

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) COALITION

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Testimony of the CDC Coalition

Concerning the Centers for Disease Control and Prevention's Budget for Fiscal Year 2008
Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and
Human Services and Education
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The CDC Coalition is a nonpartisan coalition of more than 100 groups committed to strengthening our nation's prevention programs. Our mission is to ensure that health promotion and disease prevention are given top priority in federal funding, to support a funding level for the Centers for Disease Control and Prevention (CDC) that enables it to carry out its prevention mission, and to assure an adequate translation of new research into effective state and local programs. Coalition member groups represent millions of public health workers, researchers, educators, and citizens served by CDC programs.

The CDC Coalition believes that Congress should support CDC as an agency—not just the individual programs that it funds. In the best judgment of the CDC Coalition—given the challenges and burdens of chronic disease, a potential influenza pandemic, terrorism, disaster preparedness, new and reemerging infectious diseases, increasing drug resistance to critically important antimicrobial drugs and our many unmet public health needs and missed prevention opportunities—we believe the agency will require funding of at least \$10.7 billion including sufficient funding to prepare the nation against a potential influenza pandemic, funding for the Agency for Toxic Substances and Disease Registry and to maintain the current funding level for the Vaccines for Children (VFC) program. This request does not include any additional funding that may be required to expand the mandatory VFC in FY08.

The CDC Coalition appreciates the Subcommittee's work over the years, including your recognition of the need to fund chronic disease prevention, infectious disease prevention and treatment, and environmental health programs at CDC. By translating research findings into effective intervention efforts, CDC has been a key source of funding for 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.

CDC also serves as the command center for our nation's public health defense system against emerging and reemerging infectious diseases. With the potential onset of a worldwide influenza pandemic, in addition to the many other natural and man-made threats that exist in the modern world, the CDC has become the nation's—and the world's—expert resource and response center, 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.

CDC's budget has actually shrunk since 2005 in terms of real dollars – by almost 4 percent. If you add inflation, the cuts are even worse – and these are cuts to the core programs of the agency. The current administration request for FY 08 is inadequate, with a total cut to core budget categories from FY05 to FY08 of half a billion dollars. We are moving in the wrong direction, especially in these challenging times when public health is being asked to do more, not less. It simply does not make any sense to cut the budget for CDC's core public health programs at a time when the threats to public health are so great. Funding public health outbreak by outbreak is not an effective way to ensure either preparedness or accountability. Until we are committed to a strong public health system, every crisis will force trade offs.

The Multiple Roles of the CDC

CDC serves as the lead agency for bioterrorism preparedness and must receive sustained support for its preparedness programs in order for our nation to meet future challenges. In the best judgment of CDC Coalition members, given the challenges of terrorism and disaster preparedness, and our many unmet public health needs and missed prevention opportunities, we support the proposed increase for anti-terrorism activities at CDC, including the increases for the Strategic National Stockpile. However, we strongly oppose the President's proposed \$125 million cut to the state and local capacity grants. We ask the Subcommittee to restore these cuts to ensure that our states and local communities can be prepared in the event of an act of terrorism or other public health threat.

Public health programs delivered at the state and local level should be flexible to respond to state and local needs. Within an otherwise-categorical funding construct, the Preventive Health and Health Services (PHHS) Block Grant is the only source of flexible dollars for states and localities to address their unique public health needs. The track record of positive public health outcomes from PHHS Block Grant programs is strong, yet so many requests go unfunded. However, the President's budget once again proposes the elimination of the PHHS Block Grant. We greatly appreciate the work of the Subcommittee to at least partially restore the fiscal year 2007 elimination of the Block Grant. Nevertheless, the cut to the Block Grant in fiscal year 2006 reduces the states' ability to tailor federal public health dollars to their specific needs.

