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Eric D. Hargan, J.D.  
Acting Secretary of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Acting Secretary Hargan,

On behalf of the Presidential Advisory Council on Combating Antibiotic Resistant Bacteria (PACCARB), we wish to bring to your attention two pivotal issues which concern both veterinary and human medicine that, if left unaddressed, would undermine the collective U.S. government effort to combating antibiotic resistance. **In brief, the current federal efforts that are using One Health approaches to fight antibiotic-resistance are at risk of being undermined by significant loss or redirection of funding.**

The National Action Plan on Combating Antibiotic Resistant Bacteria (NAP) includes critical milestones that address issues related to both human and animal health. This One Health approach is crucial because the same resistant bacteria inflict harm and spread disease to both domains, as demonstrated by the fact that 6 of every 10 infectious diseases in humans are spread from animals.<sup>1</sup> The PACCARB members applaud the increases in funds during the last budget cycle in support of key programs and activities that help agencies achieve the milestones set forth in the NAP. Because of this support, researchers and educators have made critical progress to address the profound problem of antibiotic resistance and a new positive momentum has been achieved. However, PACCARB members are deeply concerned that the hard-earned gains that have been made in combating resistance may not continue, and important results of new programs that that were recently started may never be realized.

The PACCARB believes that we are at a strategic point in time for advancing our collective work to reduce antibiotic resistance, find alternatives to antibiotics, prevent infection and preserve effective antibiotics for both animal and human populations. The upcoming fiscal allocation decisions to be made may have dramatic negative impacts on the United States' ability to address antibiotic-resistance if funds are diverted from their current missions. Therefore, we propose the following:

- 1. The dedicated funding provided by U.S. Department of Agriculture's National Institute of Food and Agriculture (USDA-NIFA) to support research focused on antimicrobial-resistance in agriculture, from farm to fork, must continue.**

Much of the funding for extramural antimicrobial-resistance research in agriculture provided through the USDA-NIFA competitive grants program is about to be eliminated. In 2017, there were nearly \$11,000,000 in funds available for new integrated research grants focused on mitigating antimicrobial-resistance in agriculture. For FY 2018, this research, education, and extension integrated program has

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<sup>1</sup> CDC source available at: <https://www.cdc.gov/onehealth/>

been slated to be eliminated as a stand-alone program. **It is also possible, if not likely, that there will be an elimination of the antimicrobial-resistance research-only grant program at USDA-NIFA.**

Funding for antimicrobial resistance research through improving animal health is an incredibly important foundational step for advancing antimicrobial stewardship in the care of animals by veterinarians and caregivers. Failure to advance support for such research, and especially allowing the erosion of support in an already disproportionate funding model for animal, plant, and environmental antimicrobial-resistance issues, will adversely affect our mission to mitigate the global threat of antimicrobial resistance, while balancing the need to maintain animal health and welfare and food security. As such, the funding for antibiotic resistance research is also at risk.

**2. The 2017 funding levels for the Centers for Disease Control and Prevention (CDC) Antibiotic Resistance Solutions Initiative (ARSI) and for the Agency for Healthcare Research and Quality (AHRQ) healthcare-associated infection and antibiotic-resistance (HAI/AR) programs must be maintained or increased in 2018 and beyond.**

In the past decade, we have seen encouraging early declines in occurrences of antibiotic-resistant bacterial infections in hospitals, largely as a result of programs initiated by the CDC and AHRQ. These programs have led to much lower rates of device-related (e.g., intravenous catheter) and other healthcare-associated infections (e.g., MRSA bloodstream infections). **All of these gains will be lost if the critical mission funding for CDC and AHRQ HAI/AR programs is not maintained.** The CDC's ARSI, which funds state-level HAI/AR prevention programs, will potentially lose much of its \$163 million FY17 appropriation in 2018. Additionally, AHRQ faces a potentially significant budget cut which threatens the critical research and the implementation of HAI/AR prevention strategies.

Cuts to the CDC's ARSI funding will jeopardize the success of its numerous efforts, such as the nationwide Antibiotic Resistance Laboratory Network and investments in infrastructure to effectively detect and respond to HAI/AR occurrences. AHRQ-funded research has identified effective approaches for preventing HAI and the spread of AR, and loss of AHRQ funding would prevent translation and implementation of these strategies. All of these outcomes would negatively impact our goal of eliminating infections due to antibiotic-resistant bacteria.

The PACCARB remains diligent in its mission to combat antibiotic resistance, and will continually support federal partners allied in the One Health approach in fulfilling their milestones as set in the NAP. Your support in preserving critical funding to programs that address the spread of antibiotic resistance will help ensure the preservation of our nation's health and resilience in the face of this imminent public health threat.

Regards,

Martin J. Blaser, M.D.  
Chair

Lonnie J. King, D.V.M., M.S., M.P.A., ACVPM  
Vice Chair

cc: Sonny Perdue, D.V.M., U.S. Secretary of Agriculture  
James Mattis, U.S. Secretary of Defense