

**Written Statement of John Auerbach  
President and CEO, Trust for America's Health  
House Appropriations Subcommittee on Labor, Health & Human Services, Education**

Thank you Chairman Cole and Ranking Member DeLauro, and other members of the subcommittee for the opportunity to testify today. I'm John Auerbach, President and CEO of Trust for America's Health (TFAH), a nonprofit, nonpartisan organization dedicated to saving lives by working to make prevention of illness and injury a national priority. I joined this dedicated organization after working in public health for 30 years – as a city health commissioner, a state public health commissioner and as the associate director of the Centers for Disease Control and Prevention (CDC).

Nothing reflects the values of a country more than the health of its residents. And sadly, Americans are not as healthy as they could or should be – in large part because we routinely underfund our nation's public health system, far too often at the expense of paying for treatment and care in the health care system. The country needs a long-term commitment to rebuilding the nation's public health capabilities – not just to filling some of the more dangerous gaps, but also to ensuring that each community will be prepared, responsive, and resilient when the unexpected occurs.

Thank you for providing the CDC funding in fiscal year 2018 for a much-needed laboratory and the expansion of its work to address the opioid epidemic, as well as other vitally important efforts. However, much of CDC's important work remains dangerously underfunded, which means our nation is vulnerable to serious health threats. We share the CDC Coalition's recommendation that Congress provide CDC with \$8.445 billion in fiscal year 2019, which

would put us on a path toward the goal of providing CDC with a 22 percent increase in funding by fiscal year 2022.

Approximately seventy-five percent of the CDC's annual budget flows to your home districts and communities in the form of grants and contracts to state, territorial, tribal, and local public health departments and community organizations, to conduct critical public health and prevention activities upon which every American relies. This includes funding to protect us from infectious disease (such as the annual flu and the threat of outbreaks such as Ebola and Zika), delivering immunizations to prevent childhood diseases and ensuring preparedness for events such as the many natural disasters we faced in 2017.

In fact, 2017 was one of the worst years on record for natural disasters, and our nation's public health and health care systems were on the front lines – staffing shelters, minimizing disaster related injuries, infections and trauma and ensuring that the elderly and other vulnerable populations were not overlooked. The Public Health Emergency Preparedness (PHEP) Cooperative Agreement Program is the only federal program that supports the work of state and local health departments to prepare for and respond to emergencies. This core emergency preparedness funding has been cut by about 29 percent since the program was established in fiscal year 2002. TFAH recommends \$824 million for the Public Health Emergency Preparedness Cooperative Agreement Program to address gaps in state and local preparedness.

In addition, the Hospital Preparedness Program (HPP), administered by the Assistant Secretary for Preparedness and Response (ASPR), is the only federal or state funding most states

and cities receive to support health system preparedness for disasters. The program has seen its funding cut nearly in half since fiscal year 2003. TFAH recommends \$474 million for the Hospital Preparedness Program in FY 2019.

A sustained investment in public health and prevention is also essential to reduce high rates of disease and improve health in the United States. Twelve percent of CDC's budget comes from the Prevention and Public Health Fund, with about \$625 million annually directed to state and local efforts to ensure access to vaccines, avoid healthcare-associated infections, reduce tobacco use among teenagers, and prevent diabetes, heart disease and cancer. We urge you to oppose further cuts to the Prevention Fund.

Chronic diseases are responsible for roughly 80 percent of health care spending in the United States and the causes are often associated with the social, economic, and environmental conditions in our cities, towns and counties. For example, poverty is strongly associated with poorer health. In addition, people may adopt unhealthy behaviors that directly lead to injury, illness and preventable deaths.

As a result, these diseases cannot be adequately addressed by simply investing in the health care system to assist after people become ill. CDC's National Center for Chronic Disease Prevention and Health Promotion funds public and private partners to reduce the rates of death and disability by promoting healthy behaviors and creating safer conditions in people's homes, workplaces, neighborhoods and schools. CDC also funds communities to develop culturally tailored approaches to combat health disparities through the Racial and Ethnic Approaches to

Community Health (REACH) program. TFAH recommends \$63.3 million for the Division of Nutrition, Physical Activity, and Obesity at CDC's National Center for Chronic Disease Prevention and Health Promotion, and \$57.9 million for the REACH program.

One of the great contributions of the public health system is its ability to provide useful information about whose health is at risk or impaired and why. This allows us to invest and carefully target our interventions and better understand what works to safeguard the public. Supporting research and acting on the knowledge it generates helps create safe, healthy environments that are free of environmental toxins and other hazards. Without the right data, including those collected by the National Environmental Public Health Tracking Network, researchers and policymakers struggle to answer basic questions about life-threatening health conditions. TFAH recommends funding the Tracking Network at \$40 million as a down payment toward fully funding the Tracking Network within the next five years.

Finally, as you know, opioid misuse is a public health epidemic that has touched nearly all of our communities. Drug-related deaths have tripled since 2000. In 2016, 142,000 Americans died from overlapping epidemics of alcohol- and drug-induced fatalities and suicide – an average of one every four minutes. That's more than the number of Americans who died in all U.S. wars since 1950 combined. Many of these deaths are related to inappropriate prescribing practices and the misuse of such prescription drugs. But they also stem from circumstance when people self-medicate in response to despair caused by trauma and other adverse conditions they've experienced in their lives. The response to the epidemic certainly needs to include drug treatment, overdose reversal and appropriate prescribing. But it also needs to include

educational and skill-building programs for children and adults; early screening, support and referral systems in our schools and communities and attention paid to the conditions that create the stress and despair. With proper support, the public health sector can identify and offer the proven interventions and effective policies to reduce many of these factors.

TFAH recommends \$625.4 million for CDC's National Center for Injury Prevention and Control to expand its opioid overdose prevention effort to all 50 states and the District of Columbia. We also encourage you to provide at least \$248.2 million for the Center for Substance Abuse Prevention at the Substance Abuse and Mental Health Services Administration, and \$1.9 billion for the Substance Abuse Prevention and Treatment Block Grant (SABG), which provides critical prevention funding for the states. SABG alone accounts for approximately 32 percent of spending by state substance abuse agencies, yet until fiscal year 2016 the SABG had been level funded for several years despite the increased burden of substance misuse.

In closing, let me thank you again for your support of public health in 2018 and in the past. Such support is vital to ensuring that the nation has a functioning public health infrastructure and the American people are protected from avoidable threats. But I respectfully encourage you to do more to restore the cuts of the past and to build on the progress and track record of CDC and the public health system at the state, local, territorial and tribal levels. It is only when we have strong and robust public health and preventive efforts in every community that we will demonstrate that we are indeed a nation that prioritizes the health of its people.