

Significant HHS Workforce Reduction and Restructuring Threaten the Nation's Fight Against Cancer

Drastic staff cuts and changes in key federal agencies could disrupt operations and jeopardize programs in all aspects of cancer prevention, diagnosis and care.

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WASHINGTON, D.C. – [On March 27], the U.S. Department of Health and Human Services (HHS) announced it will be cutting more than 10,000 jobs as part of a major restructuring that will impact operations at the U.S. Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Food and Drug Administration (FDA) and the Centers for Medicare and Medicaid Services (CMS), among other critical agencies. These changes could have dire and long-term consequences in the nation's fight against cancer.

The following is a statement from Dr. Wayne A. I. Frederick, interim chief executive officer of the American Cancer Society and the American Cancer Society Cancer Action Network (ACS CAN) and practicing cancer surgeon:

"ACS CAN acknowledges the administration's attempt to foster efficiency. However, any major changes to the federal infrastructure, programs and services must be implemented in a thoughtful way that ensures and protects progress in the fight to manage chronic diseases, including cancer. The significant staffing cuts and restructuring of agencies and operations at the U.S. Department of Health and Human Services (HHS) announced today will touch all points of the cancer continuum, from prevention to research, to treatment access and survivorship care, and could disrupt our nation's ability to develop early detection tests and treatments for the more than 200 diseases we know as cancer. The abrupt and widespread reductions could also result in future cancer breakthroughs languishing in labs while patients suffer.

"As a surgical oncologist, I have performed many surgeries for patients suffering with pancreatic cancer, a disease that has seen an increase in both incidence and mortality, where the 5-year survival rate for the most common pancreatic cancer is only 8%, and early detection remains challenging. And with more than 2 million people expected to be diagnosed with cancer in the U.S. this year alone, we can't afford to put in jeopardy the evidence-based programs and services that have long played a critical role in the cancer fight.

“Without the workforce or infrastructure necessary to execute the programs and services at the CDC, the leading public health agency could lose the ability to run the critical programs that have proven to prevent and find cancer early, when it is most treatable and survival rates are higher, as well as support cancer survivors. CDC has developed an expertise in cancer control and delivered programs that are not replicated elsewhere in order to have the broadest reach across the U.S. to impact the most people with fact-based information and interventions to help people reduce their risk of cancer.

“For the last 50 years every major medical breakthrough can be traced back to investments in the NIH, which houses the National Cancer Institute (NCI). Because of these investments, there are more than 18 million cancer survivors alive in the U.S. today, and researchers stand on the cusp of numerous innovative, new diagnostic tools and treatments. With these significant staffing changes, new innovations and cures may not see the light of day, and patients could experience disruption in access to services and clinical trials. NIH and NCI developments save lives and spur economic progress. Reducing NIH and NCI’s workforce could jeopardize the potential to save more lives while simultaneously risking our nation’s position as the global leader in medical research.

“Public servants at CMS help the almost 148 million people who have health insurance through Medicaid, including roughly 1 in 3 children with cancer, and Medicare nationwide. Reducing a workforce dedicated to providing health insurance coverage that makes it possible for individuals to see a doctor regularly, get cancer screenings and access cancer treatment or survivorship care could have life-threatening consequences.

“The FDA plays a critical role in ensuring that safe and effective drugs are available to improve the health of the people in the U.S. Eliminating positions in this agency, even non-review staff, could impact the development and approval of new drugs, leading the U.S. to lose its position as the country where cancer drugs are approved the fastest and made available first. Loss of staff will also undoubtedly impact the ability to respond to the drug shortages we are experiencing. In addition, the FDA’s enforcement authority on tobacco products could be undermined, hindering the nation’s ability to decrease use and protect younger generations from starting deadly tobacco products, the number one cause of preventable cancer death.

“Health is a national security issue, and our nation’s health infrastructure must be protected so that we continue to achieve breakthroughs to increase prevention and reduce death and suffering for people diagnosed with cancer. By letting thousands of health and human services personnel go, decades of institutional knowledge and expertise in the execution of cancer services and programs could be significantly impeded. The cumulative effect of cuts to federal health research funding and to staff at the HHS agencies will put our global leadership and our health at risk. ACS CAN urges the administration to reconsider the impact of these reductions to critical agencies on the health and wellbeing of people nationwide and our collective fight against cancer.”

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