ASA Research Note

OPERATIONAL RISK CHALLENGES FOR THE CDC

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ABSTRACT: This paper discusses the major operational risks facing the Centers for Disease Control and Prevention (CDC) – threats of funding cuts, and the impact of political appointments and whims. If the CDC is unable to fulfill its mandate - to protect America from health, safety and security threats, both foreign and in the U.S – the potential impacts are significant, and could span the globe.

The Centers for Disease Control and Prevention (CDC) works as part of the U.S. Department of Health and Human Services (HHS) in order to "protect America from health, safety and security threats, both foreign and in the U.S."1 The CDC's mandate has expanded from originally battling malaria to a mission that is much larger in scope, covering a wide swath of public health issues, from global pandemics to emergency preparedness. The CDC must effectively fulfill its mandate, "to increase the health security of our nation," while grappling with two major challenges – first, carrying out its duties in the face of budget cuts, and secondly, being subject to political appointments and political shifts.2 Neither of these challenges is unique to the CDC, as they are faced by many government agencies and departments, but are particularly striking in light of the crucial public health work carried out by the CDC.

Reduced Funding

In 2018, the primary challenge faced by the CDC is the increased risk of reduced funding and the impact a reduced budget would have on both operations and the ability of the agency to fulfill its mandate. The Trump Administration's proposed budget for the CDC released in February 2018 cut the CDC's budget by approximately twelve percent. The proposed budget, while setting aside money for some new initiatives, would reduce and eliminate a variety of programs including ones that cover Global Health.3 The potential decrease in funding not only increases risks to operations – having enough money and people to maintain its programs – but also raises the risk of CDC employees looking for or departing for other jobs. Additionally, other countries may choose to lower their funding commitments to Global Health initiatives, in reaction to the U.S. reducing its funding levels. In advance of Congress passing a budget, the CDC told employees
that it would likely be "discontinuing work in 39 of 49 countries where its Center for Global Health helps prevent, detect and respond to dangerous infectious disease threats." 

Ending Global Health programs would decrease the resources and preparedness required to execute a fast and efficient response to a crisis like a global pandemic. In order to have a well-deployed response to an outbreak, the necessary resources and infrastructure must already exist. Budget cuts would be "undercutting the very same programs created in response to the lessons learned after the Ebola epidemic – programs that catch and halt infectious diseases early." The CDC is meant to prepare the U.S. for the risks that come with external events like pandemics and other emergencies, something that cannot be done with a limited budget. Shuttering programs means that the next time the agency has to staff up to deal with a crisis, the staff in place would likely have less experience, and be less familiar with existing resources and procedures. Coordination across agencies and countries will be crucial for whenever the next deadly outbreak occurs; and many experts already agree, "that the world is not prepared for the next big pandemic."

**Political Appointment**

The second major challenge for the CDC is the risks that arise when its mandate and staff become entangled by politics. This is most apparent in the position of the director of the CDC - the job is a politically appointed position. Political appointees must serve long enough to be effective, and high turnover can dramatically influence the performance of a government agency. While this is a common area of risk across many governmental bodies, the unique risk for the CDC is the fact that a political appointment can have consequences for global health. Changing leadership due to a change of parties can lead to internal instability, reduced strategic direction, and inefficient reprioritization of goals.

The risk of the CDC director being a political appointee manifested in the January 2018 resignation of CDC Director Brenda Fitzgerald, a Trump appointee. Fitzgerald had “complex financial interests” that posed ongoing conflicts of interests, notably "investments in companies directly related to Fitzgerald’s work, including thousands of dollars in drug and insurance companies." The required recusal would have limited her ability to complete all of her duties as the CDC Director - Fitzgerald’s resignation came approximately six months after her appointment. The political nature of the appointment combined with the short tenure has increased the CDC’s risk of experiencing operational failures within the agency. For example, CDC policy analysts were told not to use certain, core words like ‘fetus’ and ‘transgender’ in budget documents, creating ambiguity for employees and partner organizations.

Additionally, the lack of consistent and constant leadership can lead to weakened internal controls. Internal controls that are facilitated from the top-down require a common understanding across the organization, for "[without] such an understanding, there can be significant control weaknesses." All government agencies with political appointees have to
content with this problem - the degree to which the CDC is politicized changes over time and often depends upon administrative turnover.

**Political Priorities**

The CDC must not only deal with the challenges accompanying having a politically appointed leader at the helm, they must also deal with their funding being tied to political views and goals. When an administration that does not believe in foreign outreach and aid is in charge, efforts working with other countries and prioritizing problems that emphasize overall global health will suffer. This is very clearly seen in the budget priorities set by the Trump administration, although the proposed budget was overruled by Congress. The recently passed budget bill contains another example of the risks created by political decisions. For years, the CDC was not allowed to use funds designated for injury prevention to study gun violence per the Dickey Amendment. The language in the recently passed budget bill gives the CDC the authority to conduct the research, but there is no institutional support beyond that. This is a notably politically polarized issue, and the CDC must tread carefully in order to do its work effectively, but also navigating the political demands imposed on it.

**Going Forward**

The potential impact of the CDC being unable to fulfill its mandate during the next health crisis is high, and potentially spans the globe. The CDC can try to maintain itself as a more independent, scientific agency, and look to other agencies for alternative approaches. A potential change would be adjusting the tenure of the CDC Director. In order to increase the distance from politics and maintain a level of independence, the duration of the CDC Director could be shifted to span presidential administrations, similar to the FBI Director who has a term of ten years. A longer timeframe would increase the stability of the agency, preventing leadership from changing with every presidential election. This would also increase the independence of the CDC, ideally reducing the impact of political agendas, and global partners working with the CDC would benefit from increased leadership continuity.

**Sources**

2 Ibid.


