



720 South Colorado Blvd.
Suite 1000-N
Denver, Colorado 80246-1926
Phone (303) 756-9090
Fax (303) 691-9490
www.neha.org

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The National Environmental Health Association (NEHA); is the nation's only professional society that represents the multiple disciplines that comprise environmental health; and we are writing to express alarm and concern over the Continuing Resolution and FY 2011 budget recommendations that we are seeing for The Centers for Disease Control (CDC).

Additionally, we strongly oppose the FY 2012 CDC budget recommendations as presented in both the President's budget and the majority report released by the House Appropriations Committee.

With respect to the CDC budget, our focus is specifically on the National Center for Environmental Health and Agency for Toxic Substances and Disease Registry (NCEH/ATSDR). The scope and magnitude of the proposed cuts for these agencies (namely a 30% reduction from the FY2010 budget), is both disproportional and extreme. **We firmly believe that these reductions will adversely affect the ability of environmental health programs at the federal, state and local levels to provide basic and essential services.** Much of the proposed cutting takes aim on the very programs (e.g. the healthy communities' initiative) where future environmental health needs are likely to be the greatest. These cuts will remove some of the most valuable resources needed to address our Nation's critical health problems. For example, CDC's efforts to promote the healthy design of our communities are intended to counter the alarming increases in the incidence of metabolic syndrome related disease, including diabetes and heart disease. The promotion of healthy places even combats the likelihood of the occurrence of many cancers. Cuts in the CDC efforts to promote healthy places will result in continuing increases in disease and an unsustainable rise in the health care costs associated with the treatment of these afflictions.

NCEH and ATSDR are critical components of America's public and environmental health system. In partnership with state and local Environmental Health programs from around the nation, we regard NCEH/ATSDR as the federal "piece" of this local/state/federal system. The federal leadership from NCEH/ATSDR informs and guides this system, thereby enhancing its overall capacity and cost-effectiveness to a significant degree. NCEH/ATSDR's work, technical assistance, leadership and expertise enables environmental health at the local and state levels to understand and adopt best practices, use modern technologies and approaches to problem solving, build collaborative professional networks, and achieve the personnel education and training that is requisite for the effective performance of this hugely important system. Their work is performed for relatively modest cost, but at an amount that very few public health agencies could afford on their own. Maintaining the NCEH/ATSDR program at current levels allows for an efficient national public health system.

NCEH/ATSDR efforts build capacity of the public health system and advance prevention – which translates into reduced levels of illness, injury and death. Moreover, given the relentless climb of health care costs, lost productivity, and damage caused by the problems NCEH/ATSDR currently addresses, the savings makes environmental health one of our Nation's most prudent investments.

The proposed cuts of nearly one-third of the total funding from last year's budget levels will undermine the vital role that NCEH/ATSDR currently plays in the health and overall performance of the one system that protects Americans from everything from food borne illness to incidents of terrorism, natural disasters, unsafe drinking water, harmful radon exposures, disease carrying vectors, and other environmental health concerns. We therefore urge you to consider reversing the proposed cuts and – at a minimum – maintaining the current levels of funding that exist for NCEH/ATSDR.

In the attachment, please find NEHA's specific comments regarding particular cuts that have been proposed.

Thank you for considering our comments.

Sincerely,

A handwritten signature in black ink, reading "Keith L. Krinn". The signature is written in a cursive style with a large, stylized "K" and "L".

Keith L. Krinn, RS, MA, DAAS, CPHA
President

ATTACHMENT

NEHA Comments on Specific Cuts Proposed for NCEH/ATSDR

In addition to our concern about the overall size of the proposed reductions, we are especially concerned about the specific programs within NCEH/ATSDR that have been targeted for reductions.

