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May 4, 2007

The Honorable Michael O. Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

Last week, the Atlanta Journal-Constitution released an internal memo from the Centers for Disease Control and Prevention describing an alarming rate of vacancies among CDC's overseas positions. Because of the importance of these posts, the delays would be of concern even if they were due only to bureaucratic inefficiency. However, it appears that many of the problems are rooted in counterproductive policies or politics at your Department's Office of Global Health Affairs. Part of that office's Mission Statement is "[t]o promote the health of the world's population by advancing the Department's... global strategies and partnerships," but it appears to be slowing rather than advancing them.

There has never been a worse time for the United States to be short-staffed abroad in the area of public health. As the world becomes more interconnected, both our obligation to cooperate internationally, and the benefits we gain by doing so, are growing. I am writing to request further information and your assurance that all necessary steps will be taken to address this serious problem.

CDC's International Presence

The mission of CDC's Coordinating Office for Global Health (COGH) is "to improve health worldwide by providing leadership, coordination, and support for CDC's global health activities in collaboration with CDC's global health partners."¹ Much of the COGH's work is conducted at the agency's headquarters in Atlanta. However, a key element of the endeavor is the presence of CDC experts on the ground in countries around the world.

¹ CDC Coordinating Office for Global Health, *About Our Office* (online at www.cdc.gov/cogh/aboutus.htm).

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COGH's mission requires work on a broad array of global health challenges. For example, CDC scientists overseas advise countries receiving support from the President's Emergency Plan for AIDS Relief on epidemiology and HIV prevention. Others share expertise on women's and children's health in developing countries facing high rates of maternal and infant mortality. They also assist in the creation of laboratory and health infrastructure to strengthen health systems in developing countries worldwide.² In these and other areas, CDC experts abroad share the benefits of U.S. scientific expertise with the citizens of nations worldwide.

The citizens of the United States benefit as well when our scientists learn from their peers overseas. Furthermore, their presence across the world affords the U.S. a direct and early view of emerging or potential global health threats like SARS, extremely drug-resistant tuberculosis, and pandemic flu.

The Memo

The need for this presence would suggest that filling these positions would be a high priority for your Department. But the Atlanta Journal-Constitution reported last week that in an April 13, 2007 memo to CDC Director Julie Gerberding, COGH Director Dr. Stephen Blount wrote that only 166 of CDC's 304 overseas positions are currently filled.³

In the memo, Dr. Blount describes several major factors that contribute to delays in establishing and filling CDC positions abroad:

Prior Approval from HHS's Office of Global Health Affairs: Dr. Blount describes a process that begins when the need for an overseas position is identified, based on country plans and discussions with missions and partners agencies. The establishment of the position then must be approved by HHS's Office of Global Health Affairs (OGHA), headed by political appointee Dr. William Steiger. Review by this office causes significant delay, according to Dr. Blount, who notes that "the process could be shortened by approximately 3-4 months if CDC could report to OGHA where assignments are being made rather than having to wait for its approval of individual assignments." In fact, Dr. Blount states that this alternative "was nominally agreed to in 2005," but is not being implemented.

² CDC Coordinating Office for Global Health, *Coordinating Office for Global Health* (online at <http://www.cdc.gov/cogh/index.htm>).

³ *Global Jobs at CDC Go Unfulfilled*, Atlanta Journal-Constitution (April 26, 2007). Memo from Dr. Stephen Blount to Dr. Julie Gerberding (Apr. 13, 2007) (online at www.ajc.com/news/content/metro/stories/2007/04/25/meshcdcmemo0426.html) (The positions discussed in the memo are overseas posts for U.S. experts. Locally employed staff are not included).

Restrictive Time Limit on Overseas Posts: Dr. Blount states that OGHA's six-year limit on overseas posts limits COGH's ability to keep qualified staff in the field. He writes that OGHA makes exceptions to the time limit, but without clear criteria. Noting that the State Department permits posts of up to twelve years, he writes: "If HHS rules were the same as the State Department, we could retain more of our highly qualified staff overseas working on critical global health issues and programs. Bringing them back sooner wastes our Agency's time, energy, and money."

Difficulty Filling Positions in Certain Regions: Dr. Blount notes that COGH has had trouble filling vacancies in certain countries including Angola, Cote d'Ivoire, and Haiti. He writes that COGH has requested permission from OGHA and the Office of Personnel Management to hire non-U.S. citizens for these vacancies, but that "[t]o date HHS/OGHA has approved such assignments on an ad hoc basis only after lengthy negotiation."

Delays in Human Resource Processing: Dr. Blount describes significant delays at the Atlanta Human Resources Center (AHRC), a centralized HHS administrative office.

In addition to the challenges faced in filling CDC positions abroad, Dr. Blount describes challenges to CDC collaboration with international organizations. He notes the constraints posed by statutory time limits for CDC experts' details at international organizations, and also specifically criticizes the process by which CDC scientists are assigned to the World Health Organization. According to his description, OGHA is requiring WHO to select from among a slate of three candidates provided by CDC but transmitted through OGHA. Dr. Blount writes that this represents an incorrect OGHA interpretation of an agreement between HHS and WHO signed on September 8, 2006, and states that the requirements "significantly lengthen the process of selection and increase the risks of good candidates being lost while CDC waits for approvals from OGHA or WHO."

