

Centers for Disease Control and Prevention (CDC) Coalition
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202/777-2510

Testimony of the Centers for Disease Control and Prevention (CDC) Coalition

Concerning the Public Health Budget for Fiscal Year 2004

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American Public Health Association

**Presented to the House Appropriations Subcommittee on Labor, Health and Human
Services and Education**

May 14, 2003

Mr. Chairman and members of the subcommittee, my name is Georges Benjamin. I am the executive director of the American Public Health Association. APHA is the oldest and largest public health association in the world, representing approximately 50,000 public health professionals in the United States and abroad. I appreciate this opportunity to testify before you today on behalf of the CDC Coalition-- a nonpartisan coalition of more than 100 groups committed to strengthening our nation's public health system.

The CDC Coalition's mission is to support a funding level for the federal Centers for Disease Control and Prevention that enables it to carry out its mission to protect and promote good health and to assure that research findings are translated into effective state, local and community programs. Coalition member groups represent millions of public health workers, researchers, educators, and citizens served by CDC programs.

On behalf of these many groups, I thank you, Mr. Chairman and members of the Subcommittee, for your support of CDC programs last year, as well as your recognition of the need for emergency supplemental funding this year for both the smallpox preparedness and the Severe Acute Respiratory Syndrome (SARS) response effort.

The Centers for Disease Control and Prevention has been protecting and promoting the nation's health for more than 55 years. By translating research findings into effective intervention efforts in the field, the agency has been a key funder of many of our state and local programs that aim to improve the health of communities. Perhaps more importantly, federal funding through CDC provides the foundation for our state and local public health departments, supporting a trained workforce, laboratory capacity and public health education communications systems. As the former Secretary of Health for the State of Maryland and the former Health Commissioner in the District of Columbia, I know first hand how critical CDC support is to states and localities.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. From Anthrax to West Nile to Smallpox to SARS, the Centers for Disease Control and Prevention is the nation's, and the world's, expert resource and response hub, coordinating communications and action and serving as the laboratory reference center. States and communities rely on CDC for accurate information and direction in a crisis or outbreak.

We are at a critical juncture in public health. For many years, experts have been warning us that our nation's public health infrastructure is in disarray. We lack adequate personnel and training, laboratory capacity and communications networks. There are serious gaps in our disease surveillance systems. These and other shortcomings have been known to public health leaders in the field for sometime, but have also been more recently documented by the Institute of Medicine, the General Accounting Office and others as current pressures on the public health system make these failings more visible.

Perhaps never before has it been so important to repair the foundation of our public health system. This foundation is being asked to support our response to some of the most threatening emerging diseases of our time and to prepare for diseases yet unknown. In this age when biological and chemical terrorism is added to the portfolio of public health treats, we need to be assured that the system works and works well.

It is time we take a step back and really think about supporting the public health system as a whole, not crisis by crisis or program by program. It is time for Congress to support CDC as an agency—not just the individual programs that it funds. **In the best professional judgment of CDC Coalition members, given the challenges of terrorism and disaster preparedness, new and re-emerging infectious diseases and our many unmet public health needs and missed prevention opportunities, the agency will require funding of at least \$7.9 billion to support its mission for fiscal year 2004.**

This is a very modest request given the current public health environment. In fiscal year 2002, Congress appropriated \$7.7 billion for CDC. In 2003, Congress appropriated \$7.1 billion for CDC. The President's proposed budget for the agency in 2004 is \$6.6 billion—an 8.5 percent cut over last year. We are moving in the wrong direction. Public health is being asked to do more, not less. Unless we start supporting our public health base, CDC, we are going to continue to need to come to Congress for special emergency requests for funds as new threats emerge. It simply does not make sense that in the midst of SARS, the President proposes to cut the budget for CDC. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or accountability.

In the absence of a robust public health system with built-in surge capacity, every crisis “du jour” also forces trade offs—attention to one infectious disease at the expense of another, infectious disease prevention at the expense of chronic disease prevention and other public health responsibilities. This is true especially given the current budget pressures facing states.

The budget for the National Center for Infectious Disease is slated for a 3.4 percent cut. Epidemic Services and Response is also cut in the President's budget. CDC's budget for buildings and facilities is cut by more than 57 percent. All of these areas are directly related to and support our efforts to protect the nation and the world from emerging and re-emerging infectious diseases like SARS and West Nile. While we are hopeful that Congress will restore these cuts in the President's budget, we are concerned that this overall lack of support for the Centers for Disease Control and Prevention—in almost every area of its work—signals a lack of understanding and appreciation for the connection between what CDC does and the overall condition of our nation's public health system and its ability to respond and protect our citizens from threats to their health.

