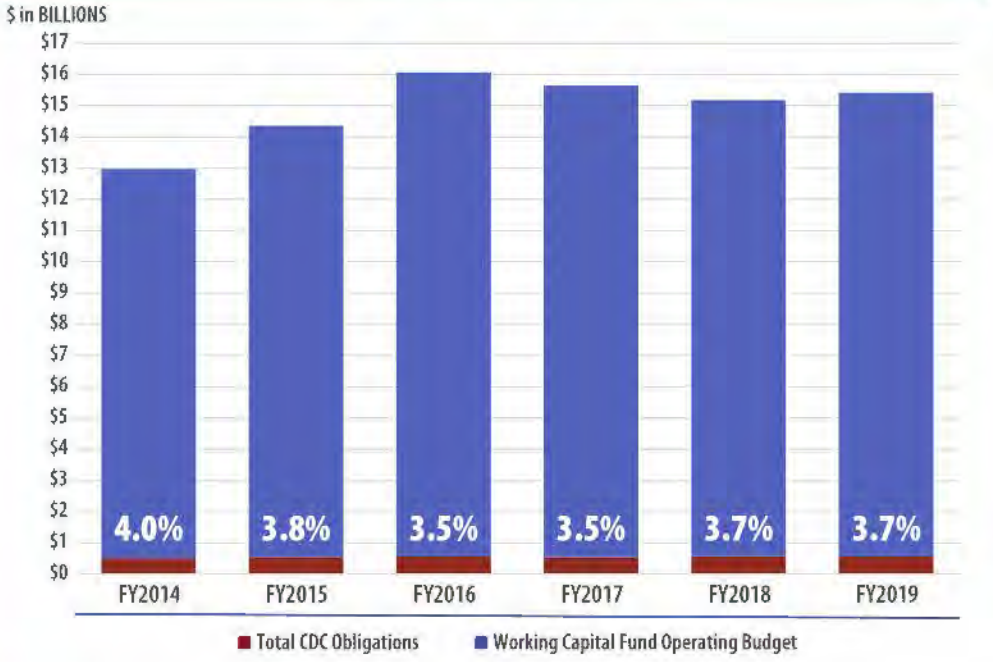
Human Resources: Implement Workforce Task Force recommendations with a focus on equipping supervisors with resources and transforming HRO processes.

Information Technology: Modernize CDC IT and data infrastructure by improving core data infrastructure, building interoperable data capabilities, and protecting data.

Facilities: Continue critical infrastructure improvements and support capital construction to eliminate reliance on expensive leased property.

In- and Out-Processing: Implement a centralized end-to-end approach to enhance the experience for incoming and outgoing staff.

Working Capital Fund Operating Budget as a Percentage of CDC's Total Obligations



Key Accomplishments

- Established a multidisciplinary Workforce Task Force to define CDC's future workforce and develop an agency-wide implementation plan for how CDC can build the workforce of 2030.
- Launched Interagency Agreement Navigator to centrally manage interagency agreements across CDC, completed the Advancing Budget Execution Initiative, and transitioned 100% of travel cards to the new GSA SmartPay3 vendor.
- Completed construction milestones on the Roybal Campus in Atlanta, including infrastructure improvements to the main entrance, breaking ground on a new parking deck, and planning for a new high-containment continuity laboratory.
- Developed annual agency-wide risk profiles and risk appetite statement as part of the Enterprise Risk Management framework to address strategic, reputational, operational, financial, and compliance risks.
- Enhanced IT, including the development and deployment of the CDC Rapid Response Event System that accelerated the identification of qualified personnel for the opioid and COVID-19 response.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

OFFICE OF THE CHIEF OF STAFF (OCoS)

SNAPSHOT

MISSION

The mission of OCoS is to provide strategic direction and advice to the CDC director and agency senior leadership for coordination, synchronization, and implementation of agency-wide priorities, policies, and programs.

ORGANIZATION

Advance Team

Budget, Operations, and Management Team

Issues Management, Analysis, and Coordination

Public Private Partnerships Team

PRIORITIES

Strategically advise the CDC director

Maintain internal and external relations

Provide information management with Executive Branch across the agency

Conduct proactive issues management

Recruit National Leaders for CDC's highest-level positions

Why We're Here

CDC's Office of the Chief of Staff (OCoS) brings together the critical functions of a nimble knowledge management asset in support of the director and leadership team. The office allows the agency to anticipate, prepare for, and respond to emerging issues both domestic and global, while remaining focused on accomplishing long-term CDC priorities. OCoS works across the entire agency to ensure decisions are timely and resources are aligned with priorities.

How We Work

Advance Team: Deliver full-spectrum direct support to the Agency Director, Deputy Director, and Chief of Staff. The support provided is inclusive of executive and special assistance and advisement for policy and strategic planning, scheduling, high-profile visits, meeting and event management, and travel logistics.

Budget and Operations Management Team: Serve as the Management Official for all the offices of the CDC director, including financial management; executive recruitment and human resources; purchasing; and safety, security, and asset information management.

Division of Issues Management, Analysis, and Coordination: Provide strategic advice and information to the CDC director for informed decision-making on critical issues, serve as Executive Secretariat and as the primary liaison to the HHS Office of the Secretary, coordinate agency review of HHS policy documents, lead Executive Branch forecasting reporting and management of critical issues, and provide strategic coordination of CDC's regulatory agenda and all Government Accountability Office (GAO) and Office of the Inspector General (OIG) engagements.

Public–Private Partnerships Team: Establish and sustain partnerships, including those with the CDC Foundation, as the hub of external relations with the private sector on behalf of the director and agency. Provide technical support for partnership teams across the agency, including conflict of interest guidance and review of gifts, and deliberately form and sustain relationships on behalf of the director and agency.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/13/2020

KEY ACCOMPLISHMENTS

Full-Service Advance Team: Provided executive assistance, scheduling, travel and event advance planning and logistics, meeting and event planning and management, and protocol and VIP visit coordination.

Formalized and centralized issues management at CDC to analyze issues and recommend solutions for senior leadership decision making: Updated the CDC Forecasting Portal using the most advanced technology to improve efficiency and information collection of upcoming agency-wide activities for CDC and HHS forecast reporting.

Established Public–Private Partnerships activities within and outside of CDC:

- 168 gift reviews conducted in 31 months for $219 million.
- 148 corporate executives attended four Business Health Executive Calls from April 2019–January 2020.
- Work with the CDC Foundation on their Domestic and International Emergency Funds for COVID-19 response effort.

Participated in Response Activities leveraging the leadership, policy, and organizational expertise of the OCoS. Both OCoS offices and staff provided support to the agency and CDC Director throughout multiple responses, including Ebola in 2014 and more recently, the COVID-19 response.

Supported the CDC Director, Senior Leaders and the OCoS through recruitment and hiring of 26 Senior Executive Leaders, including CDC Directors for 4 regional platforms overseas. Ensures the CDC Director, Deputy Director, and Senior Leaders are in the right place at the right time by executing over 225 travel orders a year, as well as overseeing the execution of all OD budgets.

What's Needed

The knowledge management function relies on strong relationships with the centers, institutes, and offices that make up the agency. Our ability to fully support the director and leadership team relies on maintaining the expectation that the systems and procedures will be used. This includes forecasting, reviewing and clearing requests for information, receiving and responding to congressional correspondence, processing invitations for the director, maintaining relationships with the CDC Foundation, and coordinating communications and information sharing among the other offices of the director.

Engagement with Partners by Industry

Long-Term Opportunities

- **Convene** CDC programs to resolve issues that cross organizational lines, facilitate situational awareness of senior leadership, coordinate decision-making processes, and ensure that CDC focuses on its highest priority initiatives.
- **Coordinate** visits and information exchange for Administration, Department, and agency leadership teams.
- **Institutionalize** practices to increase transparency and avoid conflicts of interest in partnerships across agency.

OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY (OEEO)

SNAPSHOT

MISSION

The mission of OEEO is to end employment discrimination and promote equal employment opportunity in the workplace.

ORGANIZATION

Alternative Dispute Resolution (ADR)

CDC Disability Program (DP)

Complaints and Adjudication (Complaints)

Reasonable Accommodations (RA)

Support, Services, and Operations

PRIORITIES

Increase commitment to EEO from Agency leadership

Enhance management and program accountability for program implementation

Expand proactive prevention of discrimination and elimination of barriers to equal employment opportunity

Enhance efficiency and effectiveness of EEO processes and systems to evaluate programs

Enhance responsiveness and legal compliance with EEO statutes, regulations, policies, and other guidance

Strengthen OEEO internal capacity

Why We're Here

OEEO leads CDC/ATSDR's efforts to maintain a model equal employment opportunity (EEO) program, as directed by the U.S. Equal Employment Opportunity Commission.

OEEO is committed to fostering an inclusive culture at CDC/ATSDR through equity, opportunity, and respect. OEEO's five teams work to protect rights and provide applicants, employees, and the agency with information and services required by federal statutes, policies, regulations, and other guidance.

Reasonable Accommodations (RA) Fiscal Years 2016 through 2019

Year	Number of RA Requests	Number of RA Items Requested
2016	442	611
2017	474	653
2018	566	847
2019	487	666
Total	**1969**	**2777**

How We Work

OEEO is responsible for oversight of matters related to equal employment opportunity, affirmative employment, dispute resolution, and reasonable accommodations.

- The Affirmative Employment team works with the Human Resources Office (HRO) and CDC leaders to develop effective strategies to recruit, employ, and promote qualified members of targeted groups with lower than expected representation rates in the workforce. It also collaborates managers to identify and remove barriers that impede employment and advancement opportunities for minorities, women, and persons with disabilities.
- The ADR team uses a collection of processes for resolving conflict or disputes informally and confidentially.
- The Complaints team ensures the highest level of attention to properly handling complaints of discrimination based upon race, color, religion, sex, national origin, age, disability, or genetic information.
- The Disability Program Manager collaborates with HRO and others to support an accessible, positive, and welcoming environment for job applicants, and employees with disabilities.
- The RA team uses a flexible, interactive process that involves individuals with a disability and CDC officials to provide reasonable accommodations in a timely and cost-effective manner.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/09/2020

KEY ACCOMPLISHMENTS

Published the agency's first ever EEO Strategic Plan, which builds upon the agency's commitment to hire, retain, train, and promote a diverse CDC workforce that reflects the constituencies we serve and supports our public health goal of helping people live safe and healthy lives

Established the CDC Disability Program, responsible for ensuring an accessible, positive, and welcoming environment for job applicants and employees with disabilities

Launched mandatory manager training courses that outline the EEO Complaints process and responsibilities to prevent harassment in the workplace

Established an EEO Advisory Group comprised of representatives from across the agency, which is tasked with advising and recommending management actions regarding equal employment conditions, practices, and policies within the agency.

Decreased the number of formal EEO complaints by supporting management and employees to address conflicts as early as possible

Provided 440 training classes to 11,919 participants, including managers, supervisors, and employees

Managed 1,969 requests for reasonable accommodations

Completed 341 EEO counseling sessions

Mediated 693 cases through the Alternative Dispute Resolution

What's Needed

Commitment to EEO from Agency Leadership: Increase participation in mandatory and other training by managers and supervisors to increase knowledge of their roles and responsibilities

Proactive prevention of discrimination and elimination of barriers to equal employment opportunity:

- Ensure timely review of agency policies, practices, and procedures to identify and eliminate barriers for groups with lower than expected representation rates in all phases of the employee life cycle
- Address disparities in the representation of people of color in the GS-14, GS-15, and Senior Level positions.
- Address low participation rate of women, especially Black females and Asian females, in executive level positions.

Efficiency and effectiveness of EEO processes and systems to evaluate programs: Collect and analyze data for all phases of the employee life cycle to identify disparities and to monitor progress toward benchmarks

Number of Training Classes and Participants Fiscal Year 2016 through 2019

Year	Classes	Participants
2016	135	3,110
2017	130	3,174
2018	94	2,509
2019	81	3,126
Total	**440**	**11,919**

Long-Term Opportunities

OEEO will lead implementation of the CDC/ATSDR 2020-2024 EEO Strategic Plan to create a culture of diversity and inclusion across the agency. To start, OEEO will establish and implement action plans to document, monitor, and evaluate those efforts wholly within its purview. OEEO leadership will also convene meetings with key partners to develop joint action plans for implementation of shared strategies, including those to increase representation of Persons with Disabilities and Hispanics in the workplace. Finally, OEEO will work closely with CDC leaders at all levels, employee workgroups, external partners, and interested staff to execute remaining aspects of the plan, measure progress, share successes, and hold each other accountable.

OFFICE OF LABORATORY SCIENCE & SAFETY (OLSS)

SNAPSHOT

MISSION

The mission of OLSS is to strengthen the culture of laboratory science and safety through leadership, collaboration, training, and continuous quality improvement.

ORGANIZATION

Office of the Director
Office of Laboratory Science
Laboratory Quality Management Activity
Laboratory Training Activity
Regulatory Affairs Activity
Office of Laboratory Safety
Biosafety Team
Chemical Safety Team
Radiation Safety Team
Select Agent Compliance Team
Animal Care and Use Program

PRIORITIES

Monitor safety in CDC laboratories.

Provide tools to improve efficiency of monitoring, tracking, and trending data for safety events.

Provide the standards on safety in CDC laboratories.

Develop policies and guidance to enhance laboratory safety.

Advance laboratory scientific excellence and "base all public health decisions on the highest quality scientific data that is derived openly and objectively".

Provide state-of-the-art laboratory trainings, including safety and quality courses and a curriculum.

Engage CDC laboratory staff through communication and outreach.

Why We're Here

In 2014, CDC launched ambitious reforms to ensure that its laboratories are a national model of scientific excellence and safety. These reforms led to the creation of the position of the Associate Director for Laboratory Science and Safety (ADLSS)—a senior official who serves as the single point of accountability for laboratory safety and science at CDC. This position leads the Office of Laboratory Science and Safety (OLSS) that advances two coequal and interrelated priorities: to enhance the scientific excellence and safety of every CDC laboratory.

Our Reach

How We Work

Through the OLSS's core values of accountability, integrity and quality, OLSS provides high-level oversight and coordination of critical laboratory science policies and operations, particularly those associated with laboratory safety and quality management programs at all CDC campuses. Their initiatives serve to promote and advance CDC's laboratory science and promotes continual improvement. The office acts as the point of communication and collaboration to over 1700 CDC laboratory scientists, in over 200 plus laboratories across the United States.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/09/2020

KEY ACCOMPLISHMENTS

The OLSS has made significant strides to strengthen CDC's laboratory safety and quality culture evidenced by the following list of accomplishments below.

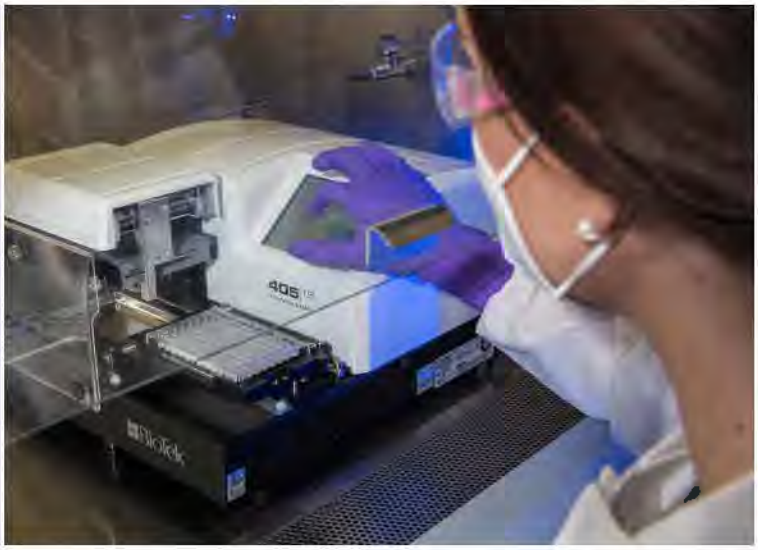
- Met critical updates and revisions to safety guidelines and manuals.
- Developed a tracking system to capture safety data from multiple reporting streams; published Lab Alerts to provide urgent safety guidance.
- Launched communication campaigns on safety reporting and quality management.
- Launched the Laboratory Safety Science and Innovation intramural research program to encourage evidence-based research.
- Convened yearly symposium for laboratory workers promoting research/data/tools.
- Established program to acknowledge laboratory staff who implement and exemplify safety and quality practices.
- Provided safety courses and began the development of instructional curricula for staff related to safety and quality.
- Completed pilot project to pursue external accreditation to ISO/IEC 17025 standards, resulting in 5 accredited infectious disease CDC laboratories.
- Launched Laboratory Quality Management (LQM) policy providing guidance for establishing a formalized LQM.
- Opened a new Laboratory Training Facility (LTF) providing biosafety level-3 and -4 trainings in a simulated environment in absence of pathogens.

What's Needed

- Modernization of electronic systems to report laboratory safety incidents, conduct safety inspections, and maintain inventories of hazardous laboratory chemicals more efficiently.
- Innovation in laboratory data modernization.
- Continued support in laboratory quality management system implementation; leadership commitment to laboratory accreditation.
- Investment in laboratory training curriculum.
- Investment in greater career opportunities to sustain laboratory workforce.
- Investment in regulatory affairs expertise within programs.
- High-containment laboratory build to help future research and pandemic responses.

This Centers for Disease Control and Prevention (CDC) scientist was preparing an instrument to test patients' samples for SARS-CoV-2 antibodies, using the CDC serologic test.

PHOTO: Jim Gathany



Long-Term Opportunities

- In 2019, CDC enacted an agency-wide laboratory quality management policy. This policy formalizes CDC's commitment to scientific excellence and safety by establishing requirements for all 200-plus CDC laboratories to be accredited, certified, or independently assessed based on quality standards and quality system requirements. Implementing this policy will help CDC laboratories prevent, detect, and remedy errors; increase efficiency; and create safer work environments for laboratory scientists and staff.
- CDC laboratory accreditation to international technical standards.
- Implement a standardized core curriculum for training in laboratory safety and quality, and regulatory awareness.
- Establish communities of practice in laboratory quality and regulatory affairs.
- Establish Regulatory Affairs capacity and expertise in the CIOs.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

OFFICE OF MINORITY HEALTH AND HEALTH EQUITY (OMHHE)

SNAPSHOT

MISSION

The mission of OMHHE is to advance health equity and women's health issues across the nation through CDC's science and programs and increase CDC's capacity to leverage its diverse workforce and engage stakeholders toward this end.

ORGANIZATION

Office of the Director

Minority Health and Health Equity Activity

Office of Women's Health

Diversity and Inclusion Management

PRIORITIES

Focus on solutions for reducing health disparities, improving women's health, and ensuring an inclusive and diverse public health workforce.

Facilitate the implementation of policies and strategies across CDC that promote the elimination of health disparities in communities at highest risk.

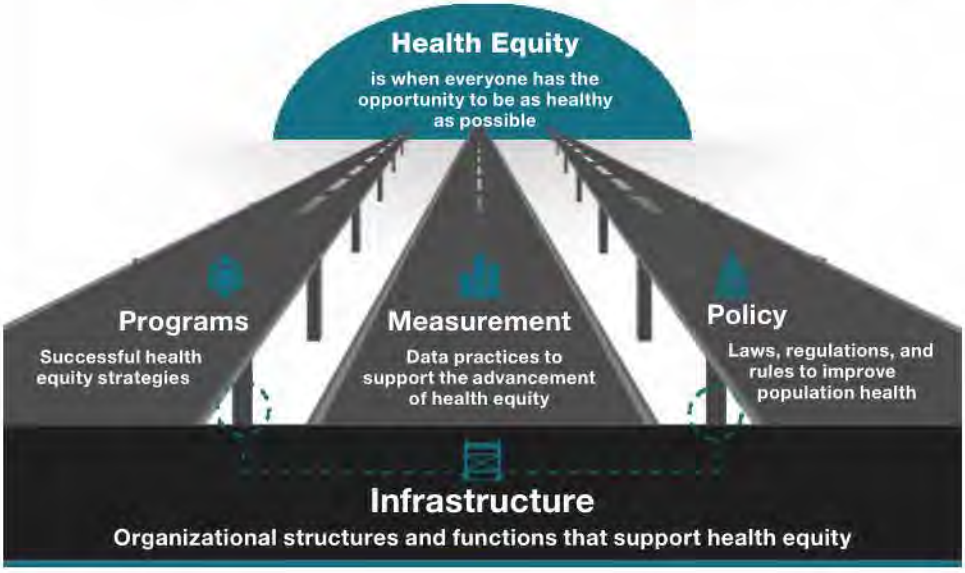
Advance the science and practice of health equity.

Collaborate with national and global partners to promote the reduction of health inequalities.

Why We're Here

Advancing health equity is critical to public health practice; without it, the impact of CDC's work is constrained. The vision of OMHHE is a world where all people have the opportunity to attain the best health possible. Unacceptable disparities in health persist based on race/ethnicity, gender, geographic location, and other characteristics linked to social, economic, and/or environmental disadvantage due to long-standing systemic health and social inequities. OMHHE advances health equity by accelerating CDC's health impact and using a social determinants of health approach (SDOH) to identify and address factors leading to health disparities.