Addressing Urgent Realities

Heart disease remains the nation's No. 1 killer. In 2004, more than 650,000 people died from heart disease, accounting for 27% of all U.S. deaths. Of those who died from heart disease, 51% were women. Stroke is the third leading cause of death and is a leading cause of disability. In 2004, stroke killed more than 150,000 people (61% of them women), accounting for about 1 of every 15 deaths. In 1998, the U.S. Congress provided funding for CDC to initiate a national, state-based Heart Disease and Stroke Prevention Program with funding for eight states. Now, 32 states and the District of Columbia are funded, 19 as capacity building and 14 as basic implementation. We must expand these efforts to continue the gains we have made in combating heart disease and stroke.

The CDC funds proven programs addressing cancer prevention, early detection, and care. Cancer is the second most common cause of death in the United States. In 2006, about 1.4 million new cases of cancer will be diagnosed, and about 564,830 Americans— more than 1,500 people a day— are expected to die of the disease. The financial cost of cancer is also significant. According to the National Institutes of Health, in 2005, the overall cost for cancer in the United States was nearly \$210 billion: \$74 billion for direct medical costs, \$17.5 billion for lost worker productivity due to illness, and \$118.4 billion for lost worker productivity due to premature death.

Among the ways the CDC is fighting cancer, is through funding the National Breast and Cervical Cancer Early Detection Program that helps low-income, uninsured and medically underserved women gain access to lifesaving breast and cervical cancer screenings and provides a gateway to treatment upon diagnosis. CDC also funds grants to states to develop Comprehensive Cancer Control (CCC) plans, bringing together a broad partnership of public and private stakeholders to jointly set priorities and implement specific cancer prevention and control activities customized to address each state's particular needs. CDC also funds programs to raise awareness about colorectal, prostate, lung, ovarian and skin cancers, and the National Program of Cancer Registries, a critical registry for tracking cancer trends in all 50 states.

Although more than 20 million Americans have diabetes, 6.2 million cases are undiagnosed. From 1980–2002, the number of people with diabetes in the United States more than doubled, from 5.8 million to 13.3 million. Each year, 12,000–24,000 people with diabetes become blind, more than 42,800 develop kidney failure, and about 82,000 have leg, foot, or toe amputations. Preventive care such as routine eye and foot examinations, self-monitoring of blood glucose, and glycemic control could reduce these numbers. Unfortunately funding for diabetes, along with many other core CDC programs, has either been cut or flat funded for the past several years. Without additional funds, most states will not be able to create programs based on these new data. States also will continue to need CDC funding for diabetes control programs that seek to reduce the complications associated with diabetes.

Over the last 25 years, obesity rates have doubled among adults and children, and tripled in teens. Obesity, diet and inactivity are cross-cutting risk factors that contribute significantly to heart disease, cancer, stroke and diabetes. The CDC funds programs to encourage the consumption of fruits and vegetables, to get sufficient exercise, and to develop other habits of healthy nutrition and activity. In order to fully support these activities, we urge the Subcommittee to provide at least \$43 million for the Steps to a Healthier US program and \$65 million for CDC's Division of Nutrition and Physical Activity.

Childhood immunizations provide one of the best returns on investment of any public health program. For each birth cohort vaccinated, society saves \$33.4 billion in indirect costs and \$9.9 billion in direct health care costs, in addition to saving 33,000 lives and preventing 14 million cases of disease. Despite the incredible success of the program, it faces serious financial challenges. In the past 10 years, the number of recommended childhood vaccines has jumped from 10 to 16. Even more striking, the cost of fully vaccinating an adolescent female has increased from \$285 to over \$1200 in past eight years alone. Despite these challenges funding for vaccine purchases under Section 317 has remained stagnant. The consequence of this disconnect, is that while 747,000 children and adolescents could potentially receive their full series of vaccinations with 317 funds in 1999, that number has plummeted by over 70% to just 218,000 in 2007.

Arthritis and chronic joint symptoms affect nearly 66 million Americans and they are the nation's leading cause of disability. Early diagnosis and appropriate management of the disease can prevent much of the pain and disability associated it.