It is also very important to remember that while CDC is addressing these high profile issues of SARS and smallpox and West Nile, it is also charged with preventing the leading causes of death in this country, which include chronic diseases and injury in addition to other infectious diseases. States and localities receive much of their support for these programs from CDC and are finding it difficult in this time of limited resources not to shift funds from these important core programs to fight the latest new bug. We need to ensure that while we are fighting our public health enemies at the door we are also protecting our home base.

Nearly 125 million Americans today are living with some form of chronic condition, including cancer, cardiovascular disease, diabetes, arthritis, and obesity. These diseases are epidemic and now account for nearly 75 percent of all health care costs, as well as responsible for 70 percent of all deaths annually. By the year 2020, the effected population is expected to reach 157 million Americans and represent \$1 trillion in health care expenditures. These

diseases are also largely preventable. Unfortunately, despite the staggering prevalence and economic data, the federal investment in chronic disease prevention remains grossly inadequate.

The CDC Coalition commends Secretary Thompson for his \$125 million investment in a new chronic disease initiative and is working with the Department of Health and Human Services to ensure that this investment will be targeted through states to programs that work.

Unfortunately, at the same time, the Administration proposes to cut many of the chronic disease programs at CDC. Programs to fight heart disease and stroke are slated for a 6.6 percent cut. A 3.3 percent cut is proposed for diabetes programs. Programs to address nutrition, physical activity and obesity are proposed to be cut by 20 percent. The Youth Media Campaign is decimated.

We need to do more than restore these cuts. We have a long way to go in fighting chronic diseases. Only 34 states receive diabetes grants. Twenty-one states have grants for heart disease and stroke. Twelve states have grants for physical activity and nutrition. Many states still do not have grants for school health, arthritis, oral health or cancer. It should be our goal that all states receive statewide implementation grants for the leading causes of death and disability.

Injury is the leading cause of death for Americans in the first four decades of life.

Unintentional injuries, such as falls among older adults, poisoning, burns and drowning as well as injuries caused by violence, exact a heavy toll on our society. Nearly 150,000 lives were lost to injury in 2002. Despite this fact, injury prevention programs at CDC are slated for a \$3.6 million budget reduction. This reduction will have a significant impact on research and programs that are supported at the National Center for Injury Prevention and Control at CDC, including the National Violent Death Reporting System which seeks to collect data to provide a clearer picture of the circumstances surrounding violent death.

The CDC Coalition commends the President for his initiative to halt the global AIDS epidemic and fully supports the addition of \$50 million to CDC for maternal and child AIDS prevention programs across the globe. However, it is important to remember the population of HIV-infected individuals in the U.S. also continues to grow, with 950,000 Americans presently living with the virus. The Administration's budget includes cuts in programs to state and local health departments to fight AIDS and we urge that these cuts be restored and that the budget for domestic AIDS be augmented.

CDC oversees immunization programs for children, adolescents and adults, and is a global partner in the ongoing effort to eradicate polio and measles worldwide. It is sadly ironic that while the global nature of disease is demonstrated to us in the news every day, the Administration proposes to cut the budget for global immunization activities by more than 10 percent.

At home, the value of adult immunization programs to improve length and quality of life, and to save health care costs, is realized through a number of CDC programs, but there is much work to be done and a need for sound funding to achieve our goals. Influenza vaccination levels remain low for adults. Levels are substantially lower for pneumococcal vaccination. Significant racial and ethnic disparities in vaccination levels persist among the elderly. CDC

supports immunization programs in 64 states, cities, and territories. Childhood immunization programs at CDC also need a funding boost, to ensure sufficient purchase and delivery of the recently approved varicella and pneumococcal vaccines. In addition, developing functional immunization registries in all states will be less costly in the long run than maintaining the incomplete systems currently in place.

Each day, an average of 9,000 U.S. workers sustain disabling injuries on the job, 16 die because of work-related injuries, and 137 die from work-related illnesses. The economic burden of these injuries and illnesses is \$171 billion annually. To respond to this challenge, in 1996, CDC's National Institute of Occupational Safety and Health and its outside partners established the National Occupational Research Agenda (NORA), a framework to guide occupational safety and health research through the next decade. Through the impetus of NORA, CDC has energized occupational safety and health research; leveraged resources of other federal agencies to support NORA; pursued an active program of intramural and extramural research; and developed new research partnerships and collaborations with stakeholders. This year, the budget for the National Institute for Occupational Safety and Health is slated for a 10 percent cut. CDC's NIOSH is the only federal agency responsible for conducting research and making recommendations for the prevention of work-related injuries. It is critical that we maintain and increase our support for this key effort at CDC.