PAVING THE ROAD TO HEALTH EQUITY



How We Work

OMHHE accelerates CDC's health impact and seeks health disparity elimination, using an action framework for achieving health equity that:

- articulates how to integrate health equity across CDC functions and programs;
- clarifies and champions organizational structures within CDC that facilitate integration of health equity into programs, research and surveillance;
- describes indicators, measures, and tools for monitoring health equity;
- promotes evidence-based or promising approaches and essential program components to address health equity; and
- seeks policies and policy approaches that support reducing health disparities and achieving health equity.

OMHHE advances this framework through technical consultation, collaboration/partnership, thought leadership, as catalyst, and as convener.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/14/2020

KEY ACCOMPLISHMENTS

CDC's health equity and SDOH efforts: Co-led the Healthy People 2030 SDOH topic area; coordinated the advisory committee to the director/health disparities subcommittee; and convened WHRAPS, SHE and PHE Forums.

WHRAPS= Women's Health Research and Practice Series (WHRAPS), State of Health Equity Forum (SHE), and Public Health Ethics (PHE) Forums.

Reframing of health equity as achievable through the "Mission: Possible" campaign that touched many CIOs and launched additional collaboration opportunities.

Focal point for CDC's Faith Based Initiative.

Health equity science, publishing in CDC Vital Signs, the MMWR Rural Health Series, and the Annual Review of Public Health.

Equipped the next and current generation of public health leaders with tools to eliminate health disparities via the CDC Undergraduate Public Health Scholars program and provision of CEUs.

Increased diversity and inclusion at CDC through strategic collaborations with the OEEO and the HRO and publishing the D&I Logic Model. In 2019, CDC scored 68% compared to governmentwide score 62% for an inclusive environment based on the EVS New Diversity IQ Index.

What's Needed

- Independent, sufficient, and sustainable funding (appropriation)
- Formal mechanism(s) for funding discrete and critical health equity initiatives
- OMHHE needs to be authorized to perform duties in 42 U.S.C. 300u-6a which gives the needed authority to award grants, contracts and cooperative agreements and provide technical assistance and support capacity building for state and local areas via direct funding and partnership formation aimed at advancing health equity
- Additional staff to support increased demands for services
- Support and resources to enhance monitoring, reporting, and tracking (in relation to items such as grants, co-agreements, contracts and other activities with health equity dimensions at the agency level)
- Support in:
  - » seeking integration of health equity as core content in strategic plans and other agency policy instruments/processes
  - » securing high-level leadership commitment to and action on/advocacy for health equity and diversity and inclusion

Long-Term Opportunities

- Advance the science of communicating about health equity and develop tools and resources to directly assist STLTs with implementing findings into practice.
- Expand collaborative efforts focusing on OMHHE's Emergency Preparedness Strategic Priority
- Embed the Chief Health Equity Officer position and unit permanently in the Incident Command Structure
- Increase the diversity and skills of the emerging public health workforce by strengthening, expanding, and sustaining the CDC professional pipeline
- Expand the understanding and application of SDOH (e.g., SES, culture, language access, health literacy, and environmental barriers) as they relate to women's health and lead CDC's CIOs use of data for action to reduce women's health disparities.
- Leverage agency-wide communication to increase awareness and value of diversity and inclusion as an agency imperative.
- Address policy and administrative gaps in principles and practice of equity to improve health equity outcomes.

OFFICE OF SCIENCE (OS)

SNAPSHOT

MISSION

To promote quality, integrity, and innovation of CDC science to improve the public's health

ORGANIZATION

Office of the Director

Office of Genomics and Precision Public Health

Office of Library Science

Office of Scientific Integrity

Office of Scientific Quality

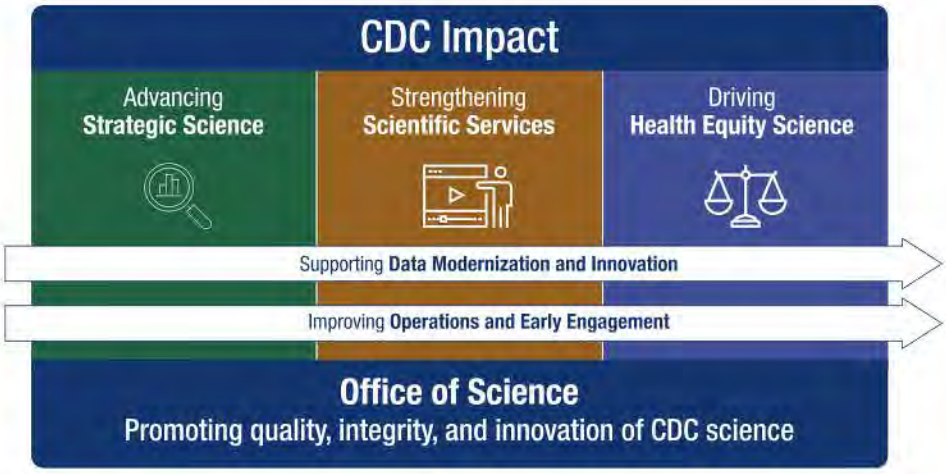
Office of Technology and Innovation

PRIORITIES

- **Strategic Science:** Advancing targeted, high quality scientific work that informs policy and guides practice intended to optimize public health
- **Scientific Services:** Strengthening training, knowledge management and services for over 8,000 CDC scientists across the agency
- **Health Equity Science:** Driving health equity science strategies agency-wide
- **Data Modernization and Innovation:** Supporting CDC's data modernization and innovation through strengthening systems, leveraging data science and partnerships
- **Operations and Early Engagement:** Improving operations and efficiencies and engaging early with CIOs and partners

Why We're Here

Science is the cornerstone of CDC's work. Our pledge to the American people is to "base all public health decisions on the highest quality scientific data that are derived openly and objectively." The Office of Science ensures that CDC's science and research activities, as well as employees, comply with federal laws, regulations, and policies in order to exercise the highest level of scientific integrity. Our office leads scientific quality, promotes health equity science, drives scientific strategy, ensures data integrity, promotes data access, and supports innovation agency-wide. Our overall goal is to advance CDC as the global leader in public health science.



How We Work

The Office of Science supports over 8,000 CDC scientists around the world through CDC's Excellence in Science Committee and Associate Directors of Science at the CIO and Division levels. During emergency responses, the Office works 24/7 to provide rapid support to stop outbreaks. Each Office in the Office of Science contributes to our work in distinct ways:

- **Office of the Director** serves in CDC senior leadership and oversees science communications and policies.
- **Office of Genomics and Precision Public Health** promotes evidence-based genomics and precision public health practices to prevent and control diseases.
- **Office of Library Science** manages CDC's Stephen B. Thacker CDC Library, the premier public health library for CDC's global workforce.
- **Office of Scientific Quality** oversees scientific clearance, guidelines, impact and knowledge management to ensure scientific relevance, credibility, and transparency.
- **Office of Scientific Integrity** protects CDC-sponsored human subjects research, oversees CDC-OMB Paperwork Reduction Act engagement and provides ethics guidance for CDC research.
- **Office of Technology and Innovation Technology** supports innovative science technologies, and processes.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/15/2020

KEY ACCOMPLISHMENTS

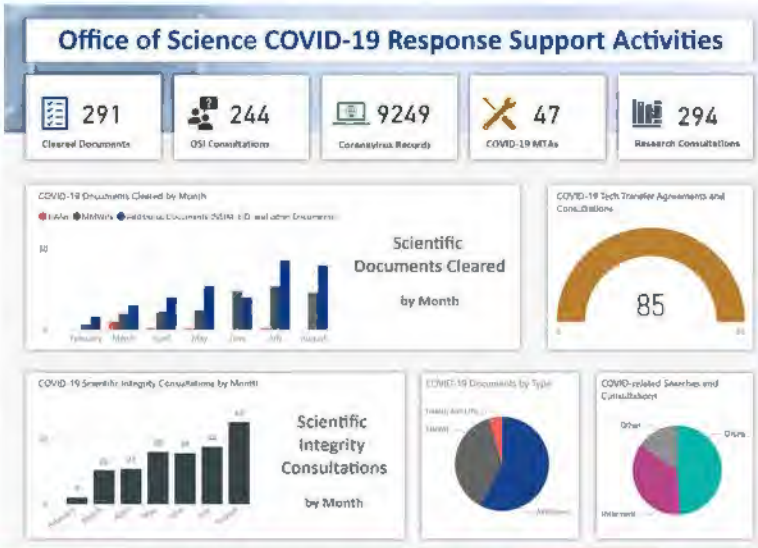
The Office of Science has undergone a significant transition in recent years and has successfully built a consistent leadership team, broken down organizational silos, shifted to a proactive and customer-focused culture, and expanded with two new organizational units. We are focused on maximizing the impact of CDC's scientific portfolio. Specifically, the Office of Science has:

- Developed and implemented knowledge management systems to improve efficiencies in monitoring and tracking CDC's science and program activities
- Expanded the Office of Science to include the Office of Library Science and Office of Genomics and Precision Public Health
- Increased pro-active early engagement with partners across CDC by 300%
- Reduced turn-around times for scientific clearance and approvals during public health emergencies by 90%
- Provided support and training to over 8,000 CDC scientists annually to drive science quality and integrity across the agency
- Provided critical scientific support during public health emergencies, including COVID-19, Zika, and Ebola

What's Needed

The Office of Science supports the development and implementation of strategic science, scientific innovation and data modernization. As we further scientific quality, transparency, and data access to drive public health outcomes domestically and globally, there is a need to:

- **Integrate public health data modernization:** Develop streamlined rapid CDC processes that support advancements in data modernization
- **Harmonize data collection policies and regulations:** Address federal policy and procedural challenges that delay and impede CDC's ability to keep pace with rapid flow and demand for data in the modernization era
- **Champion health equity science:** Provide support for robust science to expand the evidence base of interventions that advance health equity
- **Build capacity through a trained, diverse scientific workforce:** Build sustainable recruitment, training and mentorship programs and partnerships
- **Strengthen scientific services:** Modernize systems and analytic methods to enable a data-driven approach to strengthen scientific support services across the agency



A snapshot of the Office of Science's accomplishments to support the science driving the COVID-19 response as of 8/27/2020. Review the live report, visit: http://intranet.cdc.gov/os.

Long-Term Opportunities

Office of Science seeks to drive public health outcomes to save lives and address public health issues, by working with CDC leaders to:

- Partner with WHO and other key stakeholders to advance CDC as a global leader in public health science
- Create a culture where health equity science is embedded in activities agency wide
- Modernize data, scientific methods, systems, and research processes with emphasis on innovative science tools to advance analytics capabilities across the agency
- Expand partnerships with academia, state and local partners to promote strategic science agendas across the public health landscape
- Expand scientific evidence base for interventions that improve health outcomes and achieve health equity
- Lead the agency's efforts to develop skills of the existing scientific workforce and recruit specifically skilled talent to support use of contemporary technology throughout the global public health ecosystems

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

CENTERS FOR DISEASE CONTROL AND PREVENTION WASHINGTON OFFICE (CDCW)

SNAPSHOT

MISSION

The mission of CDCW is to design legislative strategies for complex public health issues and develop plans for CDC's work with Congress to advance CDC's public health goals.

PRIORITIES

- Represent CDC in Washington.
- Educate Congress about CDC research, programs, and priorities.
- Track legislation and identify policy concerns and opportunities.
- Provide strategic leadership on Congressional, GAO, and OIG oversight of CDC.
- Prepare CDC subject matter experts for Congressional briefings and hearings.
- Inform policy proposals through technical assistance.
- Respond quickly to rapidly evolving policy issues of national importance such as COVID-19.
- Provide situational awareness of the Washington policy community to CDC leadership.

Why We're Here

The CDC Washington Office (CDCW) helps position CDC in Washington to Congress, the Department of Health and Human Services and other federal agencies and partners. CDCW designs legislative strategies to address complex public health issues and advance CDC's work with Congress to improve public health. CDCW translates public health developments to the Washington-based policy community; provides strategic direction and support for CDC leadership in briefings and hearings; and delivers technical assistance on legislation that impacts CDC programs.

How We Work

CDC Washington provides the following:

- Expert analysis of Congressional activity for CDC leadership and centers
- Expert analysis of CDC programs for Congress and the Washington, D.C. policy community
- Technical assistance on public health policy and legislative initiatives
- Rapid and reliable response to Administration and Congressional requests for information
- Proactive communication to keep Congress and the Washington policy community apprised of CDC's work, including outreach on emerging and rapidly evolving public health threats such as COVID-19
- CDC materials, services, and coordination of visits to CDC facilities for Congressional Members and staff
- Regular updates for policy audiences on emerging CDC topics of interest

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317591-A 10/09/2020

KEY ACCOMPLISHMENTS

In the past 4 years, CDCW has served as a trusted voice for CDC educating Congress and the Washington policy community, helping to protect and advance CDC's public health mission by providing strategic guidance and staffing support for (as of July 2020):

- Nearly 40 Congressional hearings
- More than 1,400 briefings on CDC programs for Congress
- More than 130 visits of Members of Congress and staff to CDC facilities
- More than 3200 requests for information on CDC activities; including over 2000 COVID-19 related requests alone between January – July 2020
- Technical assistance on more than 100 pieces of legislation

What's Needed

- Clear communications for the Washington policy community on complex public health issues.
- A Washington-based team of trusted experts in legislative and executive branch processes to advance CDC priorities in Washington.
- Expedited clearance from HHS, OMB and other federal agencies of Congressional correspondence and other key documents, particularly during a public health emergency.

Long-Term Opportunities

- Provide strategic advice to CDC leadership on advancing CDC's priorities in Congress.
- Educate congressional offices and the broader Washington policy community on CDC's mission.
- Provide real time updates for Congress on emerging public health threats including COVID-19.
- Highlight and clarify CDC's role in global and domestic public health.
- Provide situational awareness for CDC leadership of the Washington policy community, and identify opportunities for CDC to advance public health goals.
- Broaden partnerships to better match the diverse activities in CDC's portfolio.
- Strengthen coordination and communication between CDC and other federal agencies.

For more information visit http://www.cdc.gov or call 1-800-CDC-INFO.

Attachment C: Biographies and Photographs of Key Leaders

CDC Director: Robert R. Redfield, MD

Robert R. Redfield, MD, is the 18th Director of the Centers for Disease Control and Prevention and Administrator of the Agency for Toxic Substances and Disease Registry. He has been a public health leader actively engaged in clinical research and clinical care of chronic human viral infections and infectious diseases, especially HIV, for more than 30 years.

He served as the founding director of the Department of Retroviral Research within the U.S. Military's HIV Research Program, and retired after 20 years of service in the U.S. Army Medical Corps. Following his military service, he co-founded the University of Maryland's Institute of Human Virology with Dr. William Blattner and Dr. Robert C. Gallo and served as the Chief of Infectious Diseases and Vice Chair of Medicine at the University of Maryland School of Medicine.

Dr. Redfield made several important early contributions to the scientific understanding of HIV, including the demonstration of the importance of heterosexual transmission, the development of the Walter Reed staging system for HIV infection, and the demonstration of active HIV replication in all stages of HIV infection.

In addition to his research work, Dr. Redfield oversaw an extensive clinical program providing HIV care and treatment to more than 5,000 patients in the Baltimore/Washington, D.C. community.

Dr. Redfield served as a member of the President's Advisory Council on HIV/AIDS from 2005 to 2009, and was appointed as Chair of the International Subcommittee from 2006 to 2009.

He is a past member of the Office of AIDS Research Advisory Council at the National Institutes of Health, the Fogarty International Center Advisory Board at the National Institutes of Health, and the Advisory Anti-Infective Agent Committee of the Food and Drug Administration.

Principal Deputy Director: Anne Schuchat, MD (RADM, USPHS, RET)

Anne Schuchat, MD, is the Principal Deputy Director of CDC. She has been CDC's principal deputy director since September 2015. She served as acting CDC director from January-July 2017 and February-March 2018.

Dr. Schuchat also served as director of CDC's National Center for Immunization and Respiratory Diseases from 2006-2015 and Chief of the Respiratory Diseases Branch from 1998-2005. She joined CDC as an Epidemic Intelligence Service officer in 1988.

Dr. Schuchat played key roles in CDC emergency responses including the 2009 H1N1 pandemic influenza response, the 2003 SARS outbreak in Beijing, and the 2001 bioterrorist anthrax response. Globally, she has worked on meningitis, pneumonia and Ebola vaccine trials in West Africa, and conducted surveillance and prevention projects in South Africa.

Dr. Schuchat graduated from Swarthmore College and Dartmouth Geisel School of Medicine and completed her residency and chief residency in internal medicine at NYU's Manhattan VA Hospital. Upon completing 30 years of service in 2018, Dr. Schuchat retired from the Commissioned Corps of the United States Public Health Service at the rank of Rear Admiral.

Chief Operating Officer: Sherri A. Berger, MSPH

Sherri A. Berger, MSPH, became Chief Operating Officer of the Centers for Disease Control and Prevention (CDC), one of 10 major operating divisions of the Department of Health and Human Services (HHS), in August 2011. As COO, she oversees management, facilities, and operations at the Atlanta-based public health agency. She provides substantial strategic direction for CDC's workforce and budget, while ensuring CDC has proper resources to fulfill its critical work to save lives and protect people from health threats.

Specifically, Berger manages CDC's budget; oversees facilities design, maintenance, security, management analysis, and safety and personnel security; leads acquisitions, contractual assistance and grants; manages information technology and security; and directs human resources strategy, training, and workplace development.

Berger's oversight and management as Chief Operating Officer has intensified CDC's business services by:

- Transitioning the agency's business services offices from a direct appropriation to the Working Capital Fund
- Consolidating the agency's financial management functions into a single Office of Financial Resources to ensure fiscal accountability, oversight, and ensure compliance with external and internal controls
- Consolidating five offices responsible for a broad portfolio of crosscutting services, including safety and security, to effectively deliver a safe, secure functional, and healthy workplace for CDC staff
- Ensuring the agency's information technology portfolio is current and state-of-the art with a customer-driven focus
- Serving as a champion for the Federal Employee Viewpoint Survey, using results to drive agency improvements to better serve CDC staff and the public they serve

Berger is a manager with extensive experience at both the program and senior leadership level. She began her Federal career in 1996 as one of four graduate students selected nationwide to participate in the CDC/Association of Schools of Public Health Experimental Learning Program. Berger worked as an epidemiologist at the community level until moving to CDC headquarters in Atlanta to serve as a principal epidemiologic investigator. As a result of her management at the program level, she was nominated to participate in the Senior Executive Service Candidate Development Program, where she expanded her career into business management. Berger has held several leadership positions at CDC, including associate director for formulation, evaluation, and analysis in CDC's Financial Management Office, deputy director of one of CDC's national centers, and director of the agency's Recovery Act Coordination Unit.

Berger received her bachelor's in political science from the University of Florida and a master's of science in public health with a concentration in epidemiology from the University of South Florida. She enjoys traveling, reading, and spending time with her son.

National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR): Patrick Breysse, PhD, CIH

Pat Breysse, PhD, CIH, joined CDC in December 2014 as the Director of NCEH/ATSDR. Dr. Breysse leads CDC's efforts to investigate the relationship between environmental factors and health. He came to CDC from the Johns Hopkins University where he served as Associate Chair for Educational Programs within the Department of Environmental Health Sciences, Program Director for the Industrial Hygiene Training Program, and co-director of the Johns Hopkins Center for Childhood Asthma in the Urban Environment.

During his 30 years at Johns Hopkins, Dr. Breysse established a long-standing expertise in environmental health as well as a strong record as a leader in the field. He has published over 242 peer-reviewed journal articles and has presented at more than 25 scientific meetings in just the past 5 years. His research has focused on the evaluation and control of chemical, biological, and physical factors that can affect health, with a particular concentration on risk and exposure assessment.

Dr. Breysse received his PhD in Environmental Health Engineering from Johns Hopkins University in 1985 and completed postdoctoral training at the British Institute for Occupational Medicine in Edinburgh, Scotland. He is also a board certified Industrial Hygienist and an editorial review board member for the Journal of Exposure Science and Environmental Epidemiology.

Office of Science (OS): Rebecca Bunnell, PhD, MEd

Rebecca Bunnell, PhD, MEd is the Director of CDC's Office of Science. Since joining CDC in 1996 as an EIS Officer in the Division of STD Prevention, Dr. Bunnell has held key CDC positions in Atlanta, California, Uganda, and Kenya. Most recently, she has served as the Deputy Director for Science, Policy, and Communications in the Division of Global Health Protection. Her other positions include Associate Director for Science in the Office on Smoking and Health (OSH), Associate Director for Public Health Practice at the National Center for Chronic Disease Prevention and Health Promotion, Acting Director of the Division of Community Health, Director of CDC-Kenya's Global AIDS Program, Associate Director for Science for CDC-Uganda, and CDC Epidemiologist State Assignee to California. Prior to her CDC career, Dr. Bunnell worked with the Medical Research Council (United Kingdom), The AIDS Support Organization/Action Aid Uganda, and Médecins Sans Frontières. She was also a Peace Corps volunteer in Honduras.

Dr. Bunnell holds a doctorate from the Harvard School of Public Health, a master's degree from the University of Massachusetts, and an undergraduate degree from Yale University. She is the recipient of numerous honors and awards at CDC, including the Charles C. Shepard Science Award, CDC Honor Awards for Excellence in Emergency Response and for the Community Putting Prevention to Work Initiative, and Center for Global Health (CGH) in both Policy and Communications. Dr. Bunnell has conducted numerous epidemiologic, surveillance, behavioral, and economic studies and has authored over 120 scientific publications.

