

January 31, 2023

Honorable Joseph R. Biden  
President of the United States  
The White House  
1600 Pennsylvania Ave NW  
Washington, DC 20006

Dear President Biden,

As the mpox public health emergency draws to a close, we, the undersigned twenty-three public health, medical, and LGBTQ national organizations, are writing to express our concern regarding the nation's preparedness for future infectious disease outbreaks. Mpox was the first national novel infectious disease to test many of the systems put in place during the COVID-19 pandemic, and it offers a roadmap to prepare for the next outbreak. As organizations that were on the front line of the response effort, we want to provide our input of lessons learned and recommendations to improve the preparedness and response for the next public health crisis.

**Collaborative and Syndemic Approach by the Mpox Coordinators:** The appointment of Mr. Bob Fenton and Dr. Demetre Daskalakis to lead the White House's mpox response marked a turning point in the mpox outbreak. After the initial slow response from the federal government, their coordination efforts--including community outreach, innovative solutions, and support--elevated feedback and expedited response times and data sharing. We recommend that these coordinator roles and community-based approaches be used as models for future emergencies, but done so more quickly in future outbreaks.

**Addressing Administrative Burdens:** Providers faced hours of paperwork to acquire treatment for patients and the administration quickly streamlined the process to allow health care professionals to devote their time to patients--not paper. This was one of multiple pivots that eased administrative burdens on the ground, and we recommend that the quick action to reduce administrative burdens be used as a model to streamline and replicate the paperwork process, not only for a future crisis, but for current paperwork and other administrative burdens.

Additionally, administrative preparedness protocols and plans for accessing necessary supplies should be established and maintained for any infectious disease outbreak so that they can be activated quickly and efficiently, centering equity and providing sufficient flexibility, as different types of outbreaks will require different types of responses.

**Interagency Collaboration:** Coordinating with other federal agencies outside of HHS contributed to containing the outbreak and ensuring people had access to critical services. We recommend a thorough analysis and review be made to put in place coordination efforts and foster interagency collaboration to stem future outbreaks.

**Accurate and Honest Messaging:** As the outbreak overwhelmingly affected gay, bisexual, and other men who have sex with men, it was crucial that messaging from the federal government be accurate and honest, and not contribute to stigma. Importantly, the "right" messengers were also chosen to speak for the administration. We recommend that your administration review what made messaging and outreach efforts successful and what gaps need to be addressed in future potential outbreaks.

**Racial and Geographic Health Inequities:** Much like the COVID-19 pandemic, the mpox outbreak highlighted the racial and geographic health inequities in our nation. As mpox cases declined, African Americans accounted for 35% of cases, well above their share of the U.S. population. However, federal resources failed to address low vaccination rates in a timely fashion, leaving significant gaps in outreach and care to these vulnerable communities. We recommend that the administration prioritize preventing and resolving racial inequities at the outset of any future public health emergencies, rather than addressing them after they have already occurred or become entrenched.

**Insufficient Federal Financial Support:** A hallmark of the federal response was establishing grounds for increased flexibility within existing funds. From the time of the initial outbreak, this flexibility was not announced for 114 days, and supplemental funding awarded through the Crisis Response Cooperative Agreement was not announced until 26 weeks after the start of the outbreak, even though flexibility and additional resources were needed on an expedited basis. These delays stalled vitally needed prevention and treatment efforts, allowing the outbreak to spread, further straining the public health system.

Additionally, there was also little to no assistance available to those who operate outside of existing federal funding streams, but who were instrumental in curtailing the outbreak. STI clinics and other health care organizations exhausted their own limited funds to test, treat, and vaccinate individuals in their communities. Absent a sustained and robust federal STI clinical funding stream, these organizations were forced to divert scarce resources. Similarly, community pharmacists were not authorized to administer vaccines until much later in the outbreak, despite the administration touting the success of these providers in delivering COVID-19 vaccines.

Too many people suffered unnecessarily and the front-line organizations that responded to this outbreak exhausted their own limited funds to provide information, health care and support to their communities – only to see the White House reduce its critical needs request to Congress. This lack of support on behalf of America’s public health system undercut the very real needs of those in the field at a time when capacity and resources were stretched to the brink. We are disappointed that they did not get the timely, forceful, and tangible White House support they needed. We recommend that the administration put in place procedures that will allow it to divert funding into the field much faster in the future, and not waver in supporting the critical needs of those on the front lines.

**Federal Response for Future Outbreaks:** The federal response to the mpox outbreak represents troubling bellwethers for future outbreaks. The experiences and lessons learned from mpox demonstrate that, in spite of the successful efforts to lower the number of cases, we have emerged from yet another outbreak without having addressed the fundamental issues of an ill-equipped public health system. Those of us who redirected our own resources to respond to mpox did so in good faith; while continuing to fight against COVID-19 and to carry on our individual programs, we incorrectly assumed that the federal government would offer tangible and swift support that would ease the burden. We recommend that the administration prioritize increasing investments in our public health system. Anything less sets a disturbing precedent for what we can expect in the next public health crisis.

We look forward to working with the administration to build a vibrant public health system that has the support and resources needed to respond to and recover from public health threats and emergencies. For more information or questions, please contact Rachel Deitch, the director of federal policy for the National Coalition of STD Directors via email at [rdeitch@ncsddc.org](mailto:rdeitch@ncsddc.org).

Signed,

AIDS Foundation Chicago  
AIDS United  
American Academy of HIV Medicine  
American Association of Colleges of Nursing  
APLA Health  
Association for Professionals in Infection Control and Epidemiology  
Big Cities Health Coalition  
Community Education Group  
Council of State and Territorial Epidemiologists  
Georgia AIDS Coalition  
Great Lakes Bay Health Centers  
HealthHIV

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HIV Dental Alliance  
HIV Medicine Association  
Infectious Diseases Society of America  
NASTAD  
National Center for Lesbian Rights  
National Coalition of STD Directors  
Project Weber/RENEW  
Safer Together  
The AIDS Institute  
Treatment Action Group (TAG)  
Trust for America's Health

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