



Chair Wiklund and Members of the Senate Health and Human Services Committee,

On behalf of the Minnesota Association of Professional Employees (MAPE) — a union representing nearly 19,000 state employees across Minnesota's agencies, boards, and commissions — I urge you to amend Senate File 2669 to include \$75 million in one-time funding for Minnesota's Department of Health infectious disease prevention infrastructure. Without this action, critical public health systems will collapse due to abrupt and unprecedented federal funding cuts.

On March 25, the federal government rescinded over \$220 million in previously approved funding for MDH, cutting it off 14 months earlier than expected. This triggered immediate layoffs — effective the same day for nearly 90 temporary staff and contractors. Roughly 200 more employees received layoff or “at risk” notices, with effective dates late this month.

Although a federal judge issued a 14-day temporary restraining order on April 3, the funding has not yet been restored, and MDH is continuing with the layoff process. There is no clear indication that the federal government will comply with the court order.

This is a public health emergency. Most of the staff being laid off are from the Infectious Disease Epidemiology, Prevention and Control Division. These are the people Minnesotans rely on to prevent outbreaks, contain disease, and protect our most vulnerable residents. Without these staff our state will be susceptible to another pandemic or an outbreak of preventable disease like we are seeing in Texas.

According to MDH these are the imminent results of the funding cuts and layoffs:

- Slower detection and response times to infectious disease outbreaks, such as measles and avian flu.
- Significantly reduced support for nursing homes, including funding for HVAC upgrades and staff training around disease prevention, as well as support for county jails and other congregate settings.
- Immediate suspension of partner-led vaccine clinics and emergency preparedness activities.
- Reduced laboratory support for hospitals and health care systems which could delay lab results and patient care.
- An inability to upgrade the Minnesota Immunization Information Connection, the state's immunization information system, which means it will remain outdated.

- Suspension of the INSPIRE Program, a program to get middle and high school students excited about and interested in public health.
- Reduced funding for Tribal Public Health.

MAPE members at MDH have spent their careers preventing harm before it happens. Now, their expertise is being discarded at a time when disease threats from measles to avian flu are rising nationally. These cuts will end the state's ability to prevent and contain outbreaks.

We urge you to act swiftly. With this appropriation, MDH can avoid further layoffs, retain subject-matter experts, and begin transitioning toward long-term funding stability. Without it, Minnesota risks losing the infrastructure and the public servants who have protected our health for decades.

Below you will find the stories of several MDH staff who have been impacted by the federal funding cut.

Sincerely,



Megan Dayton  
President  
Minnesota Association of Professional Employees (MAPE)

**Kristen Ojo, Senior Epidemiologist, Emerging Infections Unit**

*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

I work as an epidemiologist focused on congenital syphilis. If a pregnant person has syphilis and is not properly treated for syphilis during pregnancy, their newborn will need to receive specific medical care. My team uses the surveillance system called SET-NET—surveillance for emerging threats to pregnant people and their infants. I have spent the past 3.5 years learning this system of collecting data for infections during pregnancy. There is currently no funding to continue the in-depth tracking for syphilis in pregnancy. On April 15, I will either be laid off or moved to an unrelated epidemiology position. Minnesota will have fewer tools to decrease the number of congenital syphilis cases and will have lost most of the people who know how to use the SET-NET system for syphilis.

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**Mary DeLaquil, Senior Epidemiologist, Drug Overdose Epidemiology Unit**

*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

I work as the lead epidemiologist for drug overdose death data as part of the Substance Use Epidemiologist team. I am the state administrator for the State Unintentional Drug Overdose Reporting (SUDORS), and I update the monthly Fatal Drug Overdose Snapshot on the MDH website. The recent layoffs are severely impacting my team as 7 of our 11 members, including myself, received imminent layoff letters.

Without these important staff there will be significant consequences to our partners' ability to keep people alive and provide the onramps to recovery that will benefit every community across Minnesota. Overdose deaths are finally declining after years of increase, getting a better understanding of why and how they are decreasing is critical.

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**Heather Stillwell, Caregiver and Community Impact Coordinator, Children and Youth with Special Health Needs Unit**

*Children and Family Health (CFH) Division*

One in five families in Minnesota has a child with a special health need or disability. Early support reduces long-term dependencies and helps families thrive. One of my roles is building a state-wide network that helps family-led organizations work together, stretch limited resources and reach more families. Supporting family-led organizations creates stronger, more efficient systems and better outcomes for children.

These layoffs threaten the critical infrastructure that connects families to support and each other. Without coordination, families risk falling through the cracks of already complex systems.