Deputy Director for Infectious Diseases (DDID): Jay C. Butler, MD (CAPT, USPHS, RET)

Jay C. Butler, MD is the Deputy Director for Infectious Diseases. In this capacity, he provides leadership to the efforts of CDC's three infectious disease national centers and helps to advance the agency's cross-cutting infectious disease priorities.

Dr. Butler has 30 years of experience in increasingly complex public health leadership and management positions. He graduated from North Carolina State University with a BS in zoology, received his MD at the University of North Carolina, and did internship and residency training in medicine and pediatrics at Vanderbilt. After completing CDC's Epidemic Intelligence Service in the Wisconsin Division of Health, Dr. Butler completed a preventive medicine residency with the Respiratory Diseases Branch in the National Center for Infectious Diseases, and an infectious disease fellowship at Emory University. He is board certified in medicine, pediatrics and infectious diseases, and has served in public health positions at Federal, state, and tribal government, including completing more than 22 years in the Commissioned Corps of the US Public Health Service, from which he retired at the level of Captain (Medical Director) in 2012.

From 1998-2005, Dr. Butler was Director of the Arctic Investigations Program and from June 2009 to March 2010 he directed CDC's 2009 H1N1 Pandemic Vaccine Task Force, which achieved emergency vaccination of more than 80 million Americans. Dr. Butler made critical contributions to emerging infections, including serving on the Hantavirus Task Force in CDC's Viral Special Pathogens in 1993 and 1994. He held leadership roles in multiple emergency responses, including CDC's response to bioterrorist anthrax in 2001.

Dr. Butler has also held multiple leadership roles in Alaska, including Chief Medical Officer for the Alaska Department of Health and Social Services (2014-2018 and 2007-2009), State Epidemiologist (2005-2007), and Senior Director of the Division of Community Health Services for the Alaska Native Tribal Health Consortium (ANTHC)(2010-2014). He was President of the Association of State and Territorial Health Officials in 2016-2017 and has made important contributions to public health approaches to reducing harms associated with addiction.

Center for Preparedness and Response (CPR): John Dreyzehner, MD, MPH, FACOEM

John Dreyzehner, MD, MPH, FACOEM, is the Director of the Center for Preparedness and Response. In this role, he is responsible for all programs that comprise CDC's public health preparedness and response portfolio. Dr. Dreyzehner is a highly respected national leader in the field of public health, with a particular career emphasis on preparedness and response issues, including serving as the ASTHO Preparedness Policy Committee Chair, National Homeland Security Consortium Tri-Chair, and the NEMA-ASTHO-GHSAC Policy Committee Co-Chair.

Dr. Dreyzehner recently served as the Commissioner of the Tennessee Department of Health from 2011-2019, leading a team of over 3,500 individuals and a budget of over $600 million. During his tenure, he led Tennessee's preparedness and response to infectious disease outbreaks, including the national fungal meningitis outbreak, Ebola, Zika, and outbreaks of hepatitis A and C. He also led the public health preparedness and response activities to natural disasters including severe winter storms, tornados, flooding, and a major rural-to-urban wildfire in Gatlinburg and the Great Smokey Mountain National Park. His agency was the lead responder for local disasters and his response teams provided direct aid to other states. He has testified before the U.S. Congress as an expert on preparedness and response issues.

Prior to becoming Commissioner, Dr. Dreyzehner served as the District Director for the Cumberland Plateau Health District in the Appalachian region of Virginia from 2002-2011 where he also led numerous local and regional public health responses. He was among the first in the nation to describe the opioid crisis ravaging the region in the early 2000's as a public health epidemic. His community-focused approach to that response led him to become a DATA-waived physician and to practice addiction medicine in a local nonprofit community clinic. Dr. Dreyzehner also served as a Flight Surgeon in the United States Air Force practicing and directing primary care, outpatient services, public health and aeromedical programs while stationed at Langley Air Force Base in Virginia. Following his military service, he was residency trained and board certified in Occupational Medicine and established a new occupational health clinic for regional business and industry as the Director of Blue Ridge Occupational Health in Lebanon, Virginia.

Throughout his career Dr. Dreyzehner has consistently demonstrated emergency preparedness and response leadership. At the local level, he was especially instrumental in establishing a new public health emergency preparedness office and a local multi-state preparedness council that not only responded to emergencies, but also prepared the community and region for potential threats from naturally occurring and human-related sources. He has achieved substantial public health impact in each of his positions; his records of accomplishment and ability to develop and foster relationships with government and academia will allow him to provide dynamic, collaborative and visionary leadership for CPR.

Acting Associate Director for Communication: Kate Galatas, MPH

Kate Galatas, MPH, is CDC's Acting Associate Director for Communication. When not serving as the acting director, Kate is the deputy associate director for communication at CDC, where she applies health communication and marketing expertise to help the agency save lives and protect people.

Prior to joining the Office of the Associate Director of Communication in 2012, Kate was the associate director for communication science for the National Center on Birth Defects and Developmental Disabilities. She has 25 years of experience in private sector and public health communication, along with a Bachelor of Arts degree in advertising from Louisiana State University and a Master of Public Health degree from Tulane University's School of Public Health and Tropical Medicine.

Kate is well known for her participatory leadership style and extensive background in strategic planning, branding, policy, and partnership development. She resides in Decatur with her husband and three sons, who inspire her to stay active and live mindfully.

Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Karen Hacker, MD, MPH

Karen Hacker, MD, MPH, is the Director of CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), a position she assumed in August 2019. NCCDPHP has an annual budget of about $1.2 billion and more than 1,000 staff members dedicated to preventing chronic diseases and promoting health across the life span.

Dr. Hacker leads an executive team that sets the strategic direction for the center's portfolio, which focuses on:

- Surveillance and epidemiology to move data into action.
- Policy and environmental improvements to support health and healthy behaviors.
- Health care system collaboration to strengthen delivery of clinical and other preventive services.
- Links between community and clinical services to improve self-management of chronic conditions and enhance quality of life.

From 2013 to 2019, Dr. Hacker served as Director of the Allegheny County Health Department in Pennsylvania, where she was responsible for a population of 1.2 million residents in 130 municipalities, including Pittsburgh. Under her leadership, the Department achieved national public health accreditation in 2017. Dr. Hacker also launched the Live Well Allegheny initiative, aimed at reducing smoking, obesity, and physical inactivity.

Previously, Dr. Hacker was the Senior Medical Director for Public and Community Health at the Cambridge Health Alliance in Massachusetts, where she oversaw the Department of Community Affairs and directed the Population Health Agenda for achieving cost-saving health care reform. Between 2002 and 2013, she held a variety of leadership roles at the Cambridge Public Health Department and the Institute for Community Health (both part of the Cambridge Health Alliance).

Dr. Hacker received her MD from Northwestern University School of Medicine and her MPH with honors from Boston University School of Public Health.

National Center for Injury Prevention and Control (NCIPC): Debra Houry, MD, MPH

Debra Houry, MD, MPH, is the Director of the National Center for Injury Prevention and Control (NCIPC) at CDC. In this role, Dr. Houry leads innovative research and science-based programs to prevent injuries and violence and to reduce their consequences. She joined the CDC in October 2014. She has previously served as Vice-Chair and Associate Professor in the Department of Emergency Medicine at Emory University School of Medicine and as Associate Professor in the Departments of Behavioral Science and Health Education and in Environmental Health at the Rollins School of Public Health. Dr. Houry also served as an Attending Physician at Emory University Hospital and Grady Memorial Hospital and as the Director of Emory Center for Injury Control. Her prior research has focused on injury and violence prevention in addition to the interface between emergency medicine and public health, and the utility of preventative health interventions and screening for high-risk health behaviors. She has received several national awards for her work in the field of injury and violence prevention.

Dr. Houry received the first Linda Saltzman Memorial Intimate Partner Violence Researcher Award from the Institute on Violence, Abuse, and Trauma and the Academy of Women in Academic Emergency Medicine's Researcher Award. She is past president of the Society for Academic Emergency Medicine, the Society for Advancement of Violence and Injury Research, and Emory University Senate. Dr. Houry has served on numerous other boards and committees within the field of injury and violence prevention. She has authored more than 90 peer-reviewed publications and book chapters on injury prevention and violence. Dr. Houry received her MD and MPH degrees from Tulane University and completed her residency training in emergency medicine at Denver Health Medical Center.

Director, National Institute for Occupational Safety and Health (NIOSH): John Howard, MD, MPH, JD, LLM, MBA

John Howard, MD, MPH, JD, LLM, MBA, serves as the Director of the National Institute for Occupational Safety and Health and the Administrator of the World Trade Center Health Program the U.S. Department of Health and Human Services in Washington, D.C. He first served as NIOSH director from 2002 through 2008, and again from 2009 to the present. In 2015, Dr. Howard was re-appointed to an unprecedented third six-year term by Dr. Thomas Frieden, former Director of the Centers for Disease Control and Prevention.

Prior to his appointment as Director of NIOSH, Dr. Howard served as Chief of the Division of Occupational Safety and Health in the California Department of Industrial Relations, Labor and Workforce Development Agency, from 1991 through 2002.

Dr. Howard received his Doctor of Medicine from Loyola University of Chicago, his Master of Public Health from the Harvard School of Public Health, his Doctor of Law from the University of California at Los Angeles, and his Master of Law in Administrative Law and his Master of Business Administration in Healthcare Management from the George Washington University in Washington, D.C.

Dr. Howard is board-certified in internal medicine and occupational medicine. He is admitted to the practice of medicine and law in the State of California and in the District of Columbia, and he is a member U.S. Supreme Court bar. He has written numerous articles on occupational health law and policy and serves as a professorial lecturer in environmental and occupational health in the Milken Institute School of Public Health at The George Washington University in Washington, D.C.

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS): Michael F. Iademarco, MD, MPH (RADM, USPHS)

Michael F. Iademarco, MD, MPH is Director of the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) at the U.S. Centers for Disease Control and Prevention (CDC). His expertise as a physician-scientist and laboratorian provides a strong foundation to lead CDC's efforts to track America's health, strengthen laboratory networks, and help public health officials identify urgent health threats.

CSELS provides scientific service, expertise, skills, and tools in support of CDC's mission. CSELS contains many of CDC's core scientific services and products, including the *Morbidity and Mortality Weekly Report (MMWR)*, Epi Info™, the Epidemic Intelligence Service, the CDC Learning Connection, Stephen B. Thacker CDC Library, and crucial national disease surveillance systems.

Prior to this appointment, Dr. Iademarco served as Laboratory Branch Chief of CDC's Division of Tuberculosis Elimination, where he oversaw clinical laboratory referral services and helped strengthen laboratory capacity building. From 2006 to 2010, he was the Department of Health and Human Services Health Attaché at the U.S. Mission in Vietnam, where he coordinated U.S. health activities for the Embassy and was the in-country representative for the Office of the Secretary. In 2011, Dr. Iademarco was awarded a Government of Vietnam medal by the country's prime minister in part for his work against HIV/AIDS. In addition, he served as Associate Director for Science for the Division of Tuberculosis Elimination, where he oversaw the issuance of major TB guidelines.

Dr. Iademarco obtained his undergraduate degrees from Franklin & Marshall College in mathematics and chemistry, medical degree from the University of Virginia, and master's degree in public health from Saint Louis University. He trained clinically and in research at Temple University Hospital in internal medicine and Barnes-Jewish Hospital in pulmonary medicine. Prior to joining CDC, he was a faculty member of Washington University in St. Louis. He served as an attending physician at the Atlanta Veterans Administration Medical Center Medical Intensive Care Unit for 18 years and currently is an adjunct faculty member of Emory University. He is married with two children who just graduated from college.

Associate Director for Policy and Strategy: Robin M. Ikeda, MD, MPH (RADM, USPHS, RET)

Robin M. Ikeda, MD, MPH, is the Associate Director for Policy and Strategy at the Centers for Disease Control and Prevention (CDC). In this capacity, she supports the policy, performance, and strategy across CDC.

Dr. Ikeda began her public health career as a CDC Epidemic Intelligence Service Officer assigned to the Bureau of Communicable Disease Control at the New York State Department of Health. She loved that assignment and public health so much that she moved her family to Atlanta, where she worked on injury prevention issues such as youth violence, suicide, and motor vehicle crashes at CDC's National Center for Injury Prevention and Control (NCIPC). Since then, she has held a range of positions at the agency, serving as Associate Director for Science at NCIPC, Associate Director for Science at CDC's Epidemiology Program Office, Acting Director for NCIPC, and Acting Director for the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

Dr. Ikeda received her B.A. from Stanford University, her M.D. from Cornell University Medical College, and her M.P.H. (Epidemiology) from the Emory University Rollins School of Public Health. She is board-certified in Internal Medicine and holds the rank of Rear Admiral in the United States Public Health Service. Dr. Ikeda lives in Atlanta with her husband and has two daughters in college.

Acting Director, CDC Washington Office: Anstice Brand Kenefick

Anstice Brand Kenefick is currently the Acting Director of the CDC Washington Office. She most recently served as Acting Deputy Director of the CDC Washington Office.

Kenefick has nearly 25 years of experience in public health policy in Washington, D.C. She started her career in the US House of Representatives as a legislative assistant. Later, she staffed the House Prevention Coalition which focused on building support for public health prevention programs among members of Congress. Kenefick joined the CDC Washington office in 2000 and has served as a liaison with Congress and Washington-based policy organizations.

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID): Rima F. Khabbaz, MD

Rima F. Khabbaz, MD, is the Director of the National Center for Emerging and Zoonotic Infectious Diseases (NCEZID). In this capacity she helps to advance the agency's cross-cutting infectious disease priorities, including the integration of advance molecular detection (AMD) technologies into public health. She served as CDC Deputy Director for Infectious Diseases and Director of the Office of Infectious Diseases (OID) from 2010 to 2017 where she provided leadership to the efforts of CDC's three infectious disease national centers.

During her CDC deputy and OID Director positions, she also held other acting positions for CDC's infectious disease national centers, including acting director of the National Center for Immunization and Respiratory Diseases (NCIRD), and acting director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). Previous CDC leadership positions include director of the National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID); director, acting deputy director, and associate director for epidemiologic science in the National Center for Infectious Diseases (NCID); and deputy director and associate director for science in the Division of Viral and Rickettsial Diseases (DVRD).

Her first job at CDC was an Epidemic Intelligence Service (EIS) Officer in NCID's Hospital Infections Program. She later served as a medical epidemiologist in NCID's Retrovirus Diseases Branch, where she made major contributions to defining the epidemiology of the non-HIV retroviruses, specifically human T lymphotropic viruses (HTLV) I and II, in the United States and to developing guidance for counseling HTLV–infected persons. Following the hantavirus pulmonary syndrome outbreak in the southwestern United States in 1993, she led CDC's efforts to set up national surveillance for this syndrome. She also played a key role in developing and coordinating CDC's blood safety and food safety programs related to viral diseases.

Dr. Khabbaz is well known for her leadership roles during many of CDC's responses to notable outbreaks, including West Nile virus, SARS, and monkey pox, and particularly for her leadership of CDC's field team in the nation's capital during the public health response to the anthrax attacks of 2001.
Dr. Khabbaz is a graduate of the American University of Beirut in Lebanon, where she obtained both her bachelor's degree in science (biology/chemistry) and her medical doctorate degree. She trained in internal medicine and completed a fellowship in infectious diseases at the University of Maryland in Baltimore. In addition to her CDC position, she serves as clinical adjunct professor of medicine (infectious diseases) at Emory University.

Dr. Khabbaz is a fellow of the Infectious Diseases Society of America (IDSA), a member of the American Epidemiological Society, and a member of the American Society for Microbiology and of the American

Society for Tropical Medicine and Hygiene. She is a graduate of the Public Health Leadership Institute at the University of North Carolina and the National Preparedness Leadership Initiative at Harvard University. She served on IDSA's Annual Meeting Scientific Program Committee and serves on the society's Public Health Committee. She is also a member of the Forum on Microbial Threats of the National Academies of Sciences, Engineering, and Medicine.

Office of Minority Health and Health Equity (OMHHE): Leandris Liburd, PhD, MPH, MA

Leandris Liburd, PhD, MPH, MA is the Associate Director for the Office of Minority Health and Health Equity at the Centers for Disease Control and Prevention (CDC). In this role she leads a wide range of critical functions in the agency's work in minority health and health equity, women's health, and diversity and inclusion management. She plays a critical leadership role in determining the agency's vision for health equity, ensuring a rigorous, evidence-based approach to the practice of health equity, and promoting the ethical practice of public health in vulnerable communities. The Office of Minority Health and Health Equity ensures a pipeline of diverse undergraduate and graduate students pursuing careers in public health and medicine through its administration of the CDC Undergraduate Public Health Scholars Program and the James A. Ferguson Graduate Fellowship.

Dr. Liburd has been instrumental in building capacity across CDC and in public health agencies to address the social determinants of health, and in identifying and widely disseminating intervention strategies that reduce racial and ethnic health disparities. She has skillfully executed innovative models of collaboration that have greatly expanded the reach, influence, and impact of the Office of Minority Health and Health Equity (OMHHE), and raised the visibility of health equity through peer-reviewed scientific publications, engagement with academic institutions, presentations at national and international conferences, partnerships with national and global organizations, and other communications and educational venues.

Dr. Liburd has received honors for her leadership and management accomplishments. Among them, Jackson State University presented her with the John Ruffin Award of Excellence in Minority Health and Health Disparities by Jackson State University (2016). The Johns Hopkins Center for Health Disparities Solutions and BlackDoctor.org named her one of the Top Blacks in Healthcare in 2014 for her outstanding and noteworthy achievements in the healthcare field. In 2010, the National REACH Coalition honored her with the Distinguished Service and Leadership Award. In 2002, CDC's Division of Diabetes Translation presented her with the Excellence in Collaboration Award for her seminal role in developing local, national, and international partnerships.

She is highly regarded inside and outside of CDC for her tireless commitment, effectiveness, leadership, and passion in working to improve minority health and achieve health equity for all people.
Dr. Liburd holds a bachelor of arts degree from the University of Michigan at Ann Arbor, a master of public health in health education/health behavior from the University of North Carolina at Chapel Hill, a master of arts in cultural anthropology and a doctor of philosophy degree in medical anthropology from Emory University.

Center for Global Health (CGH): Rebecca Martin, PhD

Rebecca Martin, PhD, is the Director of the Center for Global Health (CGH) at the US Centers for Disease Control and Prevention (CDC). Dr Martin has worked both domestically and internationally in immunization, HIV, and health system strengthening and now leads CDC's global efforts to protect and improve health globally through science, policy, partnership, and evidence-based public health action.

Dr. Martin has over 18 years of experience working in international health. Since 1991, Dr. Martin has worked in the global health arena and has had CDC assignments in Kenya, Tanzania, and Denmark (2002-2011). She was detailed to the WHO African Regional Office from 2002-2006, based in Kenya as a senior epidemiologist in the inter-country immunization program office for eight east African countries. From 2006-2008, Dr. Martin served as Program Director for Strategic Information and Human Resources for Health with the CDC Country Office in Tanzania. She led and implemented studies, in partnership with the ministry of health, to measure and evaluate the HIV/AIDS epidemic and strengthen national capacity to respond.

Between 2008 and 2011, Dr. Martin was detailed to the WHO European Regional Office as the Regional Advisor for Immunization where she spearheaded regional efforts to strengthen immunization and surveillance systems, provide evidence for the introduction of new vaccines, achieve the goal of measles and rubella elimination, and maintain the region's polio-free status. Most recently from 2012 to 2016, Dr. Martin served as the Director of the CGH Global Immunization Division, which leads CDC's global polio eradication efforts, accelerated disease control for vaccine-preventable diseases, introduction of new and underutilized vaccines, and the strengthening of immunization systems.

Dr. Martin began her career with CDC in 1997 in the National Immunization Program, Epidemiology and Surveillance Division. Prior to joining CDC, she worked at the Maryland Department of Hygiene and Mental Health in Baltimore Maryland as the immunization program epidemiologist leading efforts to increase vaccination coverage, conducting outbreak investigations, coordinating the development and introduction of Maryland's immunization registry, and supporting the state's Vaccines for Children Program.

Dr. Martin received her Doctorate of Philosophy from the Johns Hopkins Bloomberg School of Public Health in international health with a focus in infectious disease epidemiology. Over the past 15 years, she has collaborated with multilateral organizations and development partners and has worked closely with ministries of health and non-governmental organizations. She has co-authored manuscripts and developed strategic plans, normative guidance and guidelines on immunization strategies, vaccine-preventable diseases and surveillance methods for both immunization and HIV.

