

At a field hearing of the Senate Labor, Health and Human Services and Education Subcommittee on May 2, 2003, Senator Specter (R-PA) asked Dr Gerberding the following question:

Senator Specter: "I understand the constraints under which you operate, but I want, for the official record, directly from you, the expert, your professional judgment concerning what resources CDC needs to protect the public's health.

Please address all relevant public health issues, such as terrorism and Homeland Security, emerging infectious diseases, including SARS, buildings & facilities, the obesity epidemic, and other critical research that needs to be done by your agency. I am requesting that this information be delivered to the Subcommittee with ten (10) working days at the latest."

Attached for your information, is the answer, approved by DHHS and OMB, provided for the record to the Subcommittee.

Please note that this response represents Dr. Gerberding's professional judgment and is provided without the constraints of the competing priorities that the President and his advisors must consider as budget submissions to the Congress are developed.

The President's budget is strong in its efforts to protect the public's health, especially in the context of all health priorities and needs. Dr Gerberding supports the CDC request in the President's budget for fiscal year 2004.

RESPONSE TO PROFESSIONAL JUDGEMENT REQUEST

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Dr. Gerberding: This response represents my professional judgment as CDC Director and is provided without the constraints of the competing priorities that the President and his advisors must consider as budget submissions to the Congress are developed.

We believe that the President's budget is strong in its efforts to protect the public's health, especially in the context of all health priorities and needs. As I have stated publicly, I support the CDC request in the President's budget for fiscal year 2004. I am pleased that the President's request includes key increases in the areas of chronic disease prevention, global HIV/AIDS, and public health information systems, just to name a few.

We are facing continued threats to health, such as terrorism, emerging diseases, the aging of the population. There are also expanding opportunities to improve health through science, technology, and communications

In summary, these actions fall into three broad categories:

- *Investments* in public health research, buildings and facilities, and public health communications.
- *Preparing for Health Threats Here and Abroad*, which includes investments in terrorism and emergency preparedness and response; global disease detection; and security; and,
- *Transforming Knowledge into Impact*, which includes investments in public health program accountability and health status assessment.

I have provided more detailed information about these actions below. This professional judgment estimate includes increases of \$1.2 billion in FY 2004 and approximately \$1.8 billion per year for each of the next 4 years, for a total funding of \$15 billion.

CDC Professional Judgment Estimate <i>(dollars in billions)</i>	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CDC/ATSDR Request/prior year base	\$6.5	\$7.7	\$9.5	\$11.3	\$13.1
Prof. Judg. Increase	\$1.2	\$1.8	\$1.8	\$1.8	\$1.9
CDC/ATSDR Prof. Judg. Total	\$7.7	\$9.5	\$11.3	\$13.1	\$15.0

Terrorism, emerging global infectious diseases, and the obesity epidemic pose continued threats to health at the onset of the 21st Century. At the same time innovations in science, information technology and communications offer opportunities to improve health

1. Bringing Public Health into the 21st Century

Public Health Research

Meeting the public health challenges of the 21st Century demands that our nation create the scientific evidence base. CDC's leadership and credibility is entirely dependent on the quality of the scientific evidence at the core of its public health programs, policies, and practices. Our nation's substantive economic investment in biomedical research has created new knowledge about the causes of illness, allowing us to diagnose and treat an astonishing array of medical conditions, and increasingly identifying effective prevention interventions. However, in order for these new discoveries to truly benefit people in all communities, they must be translated into effective public health programs. CDC's public health research—driven by concrete, human needs identified by frontline public health programs—can move knowledge from academic journals into the communities and clinics that reach people where they live. CDC's public health research moves basic research discoveries from the laboratory to the community, or "from the bench to the trench."

CDC's response to SARS illustrates important facets of public health research -- rapid pathogen identification, diagnostic testing, mechanisms of disease transmission, effectiveness of isolation methods, and effectiveness of prevention strategies. The experience with SARS, West Nile virus, anthrax, and other recent health threats shows the benefits of a cadre of public health researchers -- at CDC, in academia, and in the private sector -- to respond to emerging health threats.

