



August 29, 2017

The Honorable Tom Cole, Chairman  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member  
Labor, Health and Human Services, Education and  
Related Agencies Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Roy Blunt, Chairman  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Patty Murray, Ranking Member  
Labor, Health and Human Services, Education and  
Related Agencies Subcommittee  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

Dear Chairmen and Ranking Members:

We, the undersigned public and environmental health organizations, write to you to express our concern regarding the state of federal funding for environmental public health activities. Since FY 2010, the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health (NCEH) budget has been drastically cut and has still not been fully restored (\$187.118 million in FY 2010 versus \$180.750 million in FY 2017). As a community, recognizing the incredibly difficult constraints imposed by the Budget Control Act spending caps and sequestration, we wish to thank you for keeping funding for NCEH largely whole in the FY 2017 omnibus agreement reached earlier this year. We are however, disappointed that the House Labor, HHS, Education appropriations bill proposes a \$21 million cut to NCEH in FY 2018, including the complete elimination of the Climate and Health Program and a nearly \$9 million reduction to the National Environmental Public Health Tracking Network.

As Congress continues to move forward with the appropriations process for FY 2018, we urge you to restore the cuts proposed in the House bill and to fund NCEH at least at FY 2010 levels (\$212.027 million in FY 2017 dollars), even though we recognize that amount is still inadequate to achieve the health protection and outcomes that all Americans deserve. This should include:

- Providing environmental health surveillance by expanding the National Environmental Public Health Tracking Network to a true nationwide network. Currently, the program provides funding to only 26 state and local health departments. An investment of \$40 million for the Tracking Network would provide for a down payment on a multiyear strategy to scale this successful program nationwide.
- Support critically underfunded childhood lead poisoning prevention activities by funding the CDC's Childhood Lead Poisoning Prevention Program at \$35 million to provide grants in all fifty states for surveillance to determine the extent of childhood lead poisoning, as well as educate the public and healthcare providers about lead poisoning, and ensure that lead-exposed children received needed medical and environmental follow-up services. There is no safe level of lead exposure, and lead damage can be permanent and irreversible, leading to increased likelihood for behavior problems, attention deficit and reading disabilities, and lower high school graduation rates, in addition to experiencing a host of other impairments to their developing cardiovascular, immune, and endocrine systems. Today, over 500,000 children ages 1 to 5 are exposed to unacceptably high levels of lead, and prevention efforts are critical to protect children from its harmful effects.
- Provide \$72 million for the Division of Laboratory Sciences to build the National Biomonitoring Network, including grants for an additional ten states. Citizens continue to express concern about exposure to chemicals in our everyday lives and during environmental emergencies. However, we often cannot provide data about these exposures at the state and local level.
- Provide at least \$29 million for the National Asthma Control Program (NACP). It is estimated that 24 million Americans currently have asthma, of whom more than 6 million are children. The NACP tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state programs. The program has been highly effective: the rate of asthma has increased, yet asthma mortality and morbidity rates have decreased. However, at present only 23 states receive funding – leaving a nationwide public health void that can lead to unnecessary asthma-related attacks and healthcare costs.
- Reinstate funding of \$3 million for the Built Environment and Health program, which to date has successfully supported public health expertise for over 300 studies across the country to help non-health practitioners incorporate health outcomes when designing, building, and repairing our cities and towns.
- Continue investments of \$10 million for the Climate and Health Program which is providing 16 state and two local health departments (covering 50 percent of the U.S. population) with funding to help diagnose and prepare for the serious adverse health impacts of a changing climate including extreme heat and cold, severe storms, floods, droughts, pollen, increases in asthma attacks, and the spread of infectious and vector-borne diseases – such as Lyme disease and dengue fever.

We also join our many of our colleagues in the NDD United community in continuing to urge Congress to enact an alternative to the current Budget Control Act that provides both long-term sequestration relief and a balanced approach to deficit reduction that provides much-needed additional resources to nondefense discretionary accounts, particularly to the Labor-HHS-Education subcommittee, which did not receive proportional relief under either the 2016 or 2017 allocations.

Failure to invest in prevention today will only lead to more illness, disease, injury and even death. In addition to the human loss and suffering, we can expect to see ever-growing health care costs and losses in economic productivity. We cannot hope to use our health care system alone to tackle dangerous problems – dirty air and water, toxic substances, lead poisoning, extreme weather, and many others – that occur outside the walls of the clinic. However adequate investments today and into the future in core environmental health activities can be a critical down payment on health, productivity, and happiness of countless Americans. We thank you for considering this recommendation and hope to continue to work with you and your staff as deliberations over FY 2018 appropriations continue.

Sincerely,

Academy of Nutrition and Dietetics  
Alliance of Nurses for Healthy Environments  
American Academy of Pediatrics  
American College of Preventive Medicine  
American Lung Association  
American Public Health Association  
Association of Public Health Laboratories  
American Thoracic Society  
Association of Schools and Programs of Public Health  
Asthma and Allergy Foundation of America  
Children's Environmental Health Network  
The Consortium  
Council of State and Territorial Epidemiologists  
Health Care Without Harm  
Health Resources in Action  
Local Public Health Association of Minnesota  
Metropolitan Area Planning Commission Public Health Department  
National Association of County and City Health Officials  
National Environmental Health Association  
National Hispanic Medical Association  
National Recreation and Park Association  
Prevention Institute  
Public Health Institute  
Scleroderma Foundation  
Trust for America's Health