Director, Office of Equal Employment Opportunity (OEEO): Reginald R. Mebane, MS

Reginald R. Mebane, MS, is currently the Director of CDC's Office of Equal Employment Opportunity (OEEO). As Director, Mr. Mebane is responsible for advising and counseling CDC's executive leadership team on a variety of equal employment opportunity, diversity management, civil rights and human resources issues impacting the agency's complex and diverse global workforce. His key responsibilities include but are not limited to matters related to Affirmative Employment (AEP), Disability, Reasonable Accommodation (RA), Alternative Dispute Resolution (ADR), Special Emphasis Programs (SEP), and EEO Complaints Processing and Settlements for all CDC centers, institutes and offices. He is also responsible for the design and direction of programs, policies and procedures based on the Equal Employment Opportunity Commission's(EEOC) rules, regulations, laws and Executive Orders governing equal opportunity, diversity management, civil rights, and human resources that further ensure prevention of individual and systematic discrimination across the enterprise. As the agency's EEO Director, he is the officer with direct liaison responsibility to the EEOC, Health and Human Services (HHS), Office of General Counsel (OGC) and all other respective internal and external customers and stakeholders regarding employment and civil rights regulatory matters. "Our overarching strategy is to make CDC a world class model EEO program." "With malice toward none, and charity for all" —Abraham Lincoln

Mr. Mebane joined CDC in February 2005 as Chief Management Officer of CDC's Coordinating Center for Infectious Diseases (CCID). In this role, he had direct authority for the management of the estimated $4.0B CCID budget which included business operations, human capital, information technology, grants, facilities, and administrative services for the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; National Center for Immunization and Respiratory Diseases; National Center for Preparedness, Detection, and Control of Infectious Diseases; and National Center for Zoonotic, Vector-Borne and Enteric Diseases. Under his leadership, CCID grew in size and scope to $7B, comprising over half the agency's programs, assets, people and EEO activities.

Prior to working at CDC, Mr. Mebane spent over 23 years at FedEx. After starting his career with the company in 1981, Mr. Mebane was promoted from dock worker, to manager, to the Director of International Operations. In 2001, Mr. Mebane moved to 8uffalo, New York, to become the Chief Operating Officer for a $2.0B company that FedEx acquired. In addition to his management duties at FedEx, Mr. Mebane was the corporate lead for the Diversity training curriculum for the corporation from 1995 to 1997 where he became part of the critically acclaimed Fed Ex Leadership Institute. While there he taught leadership, diversity and management practices to FedEx employees from around the world.

Outside of his corporate work, Mr. Mebane has served on the faculty of the University of Memphis, the University of Buffalo and Georgia Tech. He also worked as a psychotherapist and psychiatric case manager in Memphis during the national crises associated with homelessness and the de-institutionalization of the severely mentally ill. As a result of this experience, he was inspired to later

become Chairman of the Memphis Health, Education & Housing Finance Facility Board (1994-2001). The restructuring of this board under his chairmanship is his legacy to Memphis in making housing affordable and sustainable for moderate income families.

Since joining CDC, Mr. Mebane has been very active in serving others and the community as a proud graduate of Leadership Atlanta, CDC's Speakers Bureau and the Office of Equal Employment Opportunity's (OEEO) monthly mentoring circles in addition to serving on the board of directors for Georgia's Visiting Nurse Association and Sisters of Mercy Health System headquartered in St. Louis.

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP): Jonathan Mermin, MD, MPH (RADM, USPHS)

Jonathan Mermin, MD, MPH, is the Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), and a Rear Admiral in the U.S. Public Health Service. He oversees the nation's efforts to prevent HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis. These infections affect millions of Americans and cause tens of thousands of deaths each year. NCHHSTP focuses on high impact prevention strategies that are cost-effective, scalable, and grounded in the latest research. These strategies save lives, save money, reduce health disparities, and protect the health of all Americans.

From 2009-2013, Dr. Mermin directed CDC's Division of HIV/AIDS Prevention, overseeing the agency's HIV efforts in the United States. He previously served as Director of CDC-Kenya and HHS Public Health Attaché for the U.S. Embassy from 2006-2009, and as Director of CDC-Uganda from 1999-2006. In Uganda, he oversaw implementation of the first antiretroviral treatment program funded by CDC outside of the United States, gaining practical experience for PEPFAR and supporting widespread HIV treatment efforts in developing countries.

Dr. Mermin began his career at CDC in 1995 as an EIS officer with the Foodborne and Diarrheal Diseases Branch. He completed an internal medicine residency at San Francisco General Hospital and a preventive medicine residency at CDC and the California Department of Health Services. He is a graduate of Harvard College and Stanford University School of Medicine, and received his MPH from Emory University. He has co-authored more than 200 scientific articles and book chapters. He currently serves as an Adjunct Professor at Emory University School of Public Health.

National Center for Immunization and Respiratory Diseases (NCIRD): Nancy Messonnier, MD (CAPT, USPHS, RET)

Nancy Messonnier, MD, is the Director of the Center for the National Center for Immunization and Respiratory Diseases (NCIRD). Since beginning her public health career in 1995 as an Epidemic Intelligence Service Officer in the Deputy Director for Infectious Diseases (DDID), Dr. Messonnier has held a number of leadership posts across CDC and within NCIRD. She served as Deputy Director of NCIRD from October 2014-March 2016, and led the Meningitis and Vaccine Preventable Diseases Branch in NCIRD's Division of Bacterial Diseases from 2007-2012.

Dr. Messonnier has provided critical leadership to CDC's cross-cutting laboratory, global health, and surveillance initiatives. She has been a champion for prevention and control of bacterial meningitis in the United States—from drafting the initial recommendations for meningococcal polysaccharide vaccine use in those heading for college, to the introduction of meningococcal conjugate vaccines for routine use in teens. She also oversaw a family of studies exploring resurgence of pertussis in the United States and characterizing post-licensure effectiveness of acellular pertussis vaccines. She played a pivotal role in the successful public-private partnership to develop and implement a low cost vaccine to prevent epidemic meningococcal meningitis in Africa. More than 150 million people in the African Meningitis Belt have been vaccinated with MenAfriVac since 2010, with remarkable impact. Dr. Messonnier also has been a leader in CDC's preparedness and response to anthrax, including during the 2001 intentional anthrax release and in evaluating simplified schedules for use of licensed anthrax vaccine.

Dr. Messonnier has written more than 140 articles and chapters and has received numerous awards. In 2011, she received NCIRD's Philip Horne Award for unparalleled scientific contributions, exceptional mentorship, and staff development and in 2009 she received the Federal Executive Board's Excellence in Action Outstanding Team award for the Anthrax Vaccine Research Program.

Dr. Messonnier received her BA from the University of Pennsylvania and MD from the University of Chicago School of Medicine. She completed internal medicine residency training at the University of Pennsylvania.

Associate Director for Laboratory Science and Safety

Office of Laboratory Science and Safety (OLSS): Steve Monroe, PhD

Steve Monroe, PhD, is the Associate Director for Laboratory Science and Safety (ADLSS) at the Centers for Disease Control and Prevention (CDC). He oversees the Office of Laboratory Science and Safety (OLSS) which provides high-level oversight and coordination of critical laboratory policies and operations, particularly those associated with laboratory safety and quality management programs at all CDC campuses.

He was the deputy director of the National Center for Emerging and Zoonotic Infectious Diseases. He previously served as director of the Division of High-Consequence Pathogens and Pathology at the National Center for Zoonotic, Vector-borne, and Enteric Diseases, and before then he was director of the Division of Viral and Rickettsial Diseases.

Dr. Monroe began his career at CDC in 1987 as a National Research Council fellow in the Viral Gastroenteritis Section in DVRD. He spent the next 17 years studying the biology and molecular epidemiology of enteric viruses, particularly astrovirus and norovirus. He was instrumental in defining the properties that led to the formal classification of astroviruses as a new virus family and served as chair of the first Astroviridae Study Group of the International Committee on Taxonomy of Viruses. Dr. Monroe pushed the development and implementation of real-time polymerase chain reaction (RT-PCR) assays for detecting and characterizing noroviruses and provided formal and informal hands-on training to numerous collaborators in state health department laboratories. In 1998, he received the Pekka Halonen Award in diagnostic virology.

Dr. Monroe received a PhD in molecular biology from Washington University in St. Louis and a bachelor of science degree in biochemistry from Iowa State University. He completed a post-doctoral fellowship in virology at the University of Wisconsin prior to moving to CDC. Dr. Monroe has been the co-author of more than 130 scientific manuscripts and book chapters and holds two patents.

Center for State, Tribal, Local, and Territorial Support (CSTLTS): José T. Montero, MD, MHCDS

José T. Montero, MD, MHCDS, is the Director of the Center for State, Tribal, Local, and Territorial Support, where he oversees support to the US health departments and those serving tribal nations and insular areas. He provides leadership for key activities and technical assistance designed to improve the public health system's capacity and performance to achieve the nation's goals in population health. With his team, Dr. Montero leads efforts to create communities of practice where CDC's senior leaders work with the executive leaders of the public health jurisdictions, key partners, and stakeholders to identify new, improved, or innovative strategies to prepare the public health system to respond to changing environments.

Previously, Dr. Montero served as vice president of population health and health system integration at Cheshire Medical Center/Dartmouth-Hitchcock Keene. In that capacity, he helped the healthcare system advance its Healthy Monadnock population health strategy. Key components of this process were improved partnerships with all organizations engaged in addressing social determinants of health for the population served and development of a sustainability pathway for the region's population health strategy.

For seven years, Dr. Montero served as director of the Division of Public Health Services at the New Hampshire Department of Health and Human Services (DHHS). In that role, he led the delivery of high-quality, evidence-based services and prompt response to public health threats and emerging issues in the state. Dr. Montero was credited with maintaining New Hampshire's reputation as one of America's healthiest states. He oversaw the development and implementation of policies that advanced a healthier population, as well as the development of the state public health improvement plan and its implementation at the regional level. Under his leadership, DHHS developed a systematic approach for collecting, using, and disseminating actionable data and improved coordination between public health and health care. In New Hampshire, Dr. Montero also served as chief of New Hampshire's Bureau of Communicable Disease Control, deputy director for public health emergency preparedness and response, and state epidemiologist.

Dr. Montero has extensive experience in public health leadership and in the prevention and control of infectious diseases. His major academic and practice interests are related to social determinants of health, public health systems, and the integration of public health and population approaches into clinical practice.

Dr. Montero has held many national and regional committee leadership positions, including serving as president of the board of directors of the Association of State and Territorial Health Officials (ASTHO) and chair of ASTHO's Infectious Diseases Policy Committee. He worked closely with CDC as a member of

the board of scientific advisors for the Office of Infectious Diseases, as a member of the Social Determinants of Health Think Tank, a subgroup of the STLT Subcommittee to the Advisory Committee to the Director of CDC, and as a member of the CDC Advisory Committee to the Director of CDC to prevent tuberculosis in healthcare settings. He has also served on the Federal Advisory Committee on Immunization Practices, the National Academy for State Health Policy, the National Academies of Medicine, Sciences, and Engineering Roundtable on Population Health Improvement, the New Hampshire Citizens Health Initiative, Dartmouth Medical School's Leadership Preventive Medicine Residency Advisory Committee, and the Foundation for Healthy Communities.

Dr. Montero holds a medical degree from the Universidad Nacional de Colombia. He specialized in family medicine and completed his residency at the Universidad del Valle in Cali, Colombia. He also holds an epidemiology degree from Pontificia Universidad Javeriana in Bogotá, Colombia, received his certification of field epidemiology from the Colombia Field Epidemiology Training Program and a master's of healthcare delivery science from Dartmouth College.

National Center for Health Statistics (NCHS): Brian C. Moyer, PhD

Brian C. Moyer, PhD, is the Director for the National Center for Health Statistics (NCHS), which is the nation's principal source for health statistical information to guide actions and policies to improve the health of people. In this role, he is responsible for providing leadership for a wide-range of programs, including research and analysis in health and vital statistics, epidemiology, and related health and statistical sciences.

Dr. Moyer recently served as the Director of the Bureau of Economic Analysis (BEA) where he oversaw BEA's production of official economic statistics and the collection and publishing of economic data and research and analysis. He is a proven leader within the nation's statistical community and brings a wealth of knowledge and extensive experience to NCHS. He has nearly three decades of experience at BEA in the U.S. Department of Commerce, which, alongside NCHS, is one of the principal statistical agencies.

Throughout his career, he has excelled in leading the transformation of data collection and analysis systems to maximize their effectiveness, utility, and value. He has overseen innovation efforts to modernize statistical concepts, methods, and operations, including expanded use of "big data" and associated platforms. His leadership of collaborative scientific research has made full use of new methodologies and data sources to develop statistical products, including machine learning algorithms, artificial intelligence, administrative data, and private industry data sources. He has worked alongside the academic community to continuously improve statistical concepts and techniques.

Dr. Moyer received a bachelor's and master's degrees in economics from the University of Maryland. He holds a PhD in economics from American University and is a recipient of numerous awards for his management and leadership skills, as well as for improvements to BEA's economic accounts.

Deputy Director for Non-Infectious Diseases (DDNID): Celeste Philip, MD, MPH

Celeste Philip, MD, MPH, is the Deputy Director for Non-Infectious Diseases (DDNID) at CDC. In this position, she is responsible for providing leadership and guidance to CDC's four non-infectious disease centers and helps to advance the agency's cross-cutting, non-infectious disease priorities such as preventing prediabetes and diabetes, ending the opioid epidemic, reducing birth defects and developmental disabilities, and protecting the public's health from environmental hazards.

Dr. Philip brings a wealth of public health management, knowledge, and experience as a physician to the agency. She most recently served as Health Officer for the Sonoma County Department of Health Services in Santa Rosa, California, where she oversaw the public health division during a period of unprecedented response efforts, including the Kincade Fire, numerous public safety power shut-offs, and health service provisions for a large number of people experiencing homelessness.

Previously, she was appointed by the Governor of Florida to serve as Florida's Surgeon General and Secretary of Health from 2016-2018. In this role, she managed a $3 billion budget and more than 13,000 full-time employees. She led the state-wide response to the Zika virus; directed the state's Emergency Support Function – Public Health and Medical Services (ESF8) – during 5 hurricanes, including Irma (2017) and Michael (2018); and guided the redesign of the state's HIV program to provide pre-exposure prophylaxis (PrEP) in all 67 counties. From 2013-2016, Dr. Philip served as Florida's Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services.

She served as an EIS officer with the Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion from 2006-2008; and completed CDC's Preventive Medicine Residency as a lieutenant commander in the US Public Health Service with the Florida Department of Health in Polk County (Bartow, Florida).

Dr. Philip received a bachelor's degree from Howard University (magna cum laude) in Washington, DC, and both a Master of Public Health degree in maternal and child health and a Doctor of Medicine degree from Loma Linda University in California. She is certified by the American Board of Preventive Medicine and the American Board of Family Medicine and holds medical licenses in both Florida and California. Dr. Philip is a recipient of numerous awards; published a number of medical journal articles; and served on many boards, advisory councils, and volunteer positions over the course of her career.

National Center on Birth Defects and Developmental Disabilities (NCBDDD): Karen Remley, MD, MBA, MPH, FAAP

Karen Remley, MD, MBA, MPH, FAAP, is the Director for the National Center on Birth Defects and Developmental Disabilities (NCBDDD). She has more than 30 years of experience in public health and health care, with leadership roles in the public and private sectors. Her "north star" has always been children and families, and she has shaped her career around helping every family have the best opportunity for health and well-being.

Prior to joining NCBDDD, Dr. Remley served as Senior Advisor to the COVID-19 response for the Office of the Commissioner, Virginia Department of Health, where she was instrumental in increasing and assuring testing for COVID-19 to ensure it was widely available across the Commonwealth of Virginia. She also worked as a Professor of Pediatrics at Eastern Virginia Medical School. Dr. Remley has served on many national committees and commissions working on public health education, health equity, and patient safety, including her roles as Chief Executive Officer of the American Academy of Pediatrics; Commissioner of Health for the Commonwealth of Virginia under two governors; Chief Medical Director of Anthem Blue Cross Blue Shield Virginia; and Chief Executive Officer of Physicians for Peace. In 2018, she served as the Inaugural Senior Fellow at the de Beaumont Foundation, a foundation dedicated to pragmatic solutions to improve public health.

Dr. Remley earned an MBA from the Fuqua School of Business at Duke University, an MPH at the University of Massachusetts Amherst, and her MD from University of Missouri in Kansas City. She completed her pediatrics residency at St. Louis Children's Hospital-Washington University School of Medicine in St. Louis.

Deputy Director for Public Health Science and Surveillance (DDPHSS): Chesley Richards, MD, MPH, FACP

Chesley Richards, MD, MPH, FACP, is the Deputy Director for Public Health Science and Surveillance. In this position, he is responsible for strengthening CDC's scientific foundation by working across the Office of Science, the Office of Laboratory Science and Safety, the Center for Surveillance, Epidemiology, and Laboratory Services, and the National Center for Health Statistics. **A** primary focus of his role is to advance an agency-wide public health data strategy and serve as an advisor to the CDC Director.

Prior to this position, Dr. Richards served as CDC Deputy Director for Public Health Scientific Services and Director of the Office of Public Health Scientific Services, where he oversaw a broad range of epidemiology, public health surveillance, laboratory services, and health statistics initiatives aimed at improving population health. During his tenure, he developed and implemented CDC's Surveillance Strategy to improve the agency's public health data surveillance capabilities from 2014-2018.

Dr. Richards works at the intersection of public health, healthcare, and health IT. He began his public health career as a CDC Epidemic Intelligence Service Officer in the Hospital Infections Program. Since then, he has held a range of positions, serving as the Director of the Immunization Services Division; the Director of the Office of Prevention through Healthcare; and as the Deputy Director for the Division of Healthcare Quality Promotion, where he led the expansion of the National Healthcare Safety Network – the nation's most widely used healthcare-associated infection tracking system.

Dr. Richards earned his M.D. from the Medical University of South Carolina, and his MPH in Health Policy and Administration from the University of North Carolina at Chapel Hill. He is board certified in Internal Medicine (Medical College of Georgia), Geriatric Medicine (Emory University) and General Preventive Medicine and Public Health (UNC Chapel Hill). He completed the Cancer Control Education Fellowship at UNC Lineberger Cancer Center, and the Program on Clinical Effectiveness at Harvard School of Public Health.

Deputy Director for Public Health Service and Implementation Science (DDPHSIS): Nathaniel Smith, MD, MPH

Nathaniel Smith, MD, MPH is the Deputy Director for Public Health Service and Implementation Science (DDPHSIS) where he leads, promotes, and facilitates programs and policies that identify and respond to public health threats, improve health domestically and internationally, and puts science into action.

Prior to his role as Deputy Director, Smith served as Director and State Health Officer for the Arkansas Department of Health (ADH) and as Secretary of Health. As such, he was a member of the Governor's cabinet and provided senior scientific and executive leadership for the agency. Dr. Smith also recently served as President of the Association of State and Territorial Health.

In his role as Director and State Health Officer for ADH, Dr. Smith also oversaw the delivery of over 100 services through the main office in Little Rock and over 90 local health units in each of the state's 75 counties. These services included immunizations, WIC, outbreak response, vital records, chronic disease prevention, preparedness and emergency response, injury and violence prevention, and suicide prevention. Additionally, Dr. Smith previously served the ADH as Branch Chief for Infectious Diseases, State Epidemiologist, and Deputy Director for Public Health Programs.

Dr. Smith received a bachelor's degree from Rice University in Houston, Texas, and a Master of Arts from Dallas Theological Seminary, also in Texas. He completed his Doctor of Medicine from Baylor College of Medicine in Houston, Texas, and his MPH from the University of Texas School of Public Health, Houston. Dr. Smith is board-certified in Internal Medicine and Infectious Diseases and holds voluntary faculty positions in the Division of Infectious Diseases at the University of Arkansas for Medical Sciences College of Medicine and in the Epidemiology Department at the College of Public Health. His clinical interests include HIV, global health, and emerging infectious diseases.

Dr. Smith is also an ordained minister in the Anglican Church. He and his wife served as medical missionaries at Kijabe Hospital in Kenya. During that time he served in several different roles, including Chief of Internal Medicine, Medical Intern Program Director, and Infectious Diseases Consultant. He also served as Country Medical Director for the University of Maryland School of Medicine in Kenya and Senior Medical Technical Advisor for the AIDSRelief program in East Africa. Dr. Smith and his wife have four children adopted from Kenya.

Dr. Montero holds a medical degree from the Universidad Nacional de Colombia. He specialized in family medicine and completed his residency at the Universidad del Valle in Cali, Colombia. He also holds an epidemiology degree from Pontificia Universidad Javeriana in Bogotá, Colombia, received his

certification of field epidemiology from the Colombia Field Epidemiology Training Program and a master's of healthcare delivery science from Dartmouth College.

Acting Chief of Staff: Nina Witkofsky

Nina Witkofsky is the Acting Chief of Staff at the Centers for Disease Control and Prevention (CDC). She has served in senior executive roles with the government, the private sector, and academia for more than 20 years with an international, good governance, and management focus.

Prior to her role as Acting Chief of Staff, Witkofsky was the senior advisor to CDC Director Dr. Robert Redfield. She also served at the U.S. Department of State, where she provided leadership on program development and execution, change management, and strategic communications in the Office of Public Diplomacy & Public Affairs, and the Bureau of Educational and Cultural Affairs from 2001-2011. Witkofsky has been a faculty member of Georgetown's School of Continuing Studies for almost a decade and recently earned Georgetown University's prestigious Tropaia Outstanding Faculty Award for the 2019-2020 academic year.

She earned a Bachelor of Science degree in International Finance from Babson College in Wellesley, MA and her Masters in Business Administration from Mercer University in Atlanta, Georgia.

Chief Medical Officer: Mitch Wolfe, MD, MPH (RADM, USPHS, RET)

Mitch Wolfe, MD, MPH, is CDC's Chief Medical Officer. In this role, Dr. Wolfe provides support to the CDC Director, and interacts with key public health partners, Congress, the White House, and other government and public health officials. In addition, he leads the development of objectives and planning for CDC's global health strategy, footprint, and budget.