Public health research helps to define the best strategies for detecting new diseases, assessing the health status of populations, motivating healthy lifestyles at all life stages, communicating effective health promotion messages, and acquiring and disseminating information in times of crisis. Public health research can help overcome barriers that prevent people in every community from benefiting from the interventions we already know are effective.

Public health research generates solutions. The pragmatic nature of public health means those solutions will be relevant to the health needs of a variety of populations in a variety of settings. This kind of practical, applied research enables our nation to plug the gap between what the laboratory tells us and the way people actually behave.

Funds could be used to Build a comprehensive public health research agenda to prepare this nation for the threats of the new century These funds could help expand CDC's current research portfolio and further add to our strong record of public health accomplishments.

The program would consist of three parts. First, an investigator-initiated, peer-reviewed extramural grant program to derive the knowledge necessary to translate biomedical science into effective programs that directly affect quality and length of life and address health disparities. Second, an extramural peer-reviewed grant program to accelerate our capacity to respond rapidly to emerging and urgent public health threats, such as SARS. Third, extramural programs to engage and support the best innovative scientists in our medical and public health schools in the field of public health research.

Substantial and sustained investment in public health research could generate targeted public health interventions that work for this nation's increasingly diverse population. Stronger, more robust public health research could translate to stronger, more robust public health programs and a healthier public.

Public Health Communications and Information Systems

CDC could take greater advantage of 21st Century communications and information technology in its role as the premier credible source of information to help guide public health decisions, and expand its capacity to give people the information that will help them take charge of their own health decisions. To affect the public health, CDC should effectively market health information, in the same way that businesses market their products, by capitalizing on the growing array of communication tools to reach diverse populations where they are.

In addition to the communications research that will help design cost-effective and impactful health communications strategies, we could exploit communications and information technology to help constituents and stakeholders have access to the information they need at the time they need it. A comprehensive Public Health Information Network could seamlessly connect people across our nation with CDC, other HHS agencies, state and local public health agencies, healthcare organizations, and many other stakeholders. This network could serve as the backbone for: emergency health alerts, distance learning, knowledge management, disease detection, reporting and surveillance functions, health tracking, secure data transmission, and many other functions important to public health. The public health information network could not only create and disseminate the information to promote health and safety in this country, but is a cost-effective means to support global public health advances. The Public Health Information Network is already in development, but funding could allow us to scale up and speed up its implementation.

Physical Infrastructure

CDC is engaged in an intensive effort to rebuild our physical infrastructure. Using innovative procurement and design methods, we continue to build on time and on budget. Our ten-year master plan will replace World War II-era buildings with facilities that will meet the scientific research challenges of the 21st Century. For example, our Fort Collins, Colorado laboratory, which leads the nation's response to such diseases as West Nile virus, plague, and several Select Agents, will be moved from decades-old leased space to a modern safe and secure facility. Sustained investment in buildings and facilities improvement could allow CDC to recruit and retain world-class scientists and support them with state-of-the-art laboratory and research facilities so they can continue effectively protecting the public's health at home and abroad, to respond to public health emergencies, and to remain on the leading edge of emerging infections.

II. Transforming Knowledge into Impact

Program Accountability

The 21st century health care system should be accountable to taxpayers for investments in public health programs. CDC could achieve substantial improvements in the public's health by implementing evidence-based programs through state and local health agencies that we already know are working in some locales. Expansion of programs that work will benefit people who now are not able to access health promotion, screening, and prevention programs, and could translate to a significant improvement of the health status of the nation.

For example, robust programs to prevent chronic diseases, which account for 70% of all deaths each year, could generate significant returns.