Basic Environmental Health Services

The proposed \$3.6 million reduction in a program area that has already been subjected to reduced funding in other budget cycles will further limit, if not completely eliminate, the ability of NCEH to provide much needed training, technical assistance and research/program capacity in the most basic and traditional environmental health services. These include food safety, vector borne disease control, waterborne disease control, septic and wastewater control systems, and control of emerging pathogens and epidemiologic studies. Moreover, this would occur at a time when there is virtually no additional capacity at the state and local level to replace the loss of these program services. These programs, developed and perfected over 150 years of environmental health practice, provide the highest impact, cost-effective, preventative health interventions that can be implemented in a community.

Healthy Community Design and Climate Change

The proposed budget contains a \$2.6 million reduction to the NCEH Healthy Community Design Initiative. This cut will serve to totally eliminate this program.

There is a separate and additional cut of 13.8% or nearly \$1 million to the initiative to prepare for the adverse and significant public health impacts resulting from global climate change. We believe that these programs and the issues they represent define the very heart of where environmental health needs to go to be of greatest value to the health and well being of all future Americans. Given the obesity epidemic now engulfing our country and the uncontrollable health care costs that this epidemic is causing through increases in diseases like diabetes, it is inconceivable that we would not engage issues like how our communities are designed. Without NCEH providing a leadership role in this emerging and urgent field of concern, we lose the opportunity to safeguard health and control and even reduce future health care expenditures.

Beyond the actual dollars involved, these cutting-edge programs require a long period of time to build knowledge and capacity for future applications. It should be noted that this program has a solid grounding underneath it. If it is now eliminated, we compromise our ability to swiftly and cost – effectively move forward with this initiative at some future date when its need will be even more critical. Its entire infrastructure and expertise base will have to all be rebuilt.

Environmental Health Tracking

The reductions in this program area are less, owing to the fact that supplemental funding will presumably be available from the Affordable Care Prevention and Public Health Fund. Although this will serve to minimize the impact of the reduction, nonetheless, there is still reduced funding in this program from FY10 levels. This too is a vitally important program. When fully implemented, it will give us the ability to link environmental exposures to adverse human health impacts. This in turn will enable us to then track this exposure data to actual health outcomes for the first-time ever. Knowing what exposures lead to what health problems equips us with the knowledge to execute effective interventions that serve to prevent disease and illness related to environmental exposures. The resulting cost savings potential is enormous.

Asthma Control and Healthy Homes/Lead Poisoning Prevention

The Healthy Homes program is slated for a 51% reduction over FY10 funding. In the area of asthma control, proposed funding cuts will reduce the number of funded states participating in the program by over 60%. Given the dismal budget picture facing the states, this will translate into this highly effective program being eliminated in those states.

These programs, in concert with the lead poisoning prevention program, are producing results that are measurably improving the health outcomes of the nation's children. Moreover, the demonstrated economic cost benefit analysis of these programs documents savings that largely pays for these programs. For example, declines in emergency room visits due to asthma attacks have resulted in a \$23 million cost savings in hospitalizations costs since 2007. The resulting decline in mortality from asthma (30% between 1999 and 2006) has yielded a \$1.5 billion cost savings from increased productivity from the declining mortality rates attributable to this program.

In the area of lead poisoning prevention, we have had an unprecedented level of success. We are experiencing dramatic declines in blood lead levels in children under six that live in the 35 states currently receiving funding under this program. Recent cost-benefit analysis studies suggest a positive cost-benefit ratio that exceeds that of vaccines! That would suggest this is the single best cost-benefit producing ratio for any public health program ever implemented! This does not include the increased savings obtained by reducing the adverse childhood developmental effects that are produced in children with high blood lead levels that are untreated.

Other Program Challenges

NCEH is active in numerous program areas, including workforce development, emergency response, safe water, and food borne and water borne illness prevention. The Center has become a national resource for state and local environmental health professionals in addressing these critically important program areas. It is essential that the resources, technical assistance and leadership provided by NCEH remain. Moreover, NCEH/ATSDR is the only agency capable of providing these resources, the needed technical assistance and leadership.