Dr. Wolfe has been a member of the US Public Health Service since 1998 and has worked at CDC in a number of capacities. From 2017-2019, he served as Acting Director of the CDC Washington Office. From 2009–2014 he was Director of the CDC Global AIDS Program Thailand/ Asia Regional Office and Director of the CDC Thailand Office (2012-2014). From 2004–2009 he was Director of the CDC Vietnam Office, where he established Vietnam as a PEPFAR focus country and developed an influenza program and many other technical collaborations with Vietnam.

Before moving to Asia, Dr. Wolfe served as a medical epidemiologist, and then team leader for the Clinical Outcomes Team in the Behavioral and Clinical Surveillance Branch, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. He has also performed several special assignments with CDC, including in the Bioterrorism Preparedness and Response Branch where he supported CDC's response to the anthrax attacks in 2001 and participated in the first national population-based survey of mortality, disability, and mental health in Afghanistan.

Dr. Wolfe joined CDC as an Epidemic Intelligence Service (EIS) officer with the National Center for Environmental Health, leading investigations on infectious disease mortality, heat-related mortality, syphilis in prisons, and exposures to heavy metals related to a large forest fire. He earned his medical degree from the University of Vermont, his Master of Public Health degree from University of California, Berkeley, and his undergraduate degree from the University of California, Santa Barbara. He has an American Board Certification in general preventive medicine and public health.

Attachment D: Statutory Requirements and Enabling Legislation

Legislative Citation (Public Health Service Act, unless otherwise indicated)	Subdivision	Function
Immunization and Respiratory Diseases		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Title XXI		Vaccines
Title XXVIII	Subtitle C, Sec. 2821	• National All-Hazards Preparedness for Public Health Emergencies • Strengthening Public Health Surveillance Systems • Epidemiology-Laboratory Capacity Grants
Immigration and Nationality Act Title II		Immigration
Immigration and Nationality Act Title IV		Refugee Assistance and Miscellaneous
Refugee Education Assistance Act Title V	Sec. 501	Provisions Relating to Cuban and Haitian Entrants, Authorities for Other Programs and Activities
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Title XXIII		Research with Respect to Acquired Immune Deficiency Syndrome
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Title XXVIII	Subtitle C, Sec. 2821	• National All-Hazards Preparedness for Public Health Emergencies • Strengthening Public Health Surveillance Systems • Epidemiology-Laboratory Capacity Grants
Immigration and Nationality Act Title II		Immigration
Immigration and Nationality Act Title IV		Refugee Assistance and Miscellaneous
Refugee Education and Assistance Act Title V	Sec. 501	Provisions Relating to Cuban and Haitian Entrants, Authorities for Other Programs and Activities
Chronic Disease Prevention and Health Promotion		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XI		Genetic Diseases, Hemophilia Programs, and Sudden Infant Death Syndrome
Title XV	Sec. 1503(a)	• Preventive Health Measures with Respect to Breast and Cervical Cancers

Legislative Citation (Public Health Service Act, unless otherwise indicated)	Subdivision	Function
		• Requirements with Respect to Type and Quality of Services • Requirement of Provision of All Services by Date Certain (Proportional funding requirements will not apply to funds made available through the Chronic Disease Prevention and Health Promotion account)
Title XV	Sec. 1509	Preventive Health Measures with Respect to Breast and Cervical Cancers (Funds may be available for making grants for not less than 21 States, tribes, or tribal organizations)
Title XVII		Health Information and Health Promotion
Title XIX		Block Grants
Birth Defects and Developmental Disabilities		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XI		Genetic Diseases, Hemophilia Programs, and Sudden Infant Death Syndrome
Title XVII		Health Information and Health Promotion
Environmental Health		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Public Health Scientific Services		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Injury Prevention and Control		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
National Institute for Occupational Safety and Health		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Federal Mine Safety and Health Act Title I	101	• General • Mandatory Safety and Health Standards
Federal Mine Safety and Health Act Title I	102	• General • Advisory Committees
Federal Mine Safety and Health Act Title I	103	• General • Inspections, Investigations, and Recordkeeping

Legislative Citation (Public Health Service Act, unless otherwise indicated)	Subdivision	Function
Federal Mine Safety and Health Act Title II	201	• Interim Mandatory Health Standards • Coverage
Federal Mine Safety and Health Act Title II	202	• Interim Mandatory Health Standards • Dust Standard and Respiratory Equipment
Federal Mine Safety and Health Act Title II	203	• Interim Mandatory Health Standards • Medical Examinations
Federal Mine Safety and Health Act Title III	301	• Interim Mandatory Safety Standards for Underground Coal Mines • Coverage
Federal Mine Safety and Health Act Title V	501	• Administration • Research
Public Law 106-554 Title I	Div. B, Sec. 151(b)	Pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985 (Amounts used for the Energy Employees Occupational Illness Compensation Program will be in the form of direct spending)
Global Health		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Public Health Preparedness and Response		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Buildings and Facilities		
CDC-Wide Activities and Program Support		
Title II		Administration and Miscellaneous Provisions
Title III		General Powers and Duties of Public Health Service
Title XVII		Health Information and Health Promotion
Title XIX		Block Grants
Title XXVIII	Subtitle C, Sec. 2821	• National All-Hazards Preparedness for Public Health Emergencies • Strengthening Public Health Surveillance Systems • Epidemiology-Laboratory Capacity Grants
Title XXVIII	Subtitle C, Sec. 2821, Subsec. (b), Paragraphs (1) through (3)	The specific amounts for activities under this authority were only valid for the years 2010-2013

Enabling Legislation Citation[1]	Enabling Legislation Status	Allocation Methods
Immunization and Respiratory Diseases		
PHSA § 301, PHSA § 307, PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317(l)*, PHSA § 317N*, PHSA § 317S*, PHSA § 319, PHSA § 319C*, PHSA § 319E*, PHSA § 319F, PHSA § 322, PHSA § 325, PHSA § 327, PHSA § 340C, PHSA § 352, PHSA § 2102(a)(6), PHSA § 2102(a)(7), PHSA § 2125, PHSA § 2126, PHSA § 2127, PHSA § 2821, Immigration and Nationality Act § 212 (8 U.S.C. 1182), Immigration and Nationality Act § 232 (8 U.S.C. 1222, 1252), Social Security Act § 1928 (42 U.S.C. 1396s)	Permanent Indefinite	Direct Federal/Intramural; Competitive Cooperative Agreements/Grants, including Formula Grants; Contracts; and Other
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention		
PHSA § 301, PHSA § 306(a-l), PHSA § 306(n)*, PHSA § 307, PHSA § 308(d), PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317E(a-f), PHSA § 317E(g), PHSA § 317N(a-b), PHSA § 317N(c-d), PHSA § 317P(a-c), PHSA § 318*, PHSA § 318A(a-d)*, PHSA § 318A(e)*, PHSA § 318A(f)*, PHSA § 318B*, PHSA § 322, PHSA § 325, PHSA § 327, PHSA § 352, PHSA § 2315, PHSA § 2320, PHSA § 2341, PHSA § 2521, PHSA § 2522, PHSA § 2524, Title II of Pub. L. 103-333	Permanent Indefinite	Direct Federal/Intramural, Competitive Grant/Cooperative Agreements, Formula Grants/Cooperative Agreements, Contracts, and Other
Emerging and Zoonotic Infectious Diseases		
PHSA § 264, PHSA § 2821*, PHSA § 301, PHSA § 304, PHSA § 307, PHSA § 308(d), PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317P*, PHSA § 317R*, PHSA § 317S*, PHSA § 317T*, PHSA § 319, PHSA § 319D*, PHSA § 319E*, PHSA § 319F, PHSA § 319G*, PHSA § 321, PHSA § 322, PHSA § 325, PHSA § 327, PHSA § 352, PHSA § 353, PHSA § 361-369, PHSA § 399V-5*, PHSA § 1102, FSMA § 205, Bayh-Dole Act of 1980 (Pub. L. 96-517)	Permanent Indefinite	Direct Federal/Intramural, Contracts, and Competitive Grants/Cooperative Agreements
Chronic Disease Prevention and Health Promotion		
PHSA § 301, PHSA § 307, PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317D*, PHSA § 317H*, PHSA § 317K, PHSA § 317L*, PHSA § 317M*, PHSA § 317P*, PHSA § 330E*, PHSA § 398A, PHSA § 399B*–399E*, PHSA § 399F, PHSA § 399Q, PHSA § 399R*, PHSA § 399V-3*, PHSA § 399W*, PHSA § 399X*, PHSA § 399Y*, PHSA § 399Z*, PHSA § 399LL, PHSA § 399NN*, PHSA § 417E(d), PHSA § 1501–1509*, PHSA § 1706*, Comprehensive Smoking Education Act of 1984, Fertility Clinic	Permanent Indefinite	Direct Federal Intramural; Competitive Cooperative Agreements/Grants, including Formula Grants; and Competitive Contracts

Enabling Legislation Citation[1]	Enabling Legislation Status	Allocation Methods
Success Rate And Certification Act of 1992 (PUB. L. 102-493), Firefighter Cancer Registry Act of 2018 (Pub. L. 115-194), Federal Cigarette Labeling and Advertising Act (Pub. L. 98-474)		
Birth Defects and Developmental Disabilities		
PHSA § 301, PHSA § 304, PHSA § 307, PHSA § 308(d), PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317C(a)*, PHSA § 317J*, PHSA § 317K, PHSA § 317L*, PHSA § 317Q, PHSA § 327, PHSA § 352, PHSA § 399M*, PHSA § 399Q, PHSA § 399S, PHSA § 399S-1, PHSA § 399T, PHSA § 399V-2, PHSA § 399AA*, PHSA § 399BB*, PHSA § 399CC*, PHSA Title XI, PHSA § 1102, PHSA § 1108*, PHSA § 1110, PHSA § 1112, PHSA § 1113, PHSA § 1114, PHSA § 1132*, PHSA § 1706*, The Prematurity Research Expansion And Education For Mothers Who Deliver Infants Early Act § 3 (42 U.S.C. 247b-4f)	Permanent Indefinite	Direct Federal/Intramural, Competitive Grants, Cooperative Agreements and Contracts
Environmental Health		
PHSA § 301, PHSA § 307, PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317A*, PHSA § 317B, PHSA § 317I*, PHSA § 317O*, PHSA § 327, PHSA § 352, PHSA § 361, PHSA § 366, PHSA 399V-6(c),PHSA § 1102, PHSA § 1706*	Permanent Indefinite	Direct Federal/ Intramural, Contracts, Competitive Grants/ Cooperative Agreements
Injury Prevention and Control		
PHSA § 214, PHSA § 301, PHSA § 304, PHSA § 307, PHSA § 308, PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 319, PHSA § 319D*, PHSA § 327, PHSA § 352, PHSA § 391, PHSA § 392, PHSA § 392A, PHSA § 393, PHSA § 393A*, PHSA § 393B, PHSA § 393C, PHSA § 393D, PHSA § 394, PHSA § 394A*, PHSA § 399P*, PHSA § 1102, PHSA § 1706*, Bayh-Dole Act of 1980 (PUB. L. 96-517), Family Violence Prevention and Services Act § 303*, Family Violence Prevention and Services Act § 314*, National Narcotics Leadership Act of 1988 (chapter 2), SUPPORT for Patients and Communities Act (Pub. L. 115-271)	Permanent Indefinite	Direct Federal/Intramural; Competitive Cooperative Agreements/Grants, including Formula Grants; and Competitive Contracts
Public Health Scientific Services		
PHSA § 241, PHSA § 301, PHSA § 304, PHSA § 306*, PHSA § 307, PHSA § 308, PHSA § 310, PHSA § 317, PHSA § 317G, PHSA § 318A*, PHSA § 319, PHSA § 319A*, PHSA § 353, PHSA § 391, PHSA § 399S-1, PHSA § 399V*, PHSA § 768, Ch 373, PHSA	Permanent Indefinite	Direct Federal/Intramural, Competitive Grants/Cooperative Agreements, Contracts

Enabling Legislation Citation[1]	Enabling Legislation Status	Allocation Methods
§ 778*, PHSA § 1102, PHSA § 2315, PHSA § 2341, E-Government Act of 2002 Pub. L. 107-347, Food, Conservation, and Energy Act of 2008 § 4403 (7 U.S.C. 5311a), Intelligence Reform and Terrorism Prevention Act of 2004 § 7211*, Pub. L. 101-445 § 5341, Title V (44 U.S.C. 3501 note)		
Occupational Safety and Health		
PHSA § 301, PHSA § 304, PHSA § 306*, PHSA § 307, PHSA § 308(d), PHSA § 310, PHSA § 311, PHSA § 317, PHSA § 317A*, PHSA § 317B, PHSA § 319, PHSA § 327, PHSA § 352, PHSA § 399MM, PHSA § 1102, PHSA § 2695, Black Lung Benefits Reform Act of 1977 § 19 (Pub .L. 95-239), Bureau of Mine Act, as amended by PUB. L. 104-208, Energy Employees Occupational Illness Compensation Program Act of 2000, Federal Mine Safety and Health Act of 1977, PUB. L. 91-173 as amended by PUB. L. 95-164 and PUB. L. 109-236, Firefighter Cancer Registry Act of 2018 (Pub. L. 115-194), Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act (Pub. L 116-34), Occupational Safety and Health Act of 1970 §§20–22, PUB. L. 91-596 as amended by Pub. L. 107-188 and 109-236 (29 U.S.C. 669–671), Radiation Exposure Compensation Act, §§ 6 and 12, Toxic Substances Control Act, PUB. L. 94-469 as amended by 102-550	Permanent Indefinite	Direct Federal/Intramural, Competitive Grant/Cooperative Agreements, Contracts, Other
Global Health		
PHSA § 301, PHSA § 304, PHSA § 307, PHSA § 310, PHSA § 319, PHSA § 327, PHSA § 340C, PHSA § 361-369, PHSA § 2315, PHSA § 2341, Foreign Assistance Act of 1961 § 104 and 627-628, Federal Employees International Organization Service Act § 3, Foreign Employees Compensation Program, PEPFAR Stewardship & Oversight Act of 2013 (Pub. L. 113-56), Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria (Pub. L.115-305), PEPFAR Stewardship & Oversight Act of 2013 (P.L. 113-56), Section 212 of the Consolidated Appropriations Act, 2018, Further Consolidated Appropriations Act, 2020 (P.L. 116-94, Division A)	Permanent Indefinite	Direct Federal/Intramural, Competitive Grants/Cooperative Agreements, Direct Contracts, Interagency Agreements

Enabling Legislation Citation[1]	Enabling Legislation Status	Allocation Methods
Public Health Preparedness and Response		
PHSA § 301, PHSA § 307, PHSA § 310, PHSA § 311, PHSA § 319, PHSA § 319C-1*, PHSA § 319D*, PHSA § 319F, PHSA § 319F-2*, PHSA § 319G*, PHSA § 351A*, PHSA § 361, PHSA § 2801, PHSA § 2812*	Permanent Indefinite	Direct, Federal Intramural, Cooperative Agreements, including Formula Grants/Cooperative Agreements; and Contracts
Buildings and Facilities		
Further Consolidated Appropriations Act, 2020 (P.L. 116-94, Division A)	Permanent Indefinite	Direct Federal/Intramural, Contracts
CDC-Wide Activities and Program Support		
PHSA § 301, PHSA § 304, PHSA § 306*, PHSA § 307, PHSA § 308, PHSA § 310, PHSA § 310A*, PHSA § 311, PHSA § 317, PHSA § 317F, PHSA § 319, PHSA § 319A*, PHSA § 319D, PHSA § 322, PHSA § 325, PHSA § 327, PHSA § 361-369, PHSA § 391, PHSA § 399G Part N*, PHSA § 399U*, PHSA § 2821*, Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2019	Permanent Indefinite	Direct Federal/Intramural, Contracts, Competitive Grants/Cooperative Agreements

*Expired/Expiring

Attachment E: CDC Hiring Authorities

Title 5 Hiring Authorities – General Authorities

Type of Authority	Brief Description of Appointment	Covered Positions
Critical Hiring need (Excepted Service Appointment) **Title 5 U.S.C. 2103** **Title 5 CFR 213 and 302**	Staff for short-term positions and continuing positions filled on an interim basis pending completion of competitive examining, clearances, or other procedures required for a longer appointment. Helps to alleviate short-term critical needs. Appointments may not exceed 30 days and may be extended for up to an additional 30 days if continued employment is essential to operations. Rapid hiring.	All occupations, GS 1-15
Delegated Examining Authority/ Competitive Hiring (All U.S. Citizens) **Title 5 CFR Part 332**	Delegated examining is the traditional method for making appointments in the competitive service. Public notice requirements are met by posting a vacancy announcement to the OPM website, candidates are rated and ranked, and veterans' preference is adjudicated. The minimum open period is typically 5 days.	All occupations, GS 1-15
Detail Assignments **Title 5 CFR Part 335**	Staff for temporary assignment to a different position or unclassified set of duties for a specified period. Staff experience is credited as an extension of the work performed in the position description of record, or on its own merits, whichever is more beneficial to the employee. Employees must meet positive education requirements, professional certification, and/or licensure requirements where applicable. Decision must be based on the ability of the employee's office to spare the employee without requiring additional staff to be hired. To the maximum extent possible, details should be made to a position description that has already been classified and established.	All occupations, GS 1-15
Memorandum of Understanding (MOU) with another HHS OPDIV/STAFFDIV or Federal Agency	When an HHS OPDIV/STAFFDIV or Federal Agency agrees to Detail an employee for an initiative, establish an MOU with entity to formalize the arrangements of agreement. The agreement includes duties, timeframe, funding to include salary and TDY costs, timekeeping, performance, supervision, etc.	

Type of Authority	Brief Description of Appointment	Covered Positions
Direct-Hire Authority **Title 5 U.S.C. 3304** **Title 5 CFR, Subpart B, D**	This authority has been granted for occupations designated as having "severe" shortages of candidates by OPM or when a critical hiring need exists. The authority enables an agency to hire any qualified applicant and eliminates normal competitive procedures, such as rating and ranking, veterans' preference and the "rule of three."	Currently, an open-continuous announcement exists for the position of Physician.
Emergency Critical Hiring **Title 5 CFR 213.3102(i)(2)**	An agency may make 30-day appointments in the excepted service to fill a critical hiring need. An agency may extend these appointments for an additional 30 days.	This authority may be used to fill senior-level positions as well as positions at lower grades.
Faculty **Title 5, Subpart C – Excepted Service: Schedule A, 213.3102 (o)**	Positions of a scientific, professional, or analytical nature when filled by bona fide members of the faculty of an accredited college or university who has special qualifications for the positions to which appointed. Employment under this provision shall not exceed 130 working days a year.	Scientific, professional, or analytical nature
Intergovernmental Personnel Act (IPA) **Title 5 U.S.C., sections 3371 through 3375.Regulations can be found in Title 5, CFR, Part 334. The HHS policy is contained in HHS Instruction330-3, dated July 22, 2013.**	Staff for temporary assignment between the Federal, state, and local governments; and other eligible organizations. Facilitates the movement of employees for short periods of time that serves a sound public purpose. Staff of eligible non-Federal organizations may be detailed or placed on excepted appointment for up to 2 years and may be extended up to 2 years. Federal employees must be career/career-conditional, or equivalent excepted service appointment employees. Non-Federal employees must have at least 90 days in a permanent/career position with a state or local government, college or university, Indian tribal government, or other eligible organization (a nonprofit as certified by the Federal gov).	All occupations, GS 1-15

Type of Authority	Brief Description of Appointment	Covered Positions
Internship/ Fellowship **Title 5, Subpart C – Excepted Service: Schedule A, 213.3102 (r)**	Positions established in support of fellowship and similar programs that are filled from limited applicant pools and operate under specific criteria developed by the employing agency and/or a non- Federal organization. These programs may include: internship or fellowship programs that provide developmental or professional experiences to individuals who have completed their formal education; training and associateship programs designed to increase the pool of qualified candidates in a particular occupational specialty; professional/industry exchange programs that provide for a cross- fertilization between the agency and the private sector to foster mutual understanding, an exchange of ideas, or to bring experienced practitioners to the agency; residency programs through which participants gain experience in a Federal clinical environment; and programs that require a period of Government service in exchange for educational, financial or other assistance. Appointments under this authority may not exceed 4 years.	Developmental or professional experiences. The grade will depend on the student's educational level or cross-fertilization between private sector agencies and Federal government work.
Non-Competitive Appointments for Reinstatement Eligibles **Title 5 CFR 315.401**	Staff who previously held a career or career-conditional appointment to apply for jobs in the competitive service open to status candidates. Reinstatement eligibility refers to the ability for those individuals who previously held a career or career-conditional appointment to apply for jobs in the competitive service open to status applicants. There is no time limit on reinstatement eligibility for those who either have veterans' preference or acquired career tenure by completing 3 years of substantially continuous creditable service. If the appointment is longer than 120 days, agencies must adhere to ICTAP regulations.	All occupations, GS 1-15
Persons with Disabilities **Executive Order 13548**	Persons may be appointed if they have already demonstrated the ability to perform the duties satisfactorily or have been certified by counselors of State Vocational Rehabilitation Agencies or the Dept of Veterans Affairs or a private physician. Appointments may be made non-competitively. Supervisors may "name select" any qualified disabled applicant.	All occupations, GS 1-15 including Wage Grade series