More than 400,000 people die prematurely every year due to tobacco use. CDC's tobacco control efforts seek to prevent tobacco addition in the first place, as well as help those who want to quit. We must continue to support these vital programs and reduce tobacco use in the United States.

Each day more than 4,000 young people try their first cigarette. At the same time, daily participation in high school physical education classes dropped from 42% in 1991 to 32% in 2001. Almost 80% of young people do not eat the recommended number of servings of fruits and vegetables, while nearly 30% of young people are overweight or at risk of becoming overweight. And every year, almost 800,000 adolescents become pregnant and about 3 million become infected with a sexually transmitted disease. School health programs are one of the most efficient means of correcting these problems, shaping our nation's future health, education, and social well-being.

Much of CDC's work in chronic disease prevention and health promotion is guided by its prevention research activities. 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. Healthy Passages a longitudinal study that is

following a cohort of children will have to be discontinued without \$6 million in additional appropriations. If allowed to continue, the study would follow children from birth through adulthood in order to discover critical links between risks and protective factors and health outcomes. The cost savings of stopping a study already underway are miniscule compared to the lost opportunities for finding better ways to prevent serious health consequences in the future.

CDC provides national leadership in helping control the HIV epidemic by working with community, state, national, and international partners in surveillance, research, prevention and evaluation activities. The CDC estimates that up to 1,185,000 Americans are living with HIV, one-quarter of whom are unaware of their infection. Also, the number of people living with HIV is increasing, as new drug therapies are keeping HIV-infected persons healthy longer and dramatically reducing the death rate. Prevention of HIV transmission is our best defense against the AIDS epidemic that has already killed over 500,000 U.S. citizens and is devastating the populations of nations around the globe, and CDC's HIV prevention efforts must be expanded.

The United States has the highest sexually transmitted diseases (STD) rates in the industrialized world. More than 18 million people contract STDs each year. In one year, our nation spends over \$8.4 billion to treat the symptoms and consequences of STDs. Elimination of STDs, especially syphilis, is now within our grasp. These welcome opportunities, if adequately funded now, will save millions in annual health care costs in the future. Untreated STDs contribute to infant mortality, infertility, and cervical cancer. State and local STD control programs depend heavily on CDC funding for their operational support.

CDC conducts several surveys that help track health risks and provide information for priority setting at the state and local levels. The Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Youth Tobacco Survey, and National Health and Nutrition Examination Survey (NHANES) are important national sources of objective health data. NHANES is a unique collaboration between CDC, the National Institutes of Health (NIH), and others to obtain data for biomedical research, public health, tracking of health indicators, and policy development. Mobile exam centers travel throughout the country to collect data on chronic conditions, nutritional status, medical risk factors (*e.g.*, high cholesterol level, obesity, high blood pressure), dental health, vision, illicit drug use, blood lead levels, food safety, and other factors that are not possible to assess by use of interviews alone. Ensuring adequate funding for this survey is essential for determining rates of major diseases and health conditions and developing public health policies and prevention interventions.

We must address the growing disparity in the health of racial and ethnic minorities. CDC's Racial and Ethnic Approaches to Community Health (REACH), helps states address these serious disparities in infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and immunizations. We encourage the Subcommittee to provide adequate funds for CDC's REACH program.

CDC oversees immunization programs for children, adolescents and adults, and is a global partner in the ongoing effort to eradicate polio worldwide. 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 and significant racial and ethnic disparities in vaccination levels persist among the elderly. Childhood immunization programs at CDC also need a funding boost, to ensure sufficient purchase and delivery of the 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.

Injuries are the leading cause of death in the United States for people ages 1-34. Of all injuries, those to the brain are most likely to result in death or permanent disability. Traumatic brain injury (TBI) is widely recognized as the signature wound of the Iraq war with estimates of the numbers of injured service members as high as 150,000. Each year, however, more than 50,000 civilians die and 90,000 civilians are left with a long-term disability as a result of TBI. The Traumatic Brain Injury Act is the nation's only law that specifically responds to this growing public health crisis. The Institute of Medicine found that this law has been effective in addressing a wide variety of gaps in service system development.