The National Center on Birth Defects and Developmental Disabilities (NCBDDD), at the Centers for Disease Control and Prevention seeks to improve the health of children and adults by preventing the occurrence of birth defects and developmental disabilities; promoting optimal child development; and promoting health and wellness among children and adults who have a disability. Of the four million babies born each year in the United States, approximately 150,000 are born with one or more serious birth defects. Birth defects are the leading cause of infant mortality and are responsible for about 30 percent of all pediatric hospital admissions. About 17 percent of U.S. children under 18 years of age have a developmental disability. To prevent these problems, the Center will expand its efforts to track birth defects nationally, study their causes and means of prevention, and spread these findings through effective education programs. We are grateful for the Subcommittee's strong support for the Center. However, the President's budget rolls back the Committee's funding for FY 03 and decreases appropriations to the Center by more than 10 percent. We urge the Committee to continue its support for this Center and restore these cuts.

Another area to which we commend your attention is CDC's National Center for Environmental Health (NCEH). Many of the public health successes that were achieved in the last century can be attributed to advances in environmental health practices. However, serious gaps in our country's environmental health infrastructure have developed over the years and our ability to protect Americans from environmental health threats has diminished. Most urgently, the CDC Coalition is concerned about our lack of attention to preparation for chemical terrorism. Much of the emphasis has been on bioterrorism. CDC is also charged with emergency preparedness and response to chemical exposures in this country and throughout the world. The budget for Center that conducts this activity has been cut in the President's proposal by more than 17 percent. Our nation is still not able to adequately link biomonitoring and environmental health tracking programs in state and local health departments to monitor disease and chemical exposure. We still lack critical state laboratory capacity and the capability to do human biomonitoring at the state level.

There are other broad areas that support the nation's public health system. Public health research, data collection and public health practice (workforce, communications, management systems) are some of these critical functions. If we are to strengthen the foundation of public health we must support these activities at CDC.

Much of CDC's work in chronic disease prevention and health promotion, and in other programs areas, is guided by its public health research activities. Public health research, sometimes called prevention research, considers the factors associated with illness, disability, and injury, such as lifestyles or exposure to environmental toxins, and the best ways to address these factors and thereby promote health. By answering these questions, prevention research links biomedical research, which focuses on human physiology and disease treatment, to policies and public health interventions that promote wellness and reduce the need for treatment. Currently, less than one cent of every health care dollar in the U.S. is spent on prevention research—while 40 to 50 percent of mortality in the U.S. can be attributed to preventable causes. There exist critical gaps in what we know about what works. In order for our public health programs to be more effective and efficient investments, we need to do additional research. Extramural prevention research has been completely zeroed out in the President's budget. This is not only unwise, it undermines CDC's capacity to ensure translation of critical, basic research begun by other federal agencies like the National Institutes of Health.

CDC's National Center for Health Statistics conducts a variety of programs designed to obtain and use health statistics to support decision-making and research on health. The President's proposed cuts to NCHS will hurt the continuation of efforts to collect sufficient data on high priority topics through the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES). NHIS produces important national information on health behaviors, insurance, access to care and racial and ethnic disparities. NHANES provides estimates of the health of Americans. NCHS is also working to invest in technology development to assist states in efforts to update the national vital statistics system. These important public health infrastructure and accountability efforts are often overlooked and under appreciated but are critical support systems for the programs we all care about.

It is also critical that states are able to track progress through disease registries and behavioral surveys. The Behavioral Risk Factor Surveillance System, an important data collection tool that provides critical information about the prevalence of risk factors that cause chronic disease, still does not have the capacity to collect local data. Local data is needed to help us better address health disparities and target programs where they are most needed and effective.

Strengthening public health practice is not only important, but brings us back to the key points of this testimony. Without broad support for the foundation of public health, we are adding bricks to a crumbling foundation. The President cuts funding for public health practice at CDC by more than 28 percent. Yet report after report documents the need to strengthen the public health workforce and improve the capacity of state and local public health departments to be more responsive and effective. The nation's local public health agencies perform, on average, at only 60 percent of needed capacity. A similar study of state health departments found performance at only 50 percent of needed capacity. One of the single biggest barriers to a prepared public health

system is the shortage of qualified professionals in the available workforce. The Public Health Improvement Program at CDC aims to address these serious gaps and shortages through training programs, fortifying major components of public health infrastructure including management systems, communications, legal foundations and surveillance. I urge you to not only restore the President's cuts but to significantly increase funding for this critical area at CDC.