Type of Authority	Brief Description of Appointment	Covered Positions
Reemployed Annuitants **Title 5 U.S.C. 8344(l) and 8468(i)**	A reemployed annuitant is a person who is receiving a retirement annuity and, at the same time, is earning a paycheck as a Federal employee. This authority allows for filling position located within the U.S. and in other countries to provide critical technical and medical expertise. Given the critical nature of this emergency, it allows for these individuals to work on a full-time basis for up to 40 hours per week; work schedules may be adjusted without advance notice or procedures. Annuitants may be hired using any appropriate existing appointment authority and appointments made for at least 1 year under a temporary time- limited or term appointment. The law requires that the reemployed annuitant pay be "offset" by the amount of their retirement unless a waiver is approved by OPM. Waiver requests must be in writing and the annuitant must have declined reappointment without a waiver for the waiver to be requested.	All occupations, GS 1-15
Returning Peace Corps Volunteers – Noncompetitive Eligibility (NCE) **Executive Order 11103** **Title 5 CFR 315.605** **Title 5 CFR 315.607**	This authority allows eligible Returning Peace Corps Volunteers (RPCVs), Peace Corps Volunteer Response (PCVRs) and Peace Corps Staff (who have been granted NCE) the opportunity to apply for and compete for jobs that are open to ONLY Federal Employees. Any agency in the Executive Branch may appoint in the competitive service any person who is certified by the Director of the Peace Corps as having served satisfactorily as a Volunteer or Volunteer Leader under the Peace Corps Act and who passes such examination as the Office of Personnel Management may prescribe. For a Peace Corps Volunteer, NCE is good for one year or 12 months from the date of close of service. For a Peace Corps staff person, NCE is good for three years from the end date of employment with Peace Corps.	NCE is granted to some noncompetitive service Federal employees, volunteers, and others by statute, regulation, or Executive Order.
Temporary and Term Appointments **Title 5 CFR, Part 316, Subpart C and D**	Staff for a time-limited appointment not to exceed a specified date when a permanent position isn't appropriate. **Temporary** limited **appointments** are made for an initial period not to exceed (NTE) 1 year and may be extended for one additional year for a total of 24 months. **Term appointments** are made for a specified period exceeding 1 year and lasting no more than 4 years.	All occupations, GS 1-15

Type of Authority	Brief Description of Appointment	Covered Positions
	Allows CDC to meet non-permanent work requirements. May be used to fill positions needed for project work, accommodate extraordinary workload or to continue functions when future funding is not certain. Candidates must meet OPM qualification standards. In most cases, there is a competitive job announcement process.	
Consultants and Experts **Title 5 U.S.C. 3109**	This authority is to obtain expertise not readily available within our workforce and is not appropriate to do work performed by regular CDC employees or fill staff shortages. A consultant advises based on a high degree of knowledge or experience. An expert is specially qualified to perform difficult and challenging tasks. They may be appointed to intermittent employment (work without a regularly scheduled tour of duty) or temporary employment (not to exceed 1 year initially, may be reappointed not to exceed 1 year, a total of 2 years).	Expert and consultant appointments are exempt from competitive examination, position classification. The basis of the appointment is the unique requirement for the individual's expertise and experience.

Title 42, Commissioned Corps, and Title 38 Hiring Authorities

Type of Authority	Brief Description of Appointment	Covered Positions
Service Fellowships **Title 42 U.S.C. 209 (g)**	Excepted service appointment used to fill scientific positions that require advanced degrees and specialized scientific training. Open to U.S. and Non-U.S. citizens. Applicants can be hired non-competitively. Appointments are temporary in increments of up to 5 years with the possibility of subsequent appointments. May be assigned overseas. Applicants must meet OPM education requirements as well as agency qualifications for the proposed grade. Non-U.S. citizens must have valid work authorization.	Scientific and public health research
Senior Consultant Fellowships **Title 42 U.S.C. 209 (g)**	Senior level scientists with the unique skill sets required to complete special scientific projects on an intermittent or part-time basis.	This appointment is used for U.S. citizens when it is determined that the candidate warrants a salary above the GS-15, step 10. For non-U.S. citizens, the minimum grade level is GS-13 equivalent and may be set at a rate above GS-15, step 10.
Regular Fellowship Program **Title 42 CFR 61.1 – 61.22**	Regular Fellows will also be involved with training experiences in scientific projects for the compilation of existing contributions or the writing of original contributions relating to scientific, social, or cultural advancements in science related to health.	Regular Fellows may be U.S. citizens or non-U.S. citizens with appropriate employment authorization.
Fellowship Training Program **Title 42 U.S.C. 247b-8**	This training program provides and encourages training for research relating to physical and mental diseases and impairments of humankind; the organization, provision, and financing of health services; and the communication of information. These professional (non-student) fellowship programs provide a minimum of 2 years competency-based training and experiential learning in epidemiology, preventive medicine, informatics, prevention effectiveness, and communication.	Participants are assigned to programs and offices across the agency, and in state or local health departments.
Distinguished Consultants **Title 42 U.S.C.**	Special consultants may be employed to assist and advise with operation functions; such scientific consultants may be appointed without regard to the civil-service laws.	Candidates must meet the education requirements in a scientific discipline

Type of Authority	Brief Description of Appointment	Covered Positions
209(f)		directly related to the position. Candidates must have professional experience and stature in their areas of expertise that are commensurate with the duties of the position.
Contracted services **Title 42 U.S.C. 242/(b)(8)**	The agency may enter into contracts with individuals for provision of services.	N/A
Pandemic and All-Hazards Preparedness and Advancing Innovation Act **Title 42 U.S.C. 247d-4(f)**	The PAHPAI Act allows CDC to appoint highly qualified individuals to scientific or professional positions with expertise in capabilities relevant to biosurveillance and situational awareness, such as experts in informatics and data analytics (including prediction, modeling, or forecasting), and other related scientific or technical fields.	Eligible positions under this authority will be in scientific or professional series. Specific job titles and series will be assigned based upon the duties of the position.
Senior Biomedical Research and Biomedical Product Assessment Service (SBRBPAS) **Title 42 U.S.C. 237**	The purpose is to aid in the department's ability to recruit and retain highly qualified scientists who are outstanding in the fields of biomedical research and clinical research evaluation.	Eligibility requirements include biomedical product assessment, biomedical research, and clinical research evaluation.

Type of Authority	Brief Description of Appointment	Covered Positions
Temporary Duty Assignments (TDY) – Commissioned Corps Officers	Staff for temporary assignments to a different position for a specified period. Any officer can be reassigned as needed, placed on TDY, if they are not mission critical (and meet all 'readiness' requirements). Officers may be deployed as needed. A TDY memorandum is required to be completed with approval of the officer's supervisor.	All Commissioned Corps Officers
Term Appointments – Commissioned Corps Officers	Commissioned Corps Officers are permitted to take Term appointments if they have completed the USPHS probation period of 3 years of service (anywhere/in any combination of jobs). The organization that hired the officer for the term position is required to continue paying the officer's salary until the officer finds/begins a subsequent position. The Officer is expected to find another position to ensure there is not a gap in service.	All Commissioned Corps Officers
Recall of Retired Commissioned Corps Officers to Active Duty in extreme circumstances **Title 42 U.S.C. 212(c)(2)**	A retired officer may be recalled to active duty with his/her consent, when: 1) There is an essential need to carry forward a PHA program or task which has a defined time limitation; or 2) The officer possesses qualifications, nor readily available elsewhere in the corps, for the performance of special duties within PHS. This authority is extremely rare.	Retired Commissioned Corps Staff
Physician and Dentist Pay (PDP) **Title 38 U.S.C. 7431 (C)**	PDP is a pay authority used to remain competitive in attracting and retaining physicians and dentists with unique qualifications. *Please note that PDP is a pay authority and not considered as a hiring authority.	Physicians with Achieved Expected Results (AE) or higher. Physicians at the same grade level during the 12 months or one year prior. New hires whose pay was set under Title 38.

COVID-19 Specific Hiring Authorities

Type of Authority	Brief Description of Appointment	Types of Positions Covered
Direct-Hire Authority related to COVID-19 **Title 5 CFR 213.3102 (i)(3)**	This authority has been granted to HHS in response to a critical hiring need resulting from the outbreak and spread of the Coronavirus Disease 2019. This authority was granted March 16, 2020 and is expected to last one year. CDC will be announcing open-continuous announcements to assist with this recruitment effort.	CDC has been allotted a total of 475 positions that spans numerous series and grade levels under this Direct Hire Authority
HR Flexibilities and Authorities for the 2019 Novel Coronavirus	The U.S. Office of Personnel Management (OPM) reminds agencies that a wide range of human resources (HR) flexibilities and authorities are available to assist employees and agencies in dealing with the 2019 Novel Coronavirus (2019-nCoV) or other quarantinable communicable diseases. http://intranet.cdc.gov/hro/docs/jobs/ert/HR-Flexibilities-and-Authorities-for-the-2019-Novel-Coronavirus.pdf	Varies
Reemployed Annuitants w/dual-compensation waiver under 5 U.S.C. 8344(l) [CSRS] or 5 U.S.C. 8468(i) [FERS] **PENDING for COVID-19 response**	Under these authorities, agency heads may waive the salary offset normally required for reemployed annuitants. The authority limits the number of hours the offset may be waived to: • 520 hours in the six months following retirement, • 1040 hours during any 12-month period, or • 3120 hours total for the reemployed annuitant. If the duties of the employee include training or mentoring other employees, those hours may be excluded from the limits above, up to 520 total hours and so long as training or mentoring is not the employee's primary duty. No announcement required. If the appointment is longer than 120 days, agencies must clear the Interagency Career Transition Program (ICTAP) eligibles. Required documents are justification, resume, retirement SF- 50 and OPM Annual Annuity Statement. *Agencies must submit a dual compensation (salary offset) waiver request to OPM.	Varies
Excepted Service Hiring Authority	OPM has authorized the use excepted-service, temporary appointments under 5 CFR 213.3102(i)(3) to address the need for hiring additional staff in response to	Any positions needed in direct response to the

Type of Authority	Brief Description of Appointment	Types of Positions Covered
COVID-19 Schedule A 5 CFR 213.3102(i)(3)	the coronavirus disease 2019 (COVID-19). It allows agencies to make temporary appointments for one year which may be extended for up to 1 additional year (if need be). The authority expires March 31, 2021 - No new appointments may be made after this date. However, individuals appointed prior to March 31, 2021 may remain employed for the duration of his or her employment. Appointments made prior to March 31, 2021, may be extended beyond that date. *This authority is not limited to persons with disabilities. OPM has determined that any position in direct response to COVID-19 can be filled utilizing this authority.	effects of COVID-19.
Emergency Critical Hiring **Title 5 CFR 213.3102(i)(2)**	An agency may make 30-day appointments in the excepted service to fill a critical hiring need. An agency may extend these appointments for an additional 30 days.	This authority may be used to fill senior-level positions as well as positions at lower grades.

*This list is not intended to be all inclusive

Attachment F: List of CDC OIG and GAO Engagements

Open Engagements

Start Date	Complete Date	Title	Status
9/18/2020		COVID-19 Testing Data from Federal Programs	Open
9/16/2020		The Bureau of Prisons' Response to COVID-19	Open
9/15/2020		Public Health Actions Affecting Unaccompanied Children: Coordination Between CDC and ORR	Open
9/10/2020		COVID-19 Vaccine Distribution and Communication	Open
9/2/2020		COVID-19 Contract Planning and Review of Contractor Qualifications	Open
8/28/2020		Chemical Contamination of Food	Open
8/12/2020		Vaccine Development	Open
8/3/2020		Tracking Funds and Associated Activities Related to Federal Response to COVID-19	Open
7/28/2020		Operation Warp Speed Review	Open
7/20/2020		Federal Contributions to Remdesivir	Open
7/16/2020		Geographic Distribution of Provider Relief Funds to Communities Disproportionately Impacted by Adverse COVID-19 Outcomes	Open
7/1/2020		K-12 School Climate	Open
6/30/2020		CDC's Collection and Use of Data on Disparities in COVID-19 Cases and Outcomes	Open
6/26/2020		Geospatial Data Act Audit	Open
6/17/2020		OSHA's Enforcement Efforts to Protect Workers from Exposure to Respirable Silica	Open
6/16/2020		Strategic National Stockpile	Open
6/9/2020		Nursing Homes' Reporting of COVID-19 Information Under CMS's New Requirements	Open
6/9/2020		Monitoring and Oversight of Response to Coronavirus 2019 Pandemic 60-Day	Open
6/9/2020		Monitoring and Oversight of Response to Coronavirus 2019 Pandemic 90-Day	Open
6/9/2020		Fraud, Waste, and Abuse in SBIR and STTR Programs	Open
6/8/2020		Biodefense Preparedness and Response	Open
6/3/2020		Missing and Murdered Indigenous Women	Open
5/14/2020		Federal agencies use of the Defense Production Act for COVID-19	Open
5/13/2020		Worker Safety in the COVID-19 Pandemic	Open
5/12/2020		Highlights of OIG's Emergency Preparedness Work: Insights for COVID-19 Response	Open
5/12/2020		Data and Modeling for COVID-19	Open
5/11/2020		Air Travel and Communicable Diseases: Comprehensive Federal Plan Needed for U.S. Aviation System's Preparedness	Open

Start Date	Complete Date	Title	Status
5/7/2020		Nursing Home Infection Prevention and Control	Open
4/30/2020		Data Brief on Medicare Beneficiaries at High Risk of Severe Illness from COVID-19	Open
4/30/2020		Laboratory Preparedness for COVID-19 Testing	Open
4/17/2020		Extent and Nature of U.S. Fraud	Open
4/15/2020		Audit of HHS's Production and Distribution of COVID-19 Lab Test Kits	Open
4/9/2020		DHS BioWatch	Open
4/8/2020		The Use and Known Effects of Dispersants in Oil Spills	Open
3/26/2020		Integrity of Medicare Biopsy Specimens	Open
3/26/2020		U.S. Repatriation Program COVID-19 Response	Open
3/23/2020		Assessing HHS's Health, Safety, and Operational Protocols During Repatriation and Quarantine Efforts for the COVID-19 Outbreak	Open
3/17/2020		COVID-19 Testing	Open
3/16/2020		DOD Civilian Sexual Harassment and Assault Prevention and Response	Open
3/4/2020		Audit of Amtrak's Monitoring of Prescription Opioid Misuse in its Workforce	Open
1/30/2020		Audit of the CDC Corrective Actions and the National Institute of Health in Mozambique's Management of PEPFAR Funds Follow up Audit	Open
1/22/2020		Timeliness of Agency Review of Proposals and Issuance of Awards for the Small Business Innovation Research and Small Business Technology Transfer Programs	Open
1/21/2020		Implementation of the Breast and Cervical Cancer Prevention and Treatment Act	Open
1/15/2020		Maternal Mortality Data	Open
1/13/2020		Compromise Assessment of the Centers for Disease Control and Prevention	Open
1/10/2020		EPA's Agricultural Worker Protection Standard	Open
12/2/2019		Volunteer Health Professionals	Open
11/26/2019		Audit of Thailand Ministry of Health PEPFAR	Open
11/1/2019		Audit of CDC's Information Technology Controls with the Vaccine Adverse Event Reporting System	Open
11/1/2019		HHS Cybersecurity Roles and Responsibilities	Open
10/28/2019		HHS's Use of Suspension and Debarment to Protect the Integrity of Federal Awards	Open
10/22/2019		Audit of the Department of Health and Human Services Information Technology Recovery Readiness	Open
9/30/2019		Controls Over Select Agents	Open
9/16/2019		OIG Maternal Health Outcomes	Open

Start Date	Complete Date	Title	Status
8/25/2019		Management of Federal Intellectual Property	Open
8/15/2019		Inpatient and Outpatient Substance Use Disorder Treatment Capacity	Open
8/15/2019		Prescription Drug Monitoring Programs	Open
8/7/2019		PEPFAR Mozambique INS	Open
7/29/2019		PEPFAR Response to Growing Youth Population	Open
6/25/2019		FY 19 Federal Information Security Modernization Act	Open
6/21/2019		U.S. Department of Housing and Urban Development (HUD) and U.S. Environmental Protection Agency (EPA) Lead-Based Paint Removal	Open
6/21/2019		Mine Safety and Health Administration (MSHA) Silica	Open
6/11/2019		Intimate Partner Violence and Traumatic Brain Injury	Open
5/31/2019		Federal Programs to Reduce the Costs and Risks of Diet-related Chronic Disease	Open
5/13/2019		Laboratory Procedures for Pathogen Management	Open
4/15/2019		HHS OIG Description of Rapid Evaluation Framework Project	Open
4/2/2019		EPA Actions to Address Air Toxic Emissions through its Residual Risk and Technology Review Program Project	Open
3/15/2019		Global Health Security	Open
3/8/2019		Communication of Human Health Risks Posed by Sites in the Office of Land and Emergency Management's Programs	Open
2/27/2019		Foodborne Illness Outbreaks	Open
2/7/2019		CDC Award Process for PEPFAR Cooperative Agreements	Open
2/1/2019		The South African National Department of Health Did Not Always Manage and Expend the President's Emergency Plan for AIDS Relief Funds in Accordance with Award Requirements	Open
1/28/2019		Lead in Childcare Facilities	Open
12/17/2018		EPA Actions to Address Air Toxics Emissions Through Its Residual Risk and Technology Review Program	Open
12/12/2018		HUD's Oversight of Lead in the Water of Housing Choice Voucher and Public Housing Program Units Nationwide Review	Open
10/15/2018		Sexual Harassment Prevalence	Open
10/4/2018		Federal Cybersecurity Requirements and Assessments for State Programs	Open
8/29/2018		Centers for Disease Control and Prevention Recipients' Use of PEPFAR Funds Roll Up Report	Open
6/21/2018		Blood Lead Screening Tests, Follow up Services, and Treatment for Medicaid-Enrolled Children	Open
6/8/2018		Review of Puerto Rico's Emergency Preparedness and Response	Open
6/1/2018		Infectious Disease Modeling: Opportunities to Improve Coordination and Ensure Reproducibility	Open

Start Date	Complete Date	Title	Status
4/19/2018		PEPFAR South Africa Recipient TB HIV Care	Open
2/15/2018		Antibiotic Resistance: Additional Federal Actions Needed to Better Determine Magnitude and Reduce Impact	Open
2/7/2018		Prescription Drug Overdose - CDC's Prevention for States Program and SAMHSA's Strategic Prevention Framework (Ohio)	Open
1/18/2018		Audit of ICAP at Columbia University's Financial Reporting of CDC PEPFAR Expenditures During Fiscal Year 2018	Open
11/29/2017		Cloud Computing Security: Agencies Increased Their Use of Federal Authorization Program, but Improved Oversight and Implementation are Needed	Open
7/19/2016		High-Containment Laboratories: Coordinated Actions Needed to Enhance the Select Agent Program's Oversight of Hazardous Pathogens	Open
5/2/2016		Audit of HHS and Federal Government Policies for the Coordination of the International Ebola Response Effort HHS Did Not Always Efficiently Plan and Coordinate Its International Ebola Response Efforts	Open
12/1/2015		The National Institute of Health in Mozambique Did Not Always Manage and Expend the President's Emergency Plan for AIDS Relief Funds in Accordance With Award Requirements	Open
11/24/2015		Penetration Test of the CDC Network	Open
7/28/2015		High Containment Laboratories: Inactivation and Attenuation Protocols	Open
1/27/2015		Biosafety and Biosecurity of Federal Laboratories High-Containment Laboratories: Comprehensive and Up-to-Date Policies and Stronger Oversight Mechanisms Needed to Improve Safety https://www.gao.gov/products/GAO-16-305	Open
2/13/2014		Review of Centers for Disease Control and Prevention's Accountability for Property	Open
8/22/2013		National Preparedness: Improvements Needed for Measuring Awardee Performance in Meeting Medical and Public Health Preparedness Goals	Open