Injury at work remains a leading cause of death and disability among U.S. workers. During the period from 1980 through 1995, at least 93,338 workers in the U.S. died as a result of injuries suffered on the job, for an average of about 16 deaths per day. The Bureau of Labor Statistics (BLS) at the Department of Labor has identified 5,915 workplace deaths from acute traumatic injury in 2000. BLS also estimates that 5.7 million injuries to workers occurred in 1997 alone; while NIOSH estimates that about 3.6 million occupational injuries were serious enough to be treated in hospital emergency rooms in 1998. The injury prevention and workforce protection initiatives of NIOSH need continued support.

Of the four million babies born each year in the United States, 3% are born with one or more birth defects. Birth defects are the leading cause of infant mortality, accounting for more than 20% of all infant deaths. Children with birth defects who survive often experience lifelong physical and mental disabilities. An estimated 54 million people in the U.S. currently live with a disability, and 17 percent of children under the age of 18 have a developmental disability. Direct and indirect costs associated with disability exceed \$300 billion.

Created by the Children's Health Act of 2000 (P.L. 106-310), the National Center on Birth Defects and Developmental Disabilities (NCBDDD) at CDC conducts programs to protect and improve the health of children and adults by preventing birth defects and developmental disabilities; promoting optimal child development and health and wellness among children and adults with disabilities.

We also encourage the Subcommittee to provide adequate funding for CDC's Environmental Public Health Services Branch to revitalize environmental public health services at the national, state and local. The agencies that carry out these services are fragmented and their resources are stretched. These services are essential to protecting and ensuring the health and well being of the American public from threats associated with West Nile virus, terrorism, *E. coli* and lead in drinking water. We encourage the Committee to provide at least \$50 million for CDC's Environmental Health Tracking Network and to provide \$50 million to CDC Environmental Health Activities to develop and enhance CDC's capacity to help the nation prepare for and adapt to the potential health effects of global climate change. This new request for funding would help prepare state and local health department to prepare for the public health impacts of global climate change, allow CDC to fund academic and other institutions in their efforts to research the impacts of climate change on public health and to create a Center of Excellence at CDC to serve as a national resource for health professionals, government leaders and the public on climate change science.

We appreciate the Subcommittee's hard work in advocating for CDC programs in a climate of competing priorities. We encourage you to consider our request for \$10.7 billion, plus sufficient funding to prepare for a possible influenza pandemic, for CDC in FY 2008.

Members of the CDC Coalition

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 Obstetricians and Gynecologists
American College of Preventive Medicine
American College of Rheumatology
American Dietetic Association
American Foundation for AIDS Research
American Heart Association
American Indian Higher Education Consortium
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 Society for Clinical Pathology
American Society for Gastrointestinal Endoscopy
American Society for Microbiology
American Society for Reproductive Health
American Thoracic Society
American Urological Association c/o MARC Assoc.
Arthritis Foundation
Assn. 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
Barbara Levine & Associates
Brain Injury Association
Bread for the World Institute
Campaign for Tobacco-Free Kids
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
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
NASEMSD
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 Councils on Developmental Disabilities
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 c/o MARC Assoc.
National Medical Association
National Osteoporosis Foundation
National Partnership for Immunization
National Rural Health Association
National Safe Kids Campaign
National Association for Public Health Statistics & Information Systems & Information Systems
Partnership for Prevention
Planned Parenthood Federation of America
Powers, Pyles, Sutter and Verville
Research!America
Society for Maternal Fetal-Medicine c/o CRD Associates
Society for Public Health Education
Society of General Internal Medicine (SGIM)
Spina Bifida Association of America
The Alan Guttmacher Institute
Trust for America's Health

U.S. Conference of Mayors
United Cerebral Palsy
YMCA of the USA
YWCA of the USA/Office of Women's Health Initiative