

March 13, 2008

The Honorable David Obey
Chairman, House Appropriations
Labor-HHS-Education Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable James Walsh
Ranking Member, House Appropriations
Labor-HHS-Education Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Obey and Representative Walsh:

I am writing today on behalf of the nearly 3,000 local health departments (LHDs) in the United States to urge you to support critical federal programs that support our nation's health.

The proposed cuts in the FY 2009 budget for the Centers for Disease Control and Prevention (CDC) submitted by the President continue a pattern of reduced funding for public health that gravely worries the nation's local health departments. Local health departments rely on the following programs to help protect communities in an emergency, prevent chronic disease and improve the health of the general population.

**Public Health Preparedness – State and Local Capacity Building –
FY 2009 NACCHO request: \$919 million (FY05 level)
President's Budget - \$609 million**

**State and Local Pandemic Influenza Preparedness –
FY 2009 NACCHO request: \$350 million (FY06 first supplemental level)
President's Budget: \$0**

In order to ensure the continued safety of this nation, NACCHO urges Congress to continue its commitment to protecting America's local communities by funding state and local capacity-building grants for public health preparedness at \$919 million, the same level as FY 2005. Federal funds for improving state and local public health preparedness have declined from \$919 million in FY05 to \$746 million in FY08. LHDs experienced an average 20% funding reduction in 2007 and further reductions are expected when HHS distributes FY08 funds. Many jurisdictions continue to invest in emergency preparedness with county, city or state funds. However, federal cuts have compelled many local health departments to reduce their work in preparing for public health emergencies caused by disease outbreaks, fires, hurricanes, tornadoes, earthquakes, or a terrorist attack. The safety and well-being of America's communities depends on the capacity of their health departments to respond in any emergency that threatens human health.

**Preventive Health and Health Services Block Grant –
FY 2009 NACCHO request - \$131 million (FY05 level)
President's Budget: \$0**

Prevention of disease and disability should be a cornerstone of our nation's health system, but federal discretionary funding to help state and local governments take measures to prevent disease in entire populations, not just in individuals, has diminished. Chronic diseases like diabetes and associated conditions such as obesity are skyrocketing in communities across the country, reducing years of productive and quality life for millions of Americans. Unanticipated new threats, such as antibiotic-resistant bacterial infections (like MRSA or multi-drug resistant tuberculosis) require prompt local action. Preventing these conditions reduces medical costs and preserves the health of the nation's public.



The Preventive Health and Health Services Block Grant is one of the few sources of funding that addresses chronic disease at the local level and the only federal source of flexible funding to state and local health departments to respond to pressing local health problems. In addition, this program helps to leverage funds for local public health from other sources and allows LHDs to respond to unexpected public health needs.

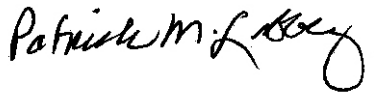
**Public Health Workforce –
NACCHO request \$10 million (new)
President's Budget: \$0**

In the Pandemic and All-Hazards Preparedness Act (S. 3678), passed in December 2006, Congress authorized the creation of demonstration projects to help produce a sustainable public health workforce. This law authorizes expansion of the National Health Service Corps on a trial basis to include loan repayment for individuals who complete their service in a state, local, or tribal health department that provides services to health professional shortage areas or areas at risk of a public health emergency. It also establishes grants to states to create loan repayment programs. These two demonstration programs are a good first step towards a critically necessary, sustained national effort to build the public health workforce.

As the public health role has expanded to include greater involvement in emergency preparedness as well as more traditional public health activities like immunization and chronic disease prevention, it is essential that there be an available workforce to carry out these tasks.

Please feel free to contact me with any questions about these programs. Again, I appreciate your past support of public health priorities and look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Patrick M. Libbey". The signature is written in a cursive style with a large, stylized initial "P".

Patrick M. Libbey
Executive Director