Closed Engagements

Start Date	Complete Date	Title	Status
2/9/2012	1/11/2017	Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements https://www.gao.gov/products/GAO-20-124	Closed; no recommendations
10/4/2016	1/11/2017	Independent Attestation Review: Centers for Disease Control and Prevention Fiscal Year 2016 Detailed Accounting Submission and Performance Summary Report for National Drug Control Activities and Accompanying Required Assertions https://oig.hhs.gov/oas/reports/region3/31700355.asp	Closed; no recommendations
2/19/2016	1/26/2017	CDC Awarded Selected Ebola Funds for International Response Activities in Accordance With Applicable Laws, Regulations, and Departmental Guidance https://oig.hhs.gov/oas/reports/region4/41603568.asp	Closed; no recommendations
12/20/2016	2/16/2017	K-12 Education: Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance https://www.gao.gov/products/GAO-18-382	Closed; no recommendations
12/9/2015	3/3/2017	Foreign Aid Cost and Quality Foreign Assistance: Agencies Can Improve the Quality and Dissemination of Program Evaluations https://www.gao.gov/products/GAO-17-316	Closed; no recommendations
6/25/2015	3/21/2017	Mildmay Uganda Did Not Always Manage the President's Emergency Plan for AIDS Relief Funds in Accordance With Award Requirements https://oig.hhs.gov/oas/reports/region4/41504039.asp	Closed; recommendations implemented
1/5/2016	3/28/2017	Federal Manufacturing Programs U.S. Manufacturing: Federal Programs Reported Providing Support and Addressing Trends https://www.gao.gov/products/GAO-17-240	Closed; no recommendations
3/23/2016	4/13/2017	Highly Pathogenic Avian Influenza Avian Influenza: USDA Has Taken Actions to Reduce Risks but Needs a Plan to Evaluate Its Efforts https://www.gao.gov/products/GAO-17-360	Closed; no recommendations
11/10/2011	4/17/2017	Infection Control Practices for Blood-Borne Pathogens Patient Safety: HHS Has Taken Steps to Address Unsafe Injection Practices, but More Action Is Needed https://www.gao.gov/products/GAO-12-712	Closed; recommendations implemented
4/27/2016	4/25/2017	Agencies' Vulnerability to Fraud, Waste and Abuse with Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Small Business Research Programs: Additional Actions Needed to Implement Fraud, Waste, and Abuse Prevention Requirements https://www.gao.gov/products/GAO-17-337	Closed; no recommendations
7/15/2015	5/1/2017	CMS Validation of Hospital-Submitted Quality Reporting Data	Closed; no recommendations

Start Date	Complete Date	Title	Status
		CMS Validated Hospital Inpatient Quality Reporting Program Data, But Should Use Additional Tools to Identify Gaming https://oig.hhs.gov/oei/reports/oei-01-15-00320.asp	
12/22/2015	5/4/2017	Youth with Autism: Federal Agencies Should Take Additional Action to Support Transition-Age Youth https://www.gao.gov/products/GAO-17-352	Closed; no recommendations
4/14/2016	5/22/2017	CDC Generally Met Its Inspection Goals for the Federal Select Agent Program; However, Opportunities Exist To Strengthen Oversight https://oig.hhs.gov/oei/reports/oei-04-15-00430.asp	
6/20/2016	5/23/2017	Emerging Infectious Disease: Actions Needed to Address the Challenges of Responding to Zika Virus Disease Outbreaks http://www.gao.gov/products/GAO-17-445	Closed; recommendations implemented
10/6/2017	5/25/2017	Effectiveness of USMMA's Sexual Assault Prevention and Response Program DOT https://www1.oig.dot.gov/sites/default/files/USMMA%20Sexual%20Assault%20Prevention%20and%20Response%20Program%20Announcement%20Letter%20Final%2005-25-17.pdf	Closed; no recommendations
9/1/2016	5/31/2017	Internet of Things: Communities Deploy Projects by Combining Federal Support with Other Funds and Expertise https://www.gao.gov/products/GAO-17-570	Closed; no recommendations
7/14/2016	5/31/2017	Compliance with SBIR and STTR Spending and Certain Requirements for Fiscal Year 2015 Small Business Research Programs: Most Agencies Met Spending Requirements, but DOD and EPA Need to Improve Data Reporting https://www.gao.gov/products/GAO-17-453	Closed; no recommendations
12/1/2015	6/9/2017	Management and Development for Health Did Not Always Manage the President's Emergency Plan for AIDS Relief Funds in Accordance with Award Requirements https://oig.hhs.gov/oas/reports/region4/41604045.asp	Closed; recommendations implemented
6/13/2016	6/20/2017	Ariel Foundation Against Pediatric AIDS Managed and Expended the President's Emergency Plan for AIDS Relief Funds in Accordance with Award Requirements https://oig.hhs.gov/oas/reports/region4/41604052.asp	Closed; no recommendations
12/21/2016	6/26/2017	Public Summary Report: Readiness of CDC's Strategic National Stockpile Could Be at Risk in Case of a Public Health Emergency https://oig.hhs.gov/oas/reports/region4/41603554.asp	Closed; recommendations implemented
11/21/2016	7/8/2017	Open Innovation: Executive Branch Developed Resources to Support Implementation, but Guidance Could Better Reflect Leading Practices https://www.gao.gov/products/GAO-17-507	Closed; no recommendations
5/15/2016	7/26/2017	Drug Control Policy: Information on Status of Federal Efforts and Key Issues for Preventing Illicit Drug Use https://www.gao.gov/products/GAO-17-766T	Closed; no recommendations

Start Date	Complete Date	Title	Status
4/1/2014	8/1/2017	Climate Change: HHS Could Take Further Steps to Enhance Understanding of Public Health Risks https://www.gao.gov/products/GAO-16-122	Closed; no recommendations
12/11/2015	8/10/2017	The Ministry of Health and Social Welfare National AIDS Control Program Did Not Always Manage and Expend PEPFAR Funds in Accordance With Award Requirements https://oig.hhs.gov/oas/reports/region4/41604044.asp	Closed; recommendations implemented
9/7/2016	8/10/2017	World Trade Center Health Program: Improved Oversight Needed to Ensure Clinics Fully Address Mandated Quality Assurance Elements https://www.gao.gov/products/GAO-17-676	Closed; recommendations implemented
11/15/15	8/24/2017	CIGIE Cross-Cutting Initiative on the Disaster Relief Appropriations Act https://www.ignet.gov/sites/default/files/files/Disaster_Relief_Appropriations_Act_2016-FW-1007.pdf	Closed; no recommendations
2/22/2016	8/26/2017	Low-Dose Radiation: Interagency Collaboration on Planning Research Could Improve Information on Health Effects https://www.gao.gov/products/GAO-17-546	Closed; no recommendations
10/20/2016	9/7/2017	Centers for Disease Control and Prevention: Use of Special Interest Projects to Fund Prevention Research Centers https://www.gao.gov/products/GAO-17-693	Closed; no recommendations
9/26/2016	9/14/2017	Youth Sports Access and Participation K-12 Education: High School Sports Access and Participation https://www.gao.gov/products/GAO-17-754R	Closed; no recommendations
7/8/2016	9/19/2017	Personal Firearms: Programs that Promote Safe Storage and Research on Their Effectiveness https://www.gao.gov/products/GAO-17-665	Closed; no recommendations
4/27/2016	10/5/2017	Faith-Based Grantees: Few Have Sought Exemptions from Nondiscrimination Laws Related to Religious-Based Hiring https://www.gao.gov/products/GAO-18-164	Closed; no recommendations
11/10/2016	10/6/2017	Prescription Opioids: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm https://www.gao.gov/products/gao-18-15	Closed; no recommendations
8/9/2016	10/11/2017	Biodefense: Federal Efforts to Develop Biological Threat Awareness https://www.gao.gov/products/GAO-18-155	Closed; no recommendations
8/2/2016	10/18/2017	DOD Emerging Contaminants Program Drinking Water: DOD Has Acted on Some Emerging Contaminants but Should Improve Internal Reporting on Regulatory Compliance https://www.gao.gov/products/GAO-18-78	Closed; no recommendations
7/2016	10/19/2017	High-Containment Laboratories: Coordinated Actions Needed to Enhance the Select Agent Program's Oversight of Hazardous Pathogens https://www.gao.gov/products/GAO-18-145	Closed, recommendations implemented

Start Date	Complete Date	Title	Status
3/8/2017	11/9/2017	Child Well-Being: Key Considerations for Policymakers, Including the Need for a Federal Cross-Agency Priority Goal https://www.gao.gov/products/GAO-18-41SP	Closed; no recommendations
6/12/2017	11/15/2017	Foreign Assistance: Better Guidance for Strategy Development Could Help Agencies Align Their Effort https://www.gao.gov/products/GAO-18-499	Closed; no recommendations
10/14/2016	11/15/2017	Commercial Aviation: Pilots' and Flight Attendants' Exposure to Noise Aboard Aircraft https://www.gao.gov/products/GAO-18-109R	Closed; no recommendations
7/8/2016	12/14/2017	Commercial Fishing Vessels: More Information Needed to Improve Classification Implementation https://www.gao.gov/products/GAO-18-16	Closed; CDC recommendations implemented
1/11/2017	12/18/2017	Sexual Violence: Actions Needed to Improve DOD's Efforts to Address the Continuum of Unwanted Sexual Behaviors https://www.gao.gov/products/GAO-18-33	Follow-up on Recommendations Underway
2/17/2015	1/1/2018	As Funding for BPA Research Increased, NIEHS Followed Its Peer Review Process While Also Exercising Its Discretion	Closed; no recommendations
4/8/2016	1/5/2018	Medicaid Assisted Living Services: Improved Federal Oversight of Beneficiary Health and Welfare is Needed https://www.gao.gov/products/GAO-18-179	Closed; no recommendations
12/7/2016	1/10/2018	Information Technology: Agencies Need to Involve Chief Information Officers in Reviewing Billions of Dollars in Acquisitions https://www.gao.gov/products/gao-18-42	Closed; no recommendations
10/31/2016	1/11/2018	Independent Attestation Review: Centers for Disease Control and Prevention Fiscal Year 2017 Detailed Accounting Submission and Performance Summary Report for National Drug Control Activities and Accompanying Required Assertions https://oig.hhs.gov/oas/reports/region3/31800355.asp	Closed, no recommendations
11/3/2017	1/18/2018	Buy American Act: Actions Needed to Improve Exception and Waiver Reporting and Selected Agency Guidance https://www.gao.gov/products/GAO-19-17	Closed; no recommendations
8/5/2016	1/19/2018	Substance-Affected Infants: Additional Guidance Would Help States Better Implement Protections for Children https://www.gao.gov/products/GAO-18-196	Closed; no recommendations
5/15/2018	1/21/2018	Small Business Innovation Research: Few Agencies Made Awards to Small Businesses Majority-Owned by Multiple Venture Capital Operating Companies, Hedge Funds, or Private Equity Firms https://www.gao.gov/products/GAO-19-205R	Closed; no recommendations
8/14/2017	1/29/2018	Health Resources and Services Administration: Efforts to Help Ensure Health Center Compliance with Prohibitions on the Use of Federal Funds for Certain Abortions https://www.gao.gov/products/GAO-18-508R	Closed; no recommendations

Start Date	Complete Date	Title	Status
4/28/2017	1/31/2018	Benchmarks to Assess the Success of Small Business in Commercializing Technologies Developed through the SBIR and STTR Programs Small Business Research Programs: Agencies Need to Take Steps to Assess Progress Toward Commercializing Technologies https://www.gao.gov/products/GAO-18-207	Closed; no recommendations
1/14/2014	1/31/2018	The Centers for Disease Control and Prevention Did Not Award President's Emergency Plan for AIDS Relief Funds for 2013 in Compliance With Applicable HHS Policies https://oig.hhs.gov/oas/reports/region4/41404021.asp	Closed; recommendations implemented
5/2/2017	2/13/2018	The Association for Public Health Laboratories Managed Global Health Security Agenda Funds in Accordance With Federal Requirements https://oig.hhs.gov/oas/reports/region4/41702004.asp	Closed; no recommendations
1/19/2017	3/6/2018	Health Care Funding: Federal Obligations to and Expenditures by Selected Organizations Involved in Health-Related Activities, Fiscal Years 2013-2015 https://www.gao.gov/products/GAO-18-204R	Closed; no recommendations
4/20/2016	3/9/2018	Physician Workforce: HHS Needs Better Information to Comprehensively Evaluate Graduate Medical Education Funding https://www.gao.gov/products/GAO-18-240	Closed; no recommendations
11/21/2016	3/14/2018	Aurum Institute Generally Managed and Expended the President's Emergency Plan for AIDS Relief Funds in Accordance With Award Requirements https://oig.hhs.gov/oas/reports/region4/41701003.asp	Closed; recommendations implemented
11/4/2016	3/14/2018	Aurum Institute Generally Managed and Expended the President's Emergency Plan for AIDS Relief Funds in Accordance With Award Requirements https://oig.hhs.gov/oas/reports/region4/41701003.asp	Closed, recommendations implemented
9/2/2016	3/19/2018	Food Safety: USDA Should Take Further Action to Reduce Pathogens in Meat and Poultry Products https://www.gao.gov/products/GAO-18-272	Closed; no recommendations
5/1/2017	3/22/2018	Federal Real Property: Agencies Make Some Use of Telework in Space Planning but Need Additional Guidance https://www.gao.gov/products/GAO-18-319	Closed; no recommendations
2/7/2017	3/28/2018	Ebola Recovery: USAID Has Initiated or Completed Most Projects, but a Complete Project Inventory Is Still Needed for Evaluating Its Efforts https://www.gao.gov/products/GAO-18-350	Closed; no recommendations
3/17/2017	3/29/2018	Illicit Opioids: While Greater Attention Given to Combating Synthetic Opioids, Agencies Need to Better Assess their Efforts https://www.gao.gov/products/GAO-18-205	Closed; no recommendations

Start Date	Complete Date	Title	Status
5/10/2016	4/18/2018	Workplace Safety and Health: Better Outreach, Collaboration, and Information Needed to Help Protect Workers at Meat and Poultry Plants https://www.gao.gov/products/GAO-18-12	Closed; recommendations implemented
8/16/2017	5/9/2018	Working Capital Fund (No report)	Closed; no recommendations
2/9/2018	5/14/2018	Zika Supplemental Funding: Status of HHS Agencies' Obligations, Disbursements, and the Activities Funded https://www.gao.gov/products/GAO-18-389	Closed; no recommendations
7/5/2017	5/24/2018	Infectious Disease Threats: Funding and Performance of Key Preparedness and Capacity-Building Programs https://www.gao.gov/products/GAO-18-362	Closed; no recommendations
5/8/2017	5/31/2018	Animal Welfare in Federal Research Facilities Animal Use in Federal Research: Agencies Share Information, but Reporting and Data Quality Could Be Strengthened https://www.gao.gov/products/GAO-18-459	Closed; no recommendations
5/5/2017	6/19/2018	Lead Paint in Housing: HUD Should Strengthen Grant Processes, Compliance Monitoring, and Performance Assessment https://www.gao.gov/products/GAO-18-394	Closed; no recommendations
6/1/2017	7/12/2018	Biological Select Agents and Toxins: Actions Needed to Improve Management of DOD's Biosafety and Biosecurity Program https://www.gao.gov/products/GAO-18-422	Closed; no recommendations
8/1/2017	8/13/2018	Grants Workforce: Actions Needed to Ensure Staff Have Skills to Administer and Oversee Federal Grants https://www.gao.gov/products/GAO-18-491	Closed; no recommendations
7/5/2018	9/5/2018	Animal Use in Research: Federal Agencies Should Assess and Report on Their Efforts to Develop and Promote Alternatives https://www.gao.gov/products/GAO-19-629	Closed; no recommendations
5/25/2017	9/13/2018	Medicaid: Access to Health Care for Low-Income Adults in States with and without Expanded Eligibility https://www.gao.gov/products/GAO-18-607	Closed; no recommendations
3/29/2018	9/26/2018	Opioid Crisis: Status of Public Health Emergency Authorities https://www.gao.gov/products/GAO-18-685R	Closed; no recommendations
12/17/2014	10/16/2018	Hospital Preparedness and Response to High-Risk Infectious Diseases Hospitals Reported Improved Preparedness for Emerging Infectious Diseases After the Ebola Outbreak https://oig.hhs.gov/oei/reports/oei-06-15-00230.asp	Closed; recommendations implemented
10/14/2015	10/30/2018	Review on Merit-Based Pre-Award Grant Process Grants Management: Selected Agencies Should Clarify Merit-Based Award Criteria and Provide Guidance for Reviewing Potentially Duplicative Awards https://www.gao.gov/products/GAO-17-113	Closed; no recommendations

Start Date	Complete Date	Title	Status
10/2/2017	10/30/2018	The Centers for Disease Control and Prevention's Namibia Office Implemented Our Prior Audit Recommendations https://oig.hhs.gov/oas/reports/region4/41801008.asp	Closed; recommendations implemented
5/24/2017	11/2/2018	Working Children: Federal Injury Data and Compliance Strategies Could Be Strengthened https://www.gao.gov/products/GAO-19-26	Closed; no recommendations
5/24/2017	11/2/2018	Child Labor in Agricultural and Non-Agricultural Occupations Working Children: Federal Injury Data and Compliance Strategies Could Be Strengthened https://www.gao.gov/products/GAO-19-26	Closed; no recommendations
4/6/2018	11/07/2018	The Centers for Disease Control and Prevention Has Controls and Strategies To Mitigate Hurricane Preparedness and Response Risk https://oig.hhs.gov/oas/reports/region4/41802014.asp	Closed; no recommendations
7/5/2017	11/15/2018	Agent Orange: Actions Needed to Improve Accuracy and Communication of Information on Testing and Storage Locations https://www.gao.gov/products/GAO-19-24	Closed; no recommendations
2/22/2018	11/19/2018	Asbestos in GSA Buildings: Improved Data Would Enhance Oversight https://www.gao.gov/products/GAO-19-45R	Closed; no recommendations for CDC
11/9/2017	11/20/2018	Federal Workforce: Opportunities Exist for OPM to Further Innovation in Performance Management https://www.gao.gov/products/GAO-19-35	Closed; no recommendations
12/7/2016	11/29/2018	Federal Budget: Government-Wide Inventory of Accounts with Spending Authority and Permanent Appropriations, Fiscal Years 1995 to 2015 https://www.gao.gov/products/GAO-19-36	Closed; no recommendations
3/1/2106	12/4/2018	OIG Review of NIH Select Agents The National Institutes of Health Generally Complied With Federal Requirements for the Preparation and Receipt of Select Agent Shipments https://oig.hhs.gov/oas/reports/region3/31500354.asp	Closed; no recommendations
5/11/2018	12/20/2018	Information Security: Significant Progress Made, but CDC Needs to Take Further Action to Resolve Control Deficiencies and Improve its Program https://www.gao.gov/products/GAO-19-70	Closed; no recommendations
7/27/2018	1/31/2019	Letter to Office of Management and Budget Director to Meet Requirements of Government Charge Card Abuse Prevention Act of 2012 Regarding Agency Progress Implementing Recommendations on Charge-Card-Related Findings https://oig.hhs.gov/oas/reports/region4/41806225.pdf	Closed; no recommendations
8/29/2016	2/08/2019	CDC Reimbursed Contractors for Some Unallowable World Trade Center Health Program Administrative Costs https://oig.hhs.gov/oas/reports/region2/21602012.asp	Closed; recommendations implemented

Start Date	Complete Date	Title	Status
12/11/2017	2/21/2019	Advance Care Planning: Selected States' Efforts to Educate and Address Access Challenges https://www.gao.gov/products/GAO-19-231	Closed; no recommendations
12/7/2017	2/25/2019	Although the Centers for Disease Control and Prevention Resolved Nearly All Audit Recommendations, It Did Not Always Do So in Accordance With Federal Timeframe Requirements https://oig.hhs.gov/oas/reports/region7/71703226.asp	Closed; recommendations implemented
4/11/2018	3/14/2019	Grants Management: Agency Action Required to Ensure Grantees Identify Federal Contribution Amounts https://www.gao.gov/products/GAO-19-282	Closed; no recommendations
5/28/2018	3/20/2019	Recommendation Follow up: Vulnerabilities Continue To Exist in the HHS Small Business Innovation Research Program https://oig.hhs.gov/oei/reports/oei-04-18-00230.asp	Closed; recommendations implemented
2/7/2018	4/15/2019	Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program https://oig.hhs.gov/oas/reports/region9/91801001.asp	Closed; no recommendations
1/23/2018	4/25/2019	The Centers for Disease Control and Prevention's South Africa Office Generally Implemented Our Prior Audit Recommendation https://oig.hhs.gov/oas/reports/region4/41801009.asp	Closed; recommendations implemented
1/23/2018	4/25/2019	The Centers for Disease Control and Prevention's South Africa Office Generally Implemented Our Prior Audit Recommendation https://oig.hhs.gov/oas/reports/region4/41801009.asp	Closed; recommendations implemented
10/22/2017	5/13/2019	Emergency Assistance for Zika: USAID Supported Activities Overseas but Could Improve Funds Tracking and Response Planning https://www.gao.gov/products/GAO-19-356	Closed; no recommendations
5/7/2018	5/15/2019	Federal Contracting: Opportunities to Improve Compliance with Regulations and Enhance Tax Collections https://www.gao.gov/products/GAO-19-243	Closed; no recommendations
2/23/2018	5/30/2019	The University of Kentucky Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program https://oig.hhs.gov/oas/reports/region4/41802012.asp	Closed; no recommendations
3/1/2019	6/26/2019	Federal Contracting: Information on Agencies' Use of the Lowest Price Technically Acceptable Process https://www.gao.gov/products/GAO-19-691	Closed; no recommendations
3/1/2016	6/26/2019	OIG Review of FDA Select Agents The Food and Drug Administration Generally Complied With Federal Requirements for the Preparation and Receipt of Select Agent Shipments https://oig.hhs.gov/oas/reports/region3/31600354.asp	Closed; no recommendations