We appreciate the Subcommittee's hard work in advocating for CDC programs in a climate of competing priorities. This is a critical time for public health. You understand, as we do, that prevention preserves health, but also saves federal dollars in the long run. I would like to add that it is our belief that it is time for Congress to take a more active approach to supporting the Centers for Disease Control and Prevention as an agency. We urge not only the restoration of the President's proposed cuts but significant increases. It is time to think more strategically about the future of our nation's public health system, to develop a blueprint for where we want to be ten years from now and how best to fund it.

The CDC Coalition's request for \$7.9 billion for CDC is modest and we believe realistic in light of other budget pressures. In the future, however, we believe that far more significant investments in public health will need to occur if we are to prepare the nation's public health system to protect us from the leading causes of death, prepare us for bioterrorism and chemical terrorism, and respond to the public health crises of the day.

On behalf of the CDC Coalition, I thank you for this opportunity to present our views to the Subcommittee.

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Advocates for Youth
AIDS Action
AIDS Alliance for Children, Youth and Families
AIDS Foundation Chicago
Alliance to End Childhood Lead Poisoning
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Health Education
American Association of Orthopedic Surgeons
American Cancer Society
American College of Preventive Medicine
American College of Rheumatology
American Dietetic Association
American Foundation for AIDS Research
American Heart Association
American Lung Association
American Medical Women's Association
American Optometric Association
American Podiatric Medical Association
American Psychological Association
American Psychological Society
American Public Health Association
American Red Cross
American School Health Association
American Social Health Association
American Society for Gastrointestinal Endoscopy
American Society for Microbiology
American Society for Reproductive Health
American Society of Clinical Pathologists
American Thoracic Society
American Urological Association
Arthritis Foundation
Association for Professionals in Infection Control & Epidemiology
Association of American Medical Colleges
Association of Maternal & Child Health Programs
Association of Minority Health Professions Schools
Association of Public Health Laboratories
Association of Reproductive Health Professionals
Association of Schools of Public Health
Association of State and Territorial Health Officials
Association of Teachers of Preventive Medicine

Brain Injury Association
CDC Foundation
Center for Science in the Public Interest
Coalition for Health Funding
Coalition for Health Services Research
Commissioned Officers Association of the U.S. Public Health Service
Consortium for Citizens with Disabilities
Consortium of Social Science Associations
Council of Professional Association on Federal Statistics
Council of State and Territorial Epidemiologist
Crohn's and Colitis Foundation of America
Environmental Defense
ESA, Inc.
Every Child By Two
GLMA
GW School of Public Health & Health Services
Health and Medicine Counsel of Washington
Hepatitis Foundation International
Immune Deficiency Foundation
Infectious Diseases Society of America
Latino Council on Alcohol & Tobacco
Legal Action Center
March of Dimes
National Association of State EMS Directors
National Alliance of State and Territorial AIDS Directors
National Association of Children's Hospitals
National Association of County and City Health Officials
National Association of Developmental Disability Councils
National Association of Local Boards of Health
National Association of School Nurses
National Black Nurses Association
National Coalition for the Homeless
National Coalition of STD Directors
National Council of La Raza
National Episcopal AIDS Coalition
National Family Planning and Reproductive Health Association
National Health Care for the Homeless Council
National Hemophilia Foundation
National Medical Association
National Rural Health Association
National Safe Kids Campaign
National Association for Public Health Statistics & Information Systems
Nat'l Foundation for Infectious Disease
National Coalition for Adult Immunization
National Partnership for Immunization
Partnership for Prevention
Powers, Pyles, Sutter and Verville
Research! America
Research to Prevention

Society of General Internal Medicine (SGIM)
Society for Maternal Fetal-Medicine
Society for Public Health Education
Society for the Psychological Study of Social Issues
Spina Bifida Association of America
The Alan Guttmacher Institute
Trust for America's Health
U.S. Conference of Mayors
United Cerebral Palsy
YWCA of the USA/Office of Women's Health Initiative

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PROFILE

- Seasoned professional, with a proven record in administrative medicine, health policy development and clinical care at the local, state and national level.
- An effective leader, motivator and consensus builder with the ability to develop staff to their full potential.
- A visionary leader who is able to define a sound course-of-action and implement it.
- A problem solver and decision-maker who is flexible and proficient in uncharted territory.
- An excellent public speaker.