After the appearance of last week's article and memo, CDC released a web announcement titled, "CDC Makes Progress in Addressing Global Staffing Challenges."⁴ It refers to "improved efficiency" due to changes made by AHRC, but the nature and impact of these changes is unclear. In addition, there is no discussion of the OGHA policies that appear to be presenting serious difficulties to staffing and collaboration.

Ongoing OGHA Policy

This is not the first time that the Office of Global Health, under the direction of Dr. William Steiger, has effected policies that hinder global health collaboration.

⁴ CDC, *CDC Makes Progress in Addressing Global Staffing Challenges* (Apr. 27, 2007) (online at www.cdc.gov/news/2007/04/globalstaffing.html).

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In June 2004, I wrote to your predecessor Secretary Thompson regarding a letter that Dr. Steiger had sent to the WHO.⁵ The letter stated that from that time forward, instead of inviting specific experts to serve as consultants or advisors, WHO would have to request U.S. expert assistance from the Office of Global Health Affairs.⁶ WHO could “suggest” particular scientists, but OGHA would have full control over who ultimately served. According to Dr. Blount’s memo, OGHA involvement in CDC-WHO collaboration continues to cause significant delays in the process.

Dr. Steiger’s justification of such policies has remained consistent. In his June 2004 letter, Dr. Steiger noted that HHS experts are required to “serve as representatives of the U.S. Government at all times and advocate U.S. government policies.”⁷ In a statement Dr. Steiger provided to the Atlanta Journal-Constitution last week, he argued that OGHA review of CDC’s overseas positions is “necessary because these posts need to be strategic and align with both the department and the president’s goals and priorities.”⁸

Conclusion

Today’s global health challenges call for intense collaboration and sharing of expertise. They also require the international trust that is fostered by U.S. experts’ presence abroad every day. According to Dr. Blount, however, “Some positions have been delayed for so many months that our partners doubt our commitment and credibility.”

U.S. scientists are not politicians. They are highly skilled professionals who are sharing their expertise with other governments and health professionals abroad. Having a political office review each assignment — whether to CDC positions, or to international organizations — would be of concern even if this review weren’t a major hindrance to efficient staffing.

I therefore ask that you provide the following:

1. OGHA Approval of Positions:
 - a. A list of the positions for which CDC has sought OGHA approval over the past two years. For each position, please include a description of the proposed role;

⁵ Letter from Henry A. Waxman to Sec. Tommy Thompson (June 24, 2004) (online at www.oversight.house.gov/story.asp?ID=297).

⁶ Letter from Dr. William Steiger to Denis Aitken, Assistant Director-General, World Health Organization (Apr. 15, 2004).

⁷ *Id.*

⁸ *Global Jobs at CDC Go Unfulfilled*, *supra* note 3, at 8.

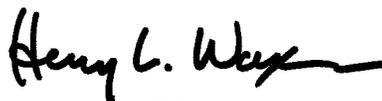
- the credentials or expertise required; the location; the date CDC submitted information to OGHA, and the date that OGHA responded to CDC.
 - b. Copies of all correspondence between CDC and OGHA regarding CDC requests for positions.
 - c. A copy of the 2005 agreement which Dr. Blount states would have permitted CDC to report to OGHA, rather than request, overseas positions.
 - d. An explanation of OGHA's failure to adhere to the 2005 agreement.
- 2. The Six-Year Time Limit:
 - a. A list of the positions for which OGHA has granted extensions of the six-year time limit on overseas posts and those for which OGHA did not grant extensions that were requested. Please include date of CDC request and date of OGHA response.
 - b. The criteria OGHA used to grant these extensions.
 - c. An explanation of any requests that OGHA denied.
- 3. Hiring Non-U.S. Citizens in Certain Regions:
 - a. A list of the positions for which OGHA has granted permission to hire non-U.S. citizens and those for which OGHA did not grant permission. Please include date of CDC request and date of OGHA response.
 - b. The criteria OGHA used to grant permission for hiring of non-U.S. citizens.
 - c. An explanation of any requests that OGHA denied.
- 4. The Atlanta Human Resources Center:
 - a. A list of steps already taken at AHRC to improve efficiency for COGH and other CDC hires.
 - b. A list of steps to be taken to further improve ARHC's ability to expedite overseas hires and other hires, with approximate dates of implementation.
- 5. Collaboration with WHO:
 - a. A copy of the September 2006 agreement between HHS and WHO with regard to joint cooperation on global health issues.
 - b. OGHA's and HHS's interpretation of the agreement and a list of steps taken to implement it.
 - c. All correspondence between CDC and HHS and between WHO and HHS relating to implementation of the September 2006 agreement.

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In addition, I request your assurance that all barriers to global health staffing and collaboration — whether bureaucratic or political — will be swiftly addressed.

I am sending a copy of this letter to CDC Director Dr. Julie Gerberding, but because the Office of Global Health Affairs is situated within the Office of the Secretary at HHS, I request a response from you, by May 16, 2007. Please call Naomi Seiler at (202) 225-5056 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Henry A. Waxman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Henry A. Waxman
Chairman

Enclosure

cc: The Honorable Julie Gerberding, M.D., M.P.H.
Director, Center for Disease Control and Prevention