Start Date	Complete Date	Title	Status
11/28/2019	7/6/2019	Impact of Prescribed Opioids on Postal Service Employees Under the Federal Workers' Compensation Program https://www.uspsoig.gov/sites/default/files/document-library-files/2019/SAT-AR-19-002.pdf	Closed; no recommendations
8/23/2018	7/15/2019	Medicare: Limited Information Exists on the Effects of Synchronizing Medication Refills https://www.gao.gov/products/GAO-19-520	Closed; no recommendations
2/8/2018	7/21/2019	Food Loss and Waste: Building on Existing Federal Efforts Could Help to Achieve National Reduction Goal https://www.gao.gov/products/GAO-19-391	Closed; no recommendations
11/19/2018	7/24/2019	K-12 Education: School Districts' Efforts to Address Lead-Based Paint https://www.gao.gov/products/GAO-19-461R	Closed; no recommendations
8/2/2018	7/31/2019	Foreign Assistance: Federal Monitoring and Evaluation Guidelines Incorporate Most but Not All Leading Practices https://www.gao.gov/products/GAO-19-466	Closed; no recommendations
2/7/2018	8/8/2019	New York Achieved Program Goals For Enhancing Its Prescription Drug Monitoring Program https://oig.hhs.gov/oas/reports/region2/21802001.asp	Closed; no recommendations
7/25/2018	8/8/2019	Global Tobacco Control: U.S. Efforts Have Primarily Focused On Research and Surveillance https://www.gao.gov/products/GAO-19-533R	Closed; no recommendations
5/25/2018	8/9/2019	Obesity Drugs: Few Adults Used Prescription Drugs for Weight Loss and Insurance Coverage Varied https://www.gao.gov/products/GAO-19-577	Closed; no recommendations
11/1/2018	8/19/2019	Elder Abuse: Federal Requirements for Oversight in Nursing Homes and Assisted Living Facilities Differ https://www.gao.gov/products/GAO-19-599	Closed; no recommendations
1/26/2018	8/20/2019	New York Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness https://oig.hhs.gov/oas/reports/region2/21701027.asp	Closed; no recommendations
8/9/2018	8/21/2019	U.S. Personnel in Cuba: State Department Followed its Policies when Responding to Incidents but Should Correct Gaps in its Security and Medical Policies (Classified)	Closed; no recommendations
2/8/2018	9/9/2019	Date Labels on Packaged Foods: USDA and FDA Could Take Additional Steps to Reduce Consumer Confusion https://www.gao.gov/products/GAO-19-407	Closed; no recommendations
8/21/2017	9/13/2019	Adolescent and Young Adult Substance Use: Federal Grants for Prevention, Treatment, and Recovery Services and for Research https://www.gao.gov/products/GAO-18-606	Closed; no recommendations
6/26/2018	9/13/2019	Disaster Response: Federal Assistance and Selected States and Territory Efforts to Identify Deaths from 2017 Hurricanes https://www.gao.gov/products/GAO-19-486	Closed; no recommendations

Start Date	Complete Date	Title	Status
4/7/14	9/20/2019	North Carolina Department of Health and Human Services Did Not Always Claim Costs Under CDC Prevention and Public Health Fund Awards in Accordance with Federal Requirements https://oig.hhs.gov/oas/reports/region4/41404028.asp	Closed; recommendations implemented
7/8/2018	9/20/2019	Disaster Response: HHS Should Address Deficiencies Highlighted by Recent Hurricanes in the U.S. Virgin Islands and Puerto Rico https://www.gao.gov/products/GAO-19-592	Closed; no recommendations
6/15/2017	9/24/2019	Native American Youth: Involvement in Justice Systems and Information on Grants to Help Address Juvenile Delinquency https://www.gao.gov/products/GAO-18-591	Closed; no recommendations
9/4/2018	10/11/2019	Childhood Obesity Research Demonstration: Efforts to Identify Effective Strategies for Low-Income Children https://www.gao.gov/products/GAO-20-30	Closed; no Recommendations
2/28/2018	10/16/2019	Natural Gas Storage: Actions Needed to Assess Inspection Workload and Progress toward Safety Outcomes https://www.gao.gov/products/GAO-20-167	Closed; no recommendations
11/20/2017	10/16/2019	Environmental Justice: Federal Efforts Need Better Planning, Coordination, and Methods to Assess Progress https://www.gao.gov/products/GAO-19-543	Closed; no recommendations
2/28/2018	10/16/2019	National Gas Storage: Actions Needed to Assess Inspection Workload and Progress toward Safety Outcomes https://www.gao.gov/products/GAO-20-167	Closed; no recommendations for CDC
5/23/2018	11/18/2019	Superfund: EPA Should Take Additional Actions to Manage Risks from Climate Change https://www.gao.gov/products/GAO-20-73	Closed; no recommendations
1/23/2018	11/21/2019	Federal Research: Additional Actions Needed to Improve Public Access to Research Results https://www.gao.gov/products/GAO-20-81	Closed; no recommendations
3/19/2019	12/18/2019	Drug Control: The Office of National Drug Control Policy Should Develop Key Planning Elements to Meet Statutory Requirements https://www.gao.gov/products/GAO-20-124	Closed; no recommendations
7/10/2018	2/7/2019	Research and Development of CDC Award Process for PEPFAR Cooperative Agreements (No report)	Closed; no recommendations
6/26/2018	1/9/2020	Social Security Disability: Action Needed to Help Agency Staff Understand and Follow Policies Related to Prescription Opioid Misuse https://www.gao.gov/products/GAO-20-120	Closed; no recommendations for CDC
10/23/2018	1/23/2020	VA Health Care: Improved Communication about Available Data Needed to Enhance the HIV Screening Process https://www.gao.gov/products/GAO-20-186	Closed; no recommendations
10/23/2018	1/23/2020	VA Health Care: Improved Communication about Available Data Needed to Enhance the HIV Screening Process https://www.gao.gov/products/GAO-20-186	Closed; no recommendations for CDC

Start Date	Complete Date	Title	Status
4/21/2017	1/29/2020	Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp	Closed; no recommendations
3/19/2019	1/29/2020	Drug Control: Actions Needed to Ensure Usefulness of Data on Suspicious Opioid Orders https://www.gao.gov/products/GAO-20-118	Closed; no recommendations
2/12/2019	2/12/2020	Child Welfare: Increased Guidance and Collaboration Needed to Improve DOD's Tracking and Response to Child Abuse https://www.gao.gov/products/GAO-20-110	Closed; no recommendations
2/112016	2/19/2020	Public Health Information Technology: HHS Has Made Little Progress toward Implementing Enhanced Situational Awareness Network Capabilities https://www.gao.gov/products/GAO-17-377	Closed; recommendations implemented
11/13/2018	2/19/2020	National Biodefense Strategy: Additional Efforts Would Enhance Likelihood of Effective Implementation https://www.gao.gov/products/GAO-20-273	Closed; no recommendations
11/8/2018	3/12/2020	Maternal Mortality: Trends in Pregnancy-Related Deaths and Federal Efforts to Reduce Them https://www.gao.gov/products/GAO-20-248	Closed; no recommendations
4/17/2018	3/18/2020	Global Health Assistance: Awardees' Declinations of U.S. Planned Funding Due to Abortion-Related Restrictions https://www.gao.gov/products/GAO-20-347	Closed; no recommendations
5/10/2019	3/24/2020	Risk Assessment of HHS' Grant Closeout Process https://oig.hhs.gov/oas/reports/region4/41908072.asp	Closed; no recommendations
11/13/2018	4/3/2020	Temporary Protected Status: Steps Taken to Inform and Communicate Secretary of Homeland Security's Decisions https://www.gao.gov/products/GAO-20-134	Closed; no recommendations
3/23/2020	4/3/2020	Hospital Experiences Responding to the COVID-19 Pandemic: Results of a National Pulse Survey March 23-27, 2020 https://oig.hhs.gov/oei/reports/oei-06-20-00300.asp	Closed; no recommendations
9/16/2019	4/21/2020	Higher Education: Approaches and Strategies Used in College Campus Surveys on Sexual Violence https://www.gao.gov/products/GAO-20-351	Closed; no recommendations
4/7/2015	4/22/2020	Hospitals Reported Improved Preparedness for Emerging Infectious Diseases After the Ebola Outbreak https://www.oig.hhs.gov/oei/reports/oei-06-15-00230.asp	Closed; recommendations implemented
7/30/2015	5/1/2020	Female Genital Mutilation/Cutting: Existing Federal Efforts to Increase Awareness Should Be Improved https://www.gao.gov/products/GAO-16-645	Closed; recommendations implemented
12/7/2017	7/1/2020	Audit of CDC Recommendations https://oig.hhs.gov/oas/reports/region7/71703226.asp	Closed; recommendations implemented

Start Date	Complete Date	Title	Status
8/2/2019	7/18/2020	Public Health Preparedness: HHS Should Take Actions to Ensure It Has an Adequate Number of Effectively Trained Emergency Responders https://www.gao.gov/products/GAO-20-525	Closed; no recommendations
7/26/2019	07/14/2020	Southwest Border: CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths https://www.gao.gov/products/GAO-20-536	Closed; no recommendations
5/14/2020	7/29/2020	COVID-19 Contract Obligations https://www.gao.gov/products/GAO-20-632	Closed; no recommendations
5/21/2020	7/30/2020	Covid-19: Data Quality and Considerations for Modeling and Analysis https://www.gao.gov/products/GAO-20-635SP	Closed; no recommendations
8/5/2019	7/31/2020	Survivors of Childhood Cancer: Factors Affecting Access to Follow-up Care https://www.gao.gov/products/GAO-20-636R	Closed; no recommendations
1/29/2019	8/10/2020	Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers https://www.gao.gov/products/GAO-20-434	Closed; no recommendations
10/15/2018	08/06/2020	Native American Youth: Agencies Incorporated Almost All Leading Practices When Assessing Grant Programs That Could Prevent or Address Delinquency https://www.gao.gov/products/GAO-20-600	Closed; no recommendations
6/9/2020	8/31/2020	COVID-19: Brief Update on Initial Federal Response to the Pandemic 60-Day August Report https://www.gao.gov/products/GAO-20-708	Closed; no recommendations

Attachment G: CDC's Regulatory Authorities

Regulatory Authority	Statutory Authority	Title of Regulation
42 CFR Part 7	Sec. 215, 58 Stat. 690, as amended (42 U.S.C. 216); title V of the Independent Offices Appropriations Act of 1952 (31 U.S.C. 9701); and secs. 301(a) and 352 of the Public Health Service Act, as amended (42 U.S.C. 241(a) and 263).	Distribution of Reference Biological Standards and Biological Preparations
42 CFR Part 34	42 U.S.C. 252; 8 U.S.C. 1182 and 1222	Medical Examination of Aliens
42 CFR Part 37	Sec. 203, 83 Stat. 763; 30 U.S.C. 843.	Specifications for Medical Examinations of Coal Miners
42 CFR Part 70	Secs. 215 and 311 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 216, 243); section 361-369, PHS Act, as amended (42 U.S.C. 264-272); 31 U.S.C. 9701.	Interstate Quarantine
42 CFR Part 71	Secs. 215 and 311 of Public Health Service (PHS) Act as amended (42 U.S.C. 216, 243); secs. 361-369, PHS Act, as amended (42 U.S.C. 264-272).	Foreign Quarantine
42 CFR Part 73	42 U.S.C. 262a; sections 201-204, 221 of Title II of Public Law107-188; 116 Stat.637	Select Agents and Toxins
42 CFR Part 81	42 U.S.C. 7384n(c); EO 13179, 65 FR 77487, 3 CFR, 2000 Comp., p. 321	Guidelines for the Probability of Causation under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000
42 CFR Part 82	42 U.S.C. 7384n(d) and (e); EO 13179, 65 FR 77487, 3 CFR, 2000 Comp., p. 321	Methods for Conducting Dose Reconstruction under EEOICPA 2000
42 CFR Part 83	42 U.S.C. 7384q; EO 13179, 65 FR 77487, 3 CFR, 2000 Comp., p. 321	Procedures for Designating Classes of Employees as members of the Special Exposure Cohort under EEOICPA 2000
42 CFR Part 84	29 U.S.C. 651 *et seq.*; 30 U.S.C. 3, 5, 7, 811, 842(h), 844.	Approval of Respiratory Protective Devices
42 CFR Part 85	Sec. 8(g), 84 Stat. 1600; 29 U.S.C. 657(g) and sec. 508, 83 Stat. 803; 30 U.S.C. 957	Requests for Health Hazard Evaluations
42 CFR Part 85a	Sec. 8(g), 84 Stat. 1600; 29 U.S.C. 657(g) and sec. 508, 83 Stat. 803; 30 U.S.C. 957	Occupational Safety and Health Investigations of Places of Employment
42 CFR Part 86	Sec. 8(g), 84 Stat. 1600, 29 U.S.C. 657(g); sec. 21(a), 84 Stat. 1612, 29 U.S.C. 670(a)	Grants for Educational Programs in Occupational Safety and Health
42 CFR Part 87	Sec. 8(g), 84 Stat. 1600 (29 U.S.C. 657(g), sec. 508, 83 Stat. 803 (30 U.S.C. 957)	NIOSH Research and Demonstration Project
42 CFR Part 88	42 U.S.C. 300mm-300mm-61, Pub. L. 111-347, 124 Stat. 3623, as amended by Pub. L. 114-113, 129 Stat. 2242.	World Trade Center Health Program

Regulatory Authority	Statutory Authority	Title of Regulation
42 CFR Part 90	42 U.S.C. 9604(i); 42 U.S.C. 6939a(c)	Health Assessments and Health Effects Studies of Hazardous Substances, Releases and Facilities
42 CFR Part 493	Sec. 353 of the Public Health Service Act, (42 U.S.C. 263a)	Clinical Laboratory Improvement Amendments of 1988: Laboratory Requirements

Attachment H: List of testimony since 2017

Date	Testimony Title	Witness	Committee
3/21/2017	Fentanyl: The Next Wave of the Opioid Crisis	Deb Houry, MD, MPH	House Energy and Commerce Subcommittee on Oversight and Investigations
5/23/2017	U.S. Public Health Response to the Zika Virus: Continuing Challenges	Lyle Petersen, MD, MPH	House Energy and Commerce Subcommittee on Oversight and Investigations
10/5/2017	The Federal Response to the Opioid Crisis	Deb Houry, MD, MPH	Senate Health, Education, Labor, and Pensions Committee
10/24/2017	2017 Hurricane Response	RADM Stephen C. Redd, MD	House Energy and Commerce Subcommittee on Oversight and Investigations
10/25/2017	Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives	RADM, Anne Schuchat, MD	House Energy and Commerce Committee
11/2/2017	Oversight of Hazardous Pathogens under the Federal Select Agent Program	Samuel Edwin, PhD	House Energy and Commerce Subcommittee on Oversight and Investigations
12/5/2017	Addressing the Opioid Crisis in America: Prevention, Treatment, and Recovery	Debra Houry, MD, MPH	Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
1/17/2018	Facing 21st Century Public Health Threats: Our Nation's Preparedness and Response Capabilities	RADM Stephen C. Redd, MD	Senate Health, Education, Labor, and Pensions Committee
3/8/2018	U.S. Public Health Preparedness for and Response Efforts to Seasonal Influenza	RADM, Anne Schuchat, MD	House Energy and Commerce Subcommittee on Oversight and Investigations
3/21/2018	Combating the Opioid Crisis: Prevention and Public Health Solutions	RADM, Anne Schuchat, MD	House Energy and Commerce Subcommittee on Health
6/6/2018	Examining the Reauthorization of the Pandemic and All-Hazards Preparedness Act	RADM Stephen C. Redd, MD	House Energy and Commerce Subcommittee on Health
6/15/2018	The State of U.S. Public Health Biopreparedness: Responding to Biological Attacks, Pandemics, and Emerging Infectious Disease Outbreaks	RADM Anne Schuchat, MD	House Energy and Commerce Subcommittee on Oversight and Investigations
6/19/2018	A Public Health Approach to Alzheimer's Disease	Lisa C. McGuire, PhD	Senate Special Committee on Aging
7/12/2018	The Threat of Drug-Resistant TB in Southern Africa	Rebecca Martin, PhD	House Foreign Affairs Subcommittee on Africa, Global

Date	Testimony Title	Witness	Committee
			Health, Global Human Rights, and International Organizations
11/13/2018	The Local, State, and Federal Response to the PFAS Crisis in Michigan	Patrick Breysse, PhD, CIH	Senate Homeland Security and Governmental Affairs Subcommittee on Federal Spending Oversight and Emergency Management
2/27/2019	U.S. Public Health Response to the Measles Outbreak	Nancy Messonnier, MD (CAPT, USPHS, RET)	House Energy and Commerce Subcommittee on Oversight and Investigations
3/14/2019	U.S. Public Health Response to the Ebola Outbreak in the Democratic Republic of the Congo and Other Emerging Health Threats	Robert R. Redfield, MD	Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
3/28/2019	Examining the Federal Response to the Risks Associated with Per- and Polyfluoroalkyl Substances (PFAS)	Patrick Breysse, PhD, CIH	Senate Environment and Public Works Committee
6/4/2019	Eradicating Ebola: Building on Lessons Learned and Medical Advancements	Robert R. Redfield, MD	House Foreign Affairs Subcommittee on Africa, Global Human Rights, and International Organizations
6/20/2019	Breathless and Betrayed: What is MSHA Doing to Protect Miners from a Resurgence of Black Lung Disease?	John Howard, MD	House Education and Labor Subcommittee on Workforce Protections
7/11/2019	Identifying, Preventing, and Treating Childhood Trauma	Debra Houry, MD, MPH	House Oversight and Reform Committee
7/24/2019	Confronting Ebola: Addressing a 21st Century Global Health Crisis	Mitch Wolfe, MD, MPH (RADM, USPHS)	Senate Foreign Relations Subcommittee on Africa and Global Health Policy
9/5/2019	An Urgent Public Health Response to Tick-Borne Diseases	Lyle Petersen, MD, MPH	Senate Special Committee on Aging
9/24/2019	Don't Vape: Examining the Outbreak of Lung Disease and CDC's Urgent Warning Not to Use E-Cigarettes	Anne Schuchat, M.D. (RADM, USPHS, RET)	House Oversight and Reform Subcommittee on Economic and Consumer Policy
9/25/2019	Sounding the Alarm: The Public Health Threat of E-Cigarettes	Anne Schuchat, M.D. (RADM, USPHS, RET)	House Energy and Commerce Subcommittee on Oversight and Investigations
10/16/2019	E-cigarettes: An Emerging Threat to Public Health	Anne Schuchat, MD (RADM, USPHS, RET)	House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
11/13/2019	Examining the Response to Lung Illnesses and Rising Youth Electronic Cigarette Use	Anne Schuchat, MD (RADM, USPHS, RET)	Senate Health, Education, Labor, and Pensions Committee

Date	Testimony Title	Witness	Committee
11/20/2019	Fighting Flu, Saving Lives: Vaccine Science and Innovation	Daniel B. Jernigan, MD, MPH	House Science, Space, and Technology Committee
12/4/2019	Flu Season: U.S. Public Health Preparedness and Response	Nancy Messonnier, MD (CAPT, USPHS, RET)	House Energy and Commerce Subcommittee on Oversight and Investigations
2/27/2020	Coronavirus Disease 2019: The U.S. and International Response	Robert R. Redfield, MD	House Foreign Affairs Subcommittee on Asia, the Pacific, and Nonproliferation
3/3/2020	An Emerging Disease Threat: How the U.S. Is Responding to COVID-19, the Novel Coronavirus	Anne Schuchat, MD (RADM, USPHS, RET)	Senate Health, Education, Labor, and Pensions Committee
3/4/2020	From SARS to Coronavirus: Examining the Role of Global Aviation in Containing the Spread of Infectious Disease	Stephen C. Redd, MD (RADM, USPHS, RET)	Senate Commerce, Science, and Transportation Subcommittee on Aviation and Space
3/10/2020	Centers for Disease Control and Prevention Budget Request for FY 2021	Ileana Arias, PhD; Sherri Berger; Debra Houry, MD, MPH; Robert R. Redfield, MD	House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
3/11/2020	Coronavirus Preparedness and Response	Robert R. Redfield, MD	House Oversight and Reform Committee
3/11/2020	Confronting the Coronavirus: The Federal Response	Stephen C. Redd, MD (RADM, USPHS, RET)	House Homeland Security Committee
5/12/2020	COVID-19: Safely Getting Back to Work and Back to School	Robert R. Redfield, MD	Senate Health, Education, Labor, and Pensions Committee
5/28/2020	Examining the Federal Government's Actions to Protect Workers from COVID-19	John Howard, MD	House Education and Labor Subcommittee on Workforce Protections
6/4/2020	COVID-19 Response	Robert R. Redfield, MD	House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
6/23/2020	Oversight of the Trump Administration's Response to the COVID-19 Pandemic	Robert R. Redfield, MD	House Energy and Commerce Committee
6/30/2020	COVID-19: Update on Progress Toward Safely Getting Back to Work and Back to School	Robert R. Redfield, MD	Senate Health, Education, Labor, and Pensions Committee
7/2/2020	Review of Operation Warp Speed: Researching, Manufacturing, and Distributing a Safe and Effective Coronavirus Vaccine	Robert R. Redfield, MD	Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
7/31/2020	The Urgent Need for a National Plan to Contain the Coronavirus	Robert R. Redfield, MD	House Select Subcommittee on Coronavirus Crisis

Date	Testimony Title	Witness	Committee
9/16/2020	Review of Coronavirus Response Efforts	Robert R. Redfield, MD	Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
9/23/2020	COVID-19: An Update on the Federal Response	Robert R. Redfield, MD	Senate Health, Education, Labor, and Pensions Committee

Attachment I: Maps of CDC Campuses

CDC Facility Locations

Atlanta–Area CDC Facility Locations