

Statement

HRSA Budget Listening session

Administrator Johnson, thank you for this opportunity to share my perspectives on a top priority for the HRSA budget—the Bio-Preparedness Workforce Pilot Program to invest in our infectious diseases and preparedness workforce. My name is Rebecca Reece. I am an infectious diseases or ID physician, and I lead the ID training program at West Virginia University. I am speaking on behalf of the Infectious Diseases Society of America or IDSA, which represents over 13000 ID physicians across the country.

The ID workforce is in crisis, with rural areas like mine facing some of the biggest challenges. Nearly 80% of US counties do not have a single ID physician, and recruitment is in freefall. Last year, just over half of ID training programs in the US filled, whereas most other specialties fill nearly all their programs. In West Virginia, we tried to recruit 2 new ID physician trainees last year, and despite significant effort, we were unable to do so. Unfortunately, this has been the case in 3 of the last 5 years.

Why is this so concerning? Because modern healthcare cannot function without ID. Cancer care, organ transplants, autoimmune conditions such as Rheumatoid arthritis and MS, hip and knee replacements, c sections and other surgeries with complex care carry a significant risk of infections. ID physicians are central to preventing, diagnosing and treating these infections. When patients with serious infections are treated by an ID physician, they have better outcomes, shorter hospital stays and lower health care costs. But far too many patients cannot access us, because there aren't enough of us to go around. Our training shortfalls will only worsen access problems.

Outbreaks and pandemics will become more frequent due to climate change and our increasingly interconnected world. Communities with ID experts are more resilient in the face of these emergencies.

Injection drug use is fueling sharp increases in infectious diseases with viral hepatitis and HIV outbreaks, as well as injection related infections. All of these deepen the need for our workforce both for treatment and prevention efforts.

Why do we have such steeper recruitment challenges than other areas of medicine? Financial barriers are a major impediment to ID recruitment. ID is the 3rd lowest paid medical specialty according to Medscape. Steep medical student debt drives many physicians to higher paying specialties. I cannot tell you how frequently my colleagues across the country and I hear from medical students and residents who love ID, who want to do ID, and who choose another specialty, because they need to be able to pay back their loans.

The Bio-Preparedness Workforce Pilot Program is a critical solution. It will incentivize more health professionals to choose ID and work in the areas where we're most needed by offering loan repayment in exchange for service in a health professional shortage area or federal facility. I urge you to prioritize funding for this program.