- If every state adopted the programs we know can control the onset and severity of diabetes, we could prevent 10,000 to 21,000 cases of eye disease and blindness, 165,000 cases of kidney failure, and up to 43,000 amputations.
- If every state implemented the programs we know can reduce obesity at full capacity, we could effect a substantial reduction in the prevalence of obesity, which costs the health care system an estimated \$93 billion each year, and a corresponding reduction in the incidence of associated conditions like diabetes, heart disease, osteoarthritis, and cancer.
- At full capacity, CDC's domestic HIV prevention programs could cut in half the number of new HIV infections in the U.S., from an estimated 40,000 per year to 20,000 per year; increase to 95% the proportion of HIV-infected people who know they are infected; and link eight out of ten HIV-infected people in the U.S. to appropriate treatment services.
- CDC studies find that we can reduce the risk of alcohol-exposed pregnancies by 2/3 with full implementation of programs that counsel high-risk women.
- Full implementation of CDC's injury prevention work promoting restraint use among motor vehicle occupants could save up to 9,000 lives and prevent as many as 160,000 non-fatal injuries each year.
- Full implementation of CDC's occupational safety and health initiatives would reduce the direct costs of occupational injuries, which Liberty Mutual's 2002 Workplace Safety Index estimates at more than \$40 billion.
- Putting a comprehensive environmental health program into every state would eliminate childhood lead poisoning, which affects more than 1 million children under the age of six, by the year 2010. Eliminating lead poisoning would reduce the prevalence of learning disabilities, behavior problems, and other serious problems associated with high blood lead levels.

Assessment of Health Status

Health policy decision-makers can improve decisions with better state and local data. Equally, improved, accurate information about the health status of Americans will help improve the allocation of resources in the highest priority health needs. Reliable health information underpins every effort to improve health, and our nation may be missing opportunities to make the strongest impact. At the national level, core health surveys could benefit from expanded funding. Changing needs, populations and technologies call for more resources to keep pace. Considerable gaps remain in our understanding of racial and ethnic disparities in health, and CDC's performance in generating information required to

track health goals and holding programs accountable has been limited. CDC could build an effective, nationwide system to deliver the information needed to improve health.

III. Preparing for Health Threats Here and Abroad

Terrorism Preparedness and Emergency Response

CDC plays a critical role in ensuring that the nation's public health system is prepared to respond to public health emergencies, particularly with respect to chemical, biological, radiological and nuclear terrorism, and to emerging infectious diseases such as SARS. CDC has taken substantial strides in strengthening the system. Yet substantially more work remains.

CDC, states and communities could use additional funds to address:

- Comprehensive regional preparedness planning and exercise, including plans for isolation and quarantine of potential infected persons (with increased personnel at ports of entry, which would have assisted with SARS.)
- Further improvement of CDC and regional laboratories to provide coordinated surge capacity in times of pandemics or terrorist attack,
- a nationwide electronic data system to detect emerging threats, that use existing confirmation from national sources (such as pharmacy chains) and local sources (such as emergency department visits) to detect and monitor terrorism and emerging infectious diseases,
- Comprehensive network of satellite communication and other communications capacity to ensure health information can reach all clinicians in times of crisis.

Global Disease Detection System

CDC could continue to strengthen the capacity of the public health community, both at home and abroad, to respond to global threats, such as SARS, pandemic flu and bioterrorism attacks. CDC's Global Disease Detection System would seamlessly connect local and state health departments with CDC's and its detection system through these components:

- Provide technical support to ensure clinicians and laboratories around the globe can diagnose emerging infectious disease events.
- Link clinicians and laboratories via secure methods with CDC and the WHO to ensure real time reporting of emerging threats
- Support sentinel sites in key regions around the globe to ensure in-country disease detection and reporting and prompt referral to a regional laboratory service
- Provide for emergency transport of infectious specimens, evacuation of contagious patients, and movement of CDC's Emergency Response Teams worldwide. These capacities are critical to mitigate the consequences of a catastrophic public health event, whether the cause is an intentional act of terrorism or the natural emergence of a deadly infectious virus, like SARS.

Security

While CDC is engaged in protecting the health of this country and the world, a substantial investment is required to assure the security of CDC assets. These include personnel, scientific equipment and laboratory specimens. These resources need to be protected in times of normal operations, during emergencies, and when continuity of operations is required.