



association of state and territorial health officials



National Association of County & City Health Officials

May 13, 2009

Chairman Dan Inouye
Committee on Appropriations
United States Senate
S131 US Capitol
Washington DC 20510

Chairman Tom Harkin
Subcommittee on Labor HHS and Education
Committee on Appropriations
United States Senate
131 Dirksen Senate Office Building
Washington DC 20510

Ranking Member Thad Cochran
Committee on Appropriations
United States Senate
156 Dirksen Senate Office Building
Washington DC 20510

Dear Chairmen and Ranking Member,

On behalf of the state and local public health departments across the country, we urge you to include not less than \$1.85 billion in the FY 2009 Supplemental Appropriations Bill to address the current outbreak of the novel influenza A (H1N1) virus within the Department of Health and Human Services, Public Health and Social Services Emergency Fund. Furthermore, we request that not less than \$350 million within that total be included to upgrade state and local preparedness and response capacity. State and local health departments are suffering the same effects of the current economic recession as other sectors of the economy. State, county and municipal budget cuts have resulted in the loss of over 11,000 public health workers in the past year, and additional job losses are expected during the remainder of this year. It would cost more than \$1 billion to restore staffing at state and local health departments to 2007 levels. Health departments are stretched to the limit working 24 hours a day, 7 days a week to monitor and respond to the current outbreak with a reduced workforce.

The \$350 million included in the House version of the supplemental appropriations bill will help state and local public health departments sustain our response to the current epidemic and enhance our preparedness planning should it become a pandemic. It is essential that the state and local public health workforce be reinforced to enable the enhanced influenza surveillance, case detection, epidemiological investigation, laboratory testing and disease mitigation in the event that this novel virus returns with increased lethality in the fall of 2009, as occurred in 1918. This investment is needed to strengthen our public health infrastructure at a time when more and more people in the U.S. are relying on our health departments to provide critical, front line services that protect the public's health.

Pandemic preparedness activities are part of an integrated approach to mitigate, respond to, and recover from public health emergencies and events. Previous appropriations provided by your Committee made possible the effective U.S. response to H1N1 virus over the last 12 days. Nevertheless, gaps remain and existing resources dedicated to preparedness are insufficient to meet and sustain our response to this novel virus. Early reports from health departments indicate that in the past two weeks they have diverted

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significant resources away from critical ongoing public health efforts in order to respond to the H1N1 outbreak. Response activities include:

- Regular communication with the public and providers through various means to provide timely, accurate, accessible and culturally appropriate information and educational materials and leading conference calls with the media and health departments around the country.
- Hiring and training retired public health department professionals, temporary employees, and consultants to investigate the disease and implement preparedness plans to respond to the outbreak. Also, public health departments are incurring significant overtime costs and many salaried employees have been transferred from their regular assignments to aid in the response.
- Purchasing critically needed laboratory supplies and equipment, hiring laboratory professionals to reduce the multi-day backlog in confirming H1N1 cases, and sustaining 24 hour laboratory capacity. Within days of the H1N1 outbreak, we received reports that some health departments could not test all samples being sent to laboratories and needed to place orders to purchase additional testing equipment and other supplies. Additional funding would allow health departments to invest in more efficient laboratory reporting systems to better prepare health departments for a potential influenza pandemic.
- Addressing public health surge capacity.
- Deploying medical countermeasures from the strategic national stockpile such as antivirals, medical supplies, and personal protective equipment such as masks, respirators, gloves, and gowns to protect the public and those on the front line who are responding to the outbreak.
- Implementing recommended community mitigation practices in concert with federal guidance such as school closures and limiting mass gatherings.

We look forward to working with you and your staff as this legislation moves through Congress. Please contact either of us directly if our organizations can provide additional information.

Sincerely,

Paul E. Jarris, MD, MBA
Executive Director
ASTHO

Robert Pestronk, MPH
Executive Director
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