

July 22, 2008

The Honorable Edward Markey  
Chairman  
House Select Committee on Energy Independence  
& Global Warming  
B-243 Longworth House Office Building  
Washington, DC 20515

The Honorable James Sensenbrenner Jr.  
Ranking Member  
House Select Committee on Energy Independence  
& Global Warming  
344 Ford House Office Building  
Washington, DC 20515

Dear Chairman Markey and Congressman Sensenbrenner:

Thank you for holding a hearing on Global Warming Effects on Extreme Weather on July 10. On behalf of the Board of Directors and members of the National Association of County and City Health Officials (NACCHO), I would like to submit the following testimony for the record.

Extreme weather events are one outcome that can be expected from climate change. Health impacts are associated with many extreme weather events. Temperature extremes can cause cold and heat-related illnesses and deaths, which are disproportionately felt by vulnerable populations. As seen in Hurricane Katrina in 2005, communities can be displaced and their residents suffer death, injury and illness as well as social, emotional and mental health stress as a result of natural disasters. The aftermath of this catastrophic event demonstrated that communities affected by a natural disaster can take years to rebuild after their fragile infrastructure is destroyed.

Extreme weather events are felt first and foremost at the local level and local health departments (LHDs) are working to be prepared for all types of public health emergencies. Local health departments represent the “front line” of public health preparedness. A recent survey of local health officials found that the large majority (78%) believed their community will experience climate change in the next 20 years. Half of local health department directors reported that storms (including hurricanes) and floods had already impacted their community. Many local health officials are educating the public about the health impacts of climate change in order to raise awareness about problems that are already occurring and are expected to worsen if climate change is not addressed.

It is important that local health officials have the resources to respond to the extreme weather events expected as a result of climate change. Local health departments have utilized funds from the Centers for Disease Control and Prevention Public Health Preparedness Cooperative Agreement to develop all-hazards preparedness plans with 99 percent of LHDs in a 2007 survey reporting they have such plans. However, 48 percent of these LHDs stated that they have accomplished this goal “to a small extent.”

Since 2001, federal investment in public health preparedness has increased but in recent years federal support has lessened. According to CDC’s 2008 report *Public Health Preparedness: Mobilizing State by State*, funding has steadily declined since FY2005, reaching a low in FY2007 of \$721 million (not including Pandemic

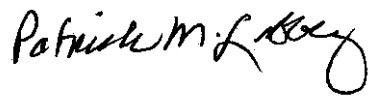


Influenza Supplement,) 21% less than at the inception of the program. These cuts have caused LHDs to reduce staff devoted to preparedness, delay the completion of preparedness plans and hampered the ability to conduct exercises and drills.

Since 2001 the risks faced by communities and the likelihood of natural disasters and other public health emergencies has grown, not lessened, at a time when federal support has waned. NACCHO calls on Congress to reverse the cuts in public health preparedness funding, allowing local health departments to fully implement emergency preparedness plans and exercises.

NACCHO looks forward to working with your committee and other concerned policymakers to help safeguard local communities and address the health effects of climate change.

Sincerely,

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

Patrick M. Libbey  
Executive Director