Health commissioners under the Trump administration

City health commissioners look to the federal government for support, but increasingly feel they are working at cross purposes. Ted Alcorn reports.

Nearly a year into the Trump administration, many health commissioners of the largest US cities feel at odds with a federal government that is at best unconcerned with their priorities, and at worst hostile to them.

Although the Trump administration has not articulated a clear agenda for public health, the commissioners say its actions speak louder than words. Across a range of areas, from measures explicitly aimed at health to policies shaping energy production and regulating businesses, the administration has shown little regard for preventive measures shown to protect the population's wellbeing.

During the first year of his presidency, Trump's health agenda was largely defined by attempts to repeal the Affordable Care Act, and public attention focused on the proposals' impact on the number of Americans without health insurance. But health commissioners also raised concerns about language in the repeal bills that would have eliminated the US Centers for Disease Control and Prevention's (CDC's) Prevention and Public Health Fund, which accounted for 12% of the centres' total programme funding in 2016, including hundreds of millions of dollars that cities use to operate immunisation programmes and respond to disease outbreaks.

Even commissioners in politically conservative areas of the country—where budgetary austerity is a paramount concern of voters—were startled to see such foundational services on the chopping block.

Bob England, director of the health department in Maricopa County, AZ, where voters favored Trump by a 3·5% margin, told *The Lancet* that the threatened cuts were unnerving. "The potential for the loss of that [funding] scares the hell out of me", he said. "If I lose half of my immunisation money, there's no way to maintain herd immunity with that. We just won't be able to protect the public the way we do now."

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The administration's actions in other areas of policy also offer hints about its attitude towards public health. When the Environmental Protection Agency announced in October that it would abandon the Clean Power Plan instituted by the Obama administration, it justified the withdrawal largely by revising downward the expected health benefit of reductions in air pollution. Minimising the number of lives saved by tighter controls on particulate matter allowed the agency to tilt the cost-benefit analysis in favour of repeal.

In New York City, NY, the Health Department found itself squaring off against the federal government in court over local policies to combat obesity. The city recently expanded requirements that restaurants and retailers display calorie counts for food they sell, and trade groups had responded with a lawsuit. Then in August, the Food and Drug Administration filed a statement of interest in the case, opposing the city. Health Commissioner Mary Bassett told *The Lancet* that the administration's intercession caught them off guard. "The major threat to our authority was not from the industry; it was from the federal government."

In some cases, it is not action but its absence that is telling. The mounting death toll due to opioid overdose has prompted bipartisan calls for federal intervention, and a commission that Trump appointed to study the matter recommended that he declare it a national public health emergency, which would give policy makers leeway to suspend some legal strictures and ramp up their response. But in late October when he made a formal declaration, he did not indicate there would be an increase in funding. The actions listed in the plan were irrelevant or meaningless or both, according to Philadelphia Health Commissioner Tom Farley. He wrote in an email to *The Lancet*: "[The declaration] does not change my view that the Trump administration is highly unlikely to take this crisis or any other public health problem seriously."

Local health commissioners said this vacuum of leadership creates uncertainty. "You can impact us with silence, with no comment", says Zachary Thompson, director of Health and Human Services for Dallas County, TX. "We need that bully pulpit to talk about public health right along with other priorities."

Jonathan Fielding, who led the Department of Health of Los Angeles, CA, for 16 years before retiring in 2014, says the breadth of contention

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Mary Bassett, New York City health commissioner, NY, USA

today is unique. "I did see this under [the presidency of George W Bush] and it's not that there was agreement on everything between the public health community and the administration, but I think the gulf has widened considerably", he told *The Lancet*. "I never felt entirely that we were at odds with respect to priorities—but I do wonder about that now."

Pushing back

This is prompting health commissioners to consider ways to push back, whether individually or as a group. The Big Cities Health Coalition, a forum that health commissioners founded in 2002 to exchange innovations from their respective cities, has increasingly become a channel for their advocacy. With 30 signatory health departments to date, representing 55 million constituents, the coalition has coordinated responses to policy changes that adversely affects its members.

At a convening of the coalition in mid-2017, one commissioner mentioned they had received a letter from the administration abruptly curtailing a 5-year grant for teenage pregnancy prevention that was expected to operate for 2 more years. Other commissioners raised their hands to say their funding had been cut as well. Trump's budget proposal eliminated the entire US$214 million programme, which funded activities in some 80 cities. According to the coalition's director, Chrissie Juliano, some cities appealed the decision individually but the coalition also issued an open letter to Health Secretary Tom Price and drummed up media attention to the issue. Although the grant's future is still uncertain, in September, a Senate committee reintroduced language that would sustain the funding as before. "That was [the result of] a lot of people raising their voices, but to the extent that we can help our people—whether them individually or the coalition together—get on the record on [proposals that would impact public health] and really bring awareness to them, that's really part of our mission", Juliano said.

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Among the affected cities was Baltimore, MD, where that $3·5 million in funding provides crucial support for the city's systematic efforts to reduce infant mortality. The city's Health Commissioner Leana Wen told *The Lancet* that over the past year, in the face of a newly uncertain funding environment, her department has become more deliberate about elevating stories that communicate the importance of potentially vulnerable programmes. "So it's not so much that we're changing what we're doing; it's more about encouraging the people who benefit from these services to speak up."

Baltimore's Health Department has little recourse to reallocate internal funding if cuts are passed down: 80% of its $130 million budget comes directly or indirectly from the federal government. New York City's Health Department—the country's largest, with a budget of $1·6 billion and over 6000 employees—has more room to adapt. For example, the city funds its own multilingual advertising and field outreach to enrol low-income and hard-to-reach populations in health insurance exchanges. When the Trump administration ended contracts to community organisations doing similar work in 18 other cities, New York City responded by boosting the budget for its programme 50% more than the previous year, from $1·2 to $1·9 million for the 2017–18 open enrolment period.

But that is the exception. Many health departments said they run programmes that are completely reliant on federal grants, and have nothing to cushion them if support is withdrawn. Rhode Island's Department of Health is midway through a 5-year, $1 million federal grant from the CDC to prepare for the human health effects of global warming, but the state's Health Director Nicole Alexander-Scott worries that the administration's skepticism of climate change science bodes ill for the programme's future. "It's completely funded by federal dollars at this point so elimination of the programme from a federal funding standpoint means elimination of the programme", she told *The Lancet*.

In Kansas City, MO, the Department of Health is concerned about a $2·9 million, 3-year programme to identify and renovate homes with toxic concentrations of lead, protecting their residents from the deleterious effects of exposure, including impulsivity and behavioural problems that could contribute to criminality later in life. The department currently remediates 75 units annually, and is reliant on a federal grant for 90% of the funding. "To be honest, we could do ten times that level of remediation every year, so that's way underfunded as it is", Health Commissioner Rex Archer told *The Lancet*. "We'll spend the money building jails but we won't spend the money getting lead out of environments that are causing kids to end up in jail."

Whether the federal administration will cut funding for these public health activities remains to be seen, but Graham Mooney, a historian of medicine at Johns Hopkins University, in Baltimore, doesn't rule it out. He observed that the administration had threatened to cut funding to cities that do not cooperate with federal authorities on enforcement of immigration laws, and opined that a similar pattern could emerge with regard to public health. "There might be some sort of backlash to cities that make commitments to social justice in this way. We just don't know how that will play out."

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