HEALTH CARE MANAGEMENT EXPERIENCE

Secretary 1999 - 2002
Department of Health and Mental Hygiene
State of Maryland

Chief executive of cabinet level agency with \$5 billion budget. Department oversaw the delivery of public health services, regulated the Maryland health care delivery system, and the state's health care financing system including Medicaid. Testified before the U.S. Congress, the Maryland State Legislature and other policy and regulatory bodies. Served as media spokesperson on health policy issues.

Deputy Secretary for Public Health Services 1995 - 1999
Department of Health and Mental Hygiene
State of Maryland

Managed agency with \$1 billion budget and over 7,000 employees. The Secretariat oversaw a complex organization including: 12 hospitals for the mentally ill, 4 residential centers for the developmentally disabled, programs for substance abuse, HIV/AIDS and other infectious diseases, the state public health laboratory, medical forensic services, 24 local health departments, and numerous other public health programs. Responsible for the public mental health financing system (includes the mental health funding for Medicaid). Testified before the state legislature. Served as media spokesperson on public health issues.

Health Policy Consultant 1991 - 1995

Provided a variety of consultative services to include: health system evaluations, medical quality reviews, public speaking and policy development.

Director Emergency Ambulance Bureau 1990 - 1991 & 1994 - 1995
District of Columbia Fire Department
Washington, D.C.

Managed a budget of \$15 million and over 200 employees. The EMS Director served as the chief administrator and medical director of one of the busiest ambulance services in the country with over 140,000 ambulance runs per year. Testified before Congress and other public officials.

Commissioner for Public Health (Acting) 1990 - 1991
Department of Human Services
Washington, D.C.

Managed a budget of \$140 million dollars and 2,000 employees. The Commissioner is the senior health official for the District of Columbia and performs all the functions of a state health officer. Areas of responsibility included: health policy development, health care system assessment and assurance for HIV/AIDS, substance abuse, preventive health, ambulatory care, long term care, and medical services for the developmentally disabled. Testified before Congress and other public officials. Served as media spokesperson on public health issues.

Chairman, Department of Community Health & Ambulatory Care 1987 - 1990
District of Columbia General Hospital
Washington, D.C.

Managed a budget of \$7 million dollars and 175 employees in the following ambulatory care settings (200,000 patient visits); medical and surgical clinics, level I emergency department with trauma center (85,000 patient visits), occupational health and ambulatory care nursing.

Chief, Emergency Medicine 1983 - 1987
Walter Reed Army Medical Center
Washington, D.C.

Directed a 25,000 patient visit emergency department in academic teaching center. Developed service into a fully staffed operation. Supervised five staff physicians and additional ancillary staff providing direct patient care, house staff education and patient transport services (emergency & non-emergency). Served as the regional emergency medical consultant.

Chief, Acute Illness Clinic 1981 - 1983
Unites States Army
Department of Emergency Medicine
Madigan Army Medical Center
Tacoma, Washington

Directed a 72,000 patient visit ambulatory care service with both an appointed and non-appointed component. Oversaw the educational program for PGY-1 physicians and medical students for the department. This service was part of a level I emergency department and trauma center seeing over 120,000 patients visits yearly. Served as faculty and attending staff for the department's emergency medicine residency.

EDUCATION

- Internship & Residency - Brooke Army Medical Center - San Antonio, Texas (Internal Medicine), 1981
- University of Illinois College of Medicine - Chicago, Illinois (Doctor of Medicine), 1978
- Illinois Institute of Technology - Chicago, Illinois (Bachelor of Science), 1973

CERTIFICATIONS/LICENSURE

- Diplomate American Board of Internal Medicine, 1981 - Present
- Diplomate American Board of Emergency Medicine, 1987 - 1997
- Diplomate National Board of Medical Examiners, 1979
- Medical Licensure - District of Columbia, 1984 - Present
- Medical Licensure - Maryland, 1986 - Present

Expanded curriculum vitae available upon request.

Federal grant funding for the American Public Health Association, fiscal 2002, 2003

Fiscal 2002

Centers for Disease Control and Prevention

\$50,000 for satellite broadcast of Annual Meeting sessions

\$240,000 for developing public health performance standards

NIH/ National Institute of Environmental Health Science

\$40,000 for satellite broadcast of Annual Meeting sessions

National Highway Traffic Safety Administration

\$75,000 for mini-grants to state Affiliates for injury prevention programs

Fiscal 2003

Centers for Disease Control and Prevention

\$240,000 for developing public health performance standards

National Highway Traffic Safety Administration

\$125,000 for Cooperative agreement for web development, mini-grants to state Affiliates, and the development of an exhibit about the impaired driver initiative.