



**For Immediate Release**

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## **Governor's Budget Would Turn Back the Clock on Public Health Readiness, Forgetting Lessons Learned from COVID-19 and Leaving Vulnerable Communities at Most Risk**

### ***Just One Year After Pandemic Emergency Ends, Newsom Proposes Slashing Public Health Workforce and Infrastructure Investments***

SACRAMENTO, CA — California Can't Wait, a coalition of public health officials, local leaders, frontline workers, and health equity advocates immediately sounded the alarms today after Governor Newsom released his revised May budget proposal for FY 24-25. The Governor's Administration proposes to slash \$300 million annually in public health workforce and infrastructure investments made in the wake of the devastation of the COVID-19 pandemic amidst widespread realization that disinvestment over decades had left California unprepared for the novel virus threat, with the most devastating impacts felt by BIPOC communities.

"Local public health officials are astounded that just one year after the COVID-19 public health emergency ended, the Administration has proposed repeating the same mistakes that left public health departments underprepared and under-resourced and communities of color so vulnerable," said **Michelle Gibbons, Executive Director of the County Health Executives Association of California**. "The biggest lesson of COVID-19 is that waiting until a crisis to invest in public health is a costly and deadly mistake that we can't afford to repeat."

Over the past year, Future of Public Health investments have allowed local health departments to hire more than 900 public health professionals. These are baseline investments in core public health services that are crucial to protecting the health and well-being of local communities and defending against threats of disease, including rising rates of [measles](#), [tuberculosis](#), and [congenital syphilis](#), as well as to contain any new threats.

“The California Can’t Wait Coalition will continue to fight for the life-saving resources the Governor and Legislature promised to address social determinants of health and deliver on the promise of health equity. We look forward to working with leadership in the Senate and Assembly to ensure public health investments California committed during the pandemic are not eliminated just one year after we have built up our capacity and the public health emergency ended,” **Gibbons** continued.

“California learned the hard way that neglecting public health costs lives. The day COVID-19 came to California, public health departments were woefully understaffed and ill-equipped, lacking even basic protective equipment such as N-95s. Some departments even used fax machines for disease tracking. We did not have the tools or staff we needed to protect the public or ourselves,” said **Ileana M. Meza Ward, DNP, RN, WHNP-BC, and a member of SEIU**. “But with the pandemic still in the rearview mirror and new threats looming, this budget sets us up for future catastrophe by recreating the same conditions of staff burnout and closing the pipeline of diverse professionals needed in underserved communities.”

“Public health personnel stop outbreaks in their tracks by performing contact tracing, outreach, and linkages to care. Without adequate funding to local health departments, response times will be slower, resulting in poorer health outcomes - and higher health care costs - across California,” said **Kat DeBurgh, executive director of the Health Officers Association of California**. “Public health is about more than just COVID-19; health officers work every day on tuberculosis, measles, sexually transmitted infections, avian flu, and emerging diseases - not to mention non-communicable issues such as air quality and food safety. Divesting from public health is bad policy: unwise in both the long and short-term.”

“Public health investments support vital functions like epidemiology, food safety, addressing social determinants of health and so much more,” said **Harold Goldstein, Executive Director of Public Health Advocates**. “California must not forget so soon after COVID-19 that investments in public health keep our students learning in schools, our businesses growing, and our communities thriving.”

“A thriving public health system is essential for safeguarding the well-being of our local communities and is particularly important in the rural regions of California that already face significant barriers accessing healthcare,” said **Chris Lopez, Board Chair of the Rural County Representatives of California and a Monterey County Supervisor**. “Maintaining state investment is therefore critical to strengthening our public health infrastructure and workforce, thereby ensuring greater health equity and effective response to future emergencies.”

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