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**Jayne Griffith, Infectious Disease Epidemiologist, Vaccine-Preventable Diseases Unit**

*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

I have worked as an infectious disease epidemiologist for nearly 25 years and have weathered many novel health threats – from the anthrax attacks in 2001, to avian influenza in 2010 and COVID. I am in the vaccine preventable diseases section, where we work to protect people from diseases like measles, mumps, pertussis (whooping cough), varicella (chicken pox) and MPOX. As vaccine hesitancy has been increasing since COVID, we are seeing increased cases and outbreaks of these diseases. We just experienced a large measles outbreak last year, and the U.S. currently has more measles cases now than all last year. An outbreak can be sparked in Minnesota at any moment.

Each measles case requires about five experienced epidemiologists assigned to work with doctors, nurses and laboratories to conduct family interviews, identify others who are

exposed, work with schools and childcare centers, arrange for post exposure prophylaxis and conduct isolation and exclusion activities.

As my unit may lose about half of our staff, and many of my colleagues throughout IDEPC who we would call upon to assist us in responding to a measles outbreak may be gone, I have no idea how we could adequately respond to a measles outbreak, or any other large vaccine preventable disease outbreak.

I, and all Minnesotans, have been blessed to live in a state that values public health. I hope we can continue to provide exceptional public health services, but that wouldn't be possible with the cuts we are facing.

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**Amy Saupe, MPH, Senior Epidemiologist, Foodborne Diseases Unit**

*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

Do you recall the large Boar's Head cheese outbreak due to Listeria last year? All the norovirus illness in Minnesota this winter? That's what I do at the Minnesota Department of Health - I'm the Listeria and norovirus prevention subject matter expert for Minnesota. I have worked on reducing and responding to these diseases for the last 14 years.

One of the things I do in my work is take calls from long-term care facilities who are struggling to control a norovirus outbreak among their residents and collaborate with them on strategies to stop the outbreak. Most norovirus deaths happen in adults over 65 with other health conditions, so these facilities are particularly vulnerable. I also develop and maintain norovirus outbreak prevention and response toolkits for schools, childcare centers, correctional facilities and long-term care facilities.

I investigate outbreaks of Listeria infections to find the contaminated food product and protect Minnesotans. Last year, a Minnesotan lost her baby during pregnancy due to Listeria - I figured out it was from imported cheese, and FDA put an import alert on the cheese to protect others.

I received an at-risk layoff notice as part of the federal funding claw back for infectious diseases. My last day would be April 22. I worry about the future for Minnesotans without funding for experienced epidemiologists who are fighting to make their food and environment safe.

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**Paige D'Heilly, Epidemiologist, Emerging Infectious Diseases Unit**

*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

I work as a respiratory virus epidemiologist in the Emerging Infectious Diseases section at the Minnesota Department of Health. My role focuses on tracking COVID-19 and RSV-associated hospitalizations and identifying who is most at risk for severe outcomes.

In addition to respiratory surveillance, I'm one of the epidemiologists who answers questions from healthcare providers and the public during the day and I also take emergency calls after hours. These calls can be about anything from rabies to meningococcal disease to MERS. Many of these situations require an immediate response to prevent further illness or even death.

Last week, my team was decimated by immediate layoffs, and more are coming in just a few weeks. I don't think it's fully understood what this really means for Minnesotans. Outbreak response will slow down—or stop entirely. We will no longer be able to work closely with long-term care facilities when they experience invasive group A strep outbreaks. Plans to expand wastewater monitoring for infectious diseases will be halted. The ripple effects will touch every corner of our public health system. With the loss of our colleagues, we are setting ourselves back years. This is not just about jobs, it's about our ability to protect Minnesotans. The consequences of these cuts will be felt across communities, and they will be felt quickly and severely.

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**Hannah Friedlander, Senior Epidemiologist, Emerging Infectious Diseases Unit**  
*Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division*

I have been an epidemiologist with the Minnesota Department of Health since 2011. I specifically chose to come to Minnesota because of MDH's reputation as one of the best health departments in the country, if not the world. In my 14 years as an epidemiologist here, I have assisted in investigating outbreaks of measles in childcare centers and group A strep in nursing homes, performed contact tracing of returned travelers from Liberia during the 2016 Ebola crisis and helped lead the COVID-19 response for schools and childcare.

My story is not unique; MDH is made up of epidemiologists just like me. With the federal cuts to our funding (and threats of additional cuts) we will lose countless more public servants, experts in their subject matter, and become unable to respond to routine disease outbreaks and concerns, let alone the emerging threats of measles and avian flu, endangering the lives of Minnesotans.