

April 4, 2013

The Honorable Jack Kingston, Chairman  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
2358B Rayburn House Office Building  
Washington, DC 20515-6024

The Honorable Rosa DeLauro, Ranking Member  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
1016 Longworth House Office Building  
Washington, DC 20515-6157

The Honorable Tom Harkin, Chairman  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. Senate  
131 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Jerry Moran, Ranking Member  
Labor, Health and Human Services, Education  
and Related Agencies Subcommittee  
Committee on Appropriations  
U.S. Senate  
156 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairmen and Ranking Members:

We the undersigned public and environmental health organizations write to you in support of fiscal 2014 appropriations for public health and prevention activities. However, we also wish to express serious concern regarding current, proposed, and future funding levels for the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health (NCEH). **We urge Congress to direct \$146,151,000 to NCEH for fiscal year 2014.**

As you know, funding for the CDC and other public health activities at the federal and state level has declined over the past several years. These funding cuts fail to appreciate the considerable challenges that public health workers continue to face, particularly around addressing the environmental causes of injury, illness, and disease. From fiscal year 2009 to 2012, NCEH funding has been cut approximately 25 percent. Significant, additional cuts will occur in fiscal year 2013.

Meanwhile, chronic disease rates continue to climb, inflicting the burden of preventable death and illness on millions of Americans and contributing to the growing cost of health care. According to the World Health Organization, environmental factors account for roughly a quarter of our current disease burden and 23 percent of all deaths.

We agree as a community that NCEH and our nation's core environmental health infrastructure are in serious jeopardy. The cuts implemented to the Healthy Homes and Lead Poisoning Prevention program for fiscal year 2012 alone have jeopardized the health of families living in homes nationwide where exposure to lead, asthma and other illnesses related to rodent and insect

infestation, chemical exposures, and other risk factors is likely. There are already over 500,000 children with blood lead levels above CDC's reference value.<sup>1</sup> These exposures are preventable.

As local and state health departments cope with ongoing budget cuts at the local, state and federal level, they are dependent upon CDC for data and leadership in environmental health that helps to spur action at the local level. Since 2008, health departments have lost over 45,000 jobs and, according to a 2012 survey, one-third of local health departments cut or eliminated environmental health services. Local health departments have already lost capacity to provide screening and case management for elevated blood lead levels in children; laboratory capacity to analyze vectors of disease; support to develop an environmental public health tracking network; support to develop injury prevention, healthy homes and asthma prevention programming.

### **Lead Poisoning**

CDC is the only agency that houses the information about where, how, and when children are lead poisoned. State and local health departments use CDC funding to identify and monitor the communities at greatest risk through their surveillance systems. They also provide local leadership on the prevention of childhood lead poisoning, for example by enforcing state and local lead poisoning prevention laws. These programs have been nearly eliminated as a result of cuts to the program that were made in fiscal year 2012, placing millions of U.S. children at risk. New studies show that even children with very low levels of lead exposure (more than 500,000 in the U.S.) have lower academic achievement and are more likely to require expensive special education services. For every dollar spent on preventing lead exposure, the return has been shown to be as much as \$221.

### **Asthma**

Today, over 26 million Americans have asthma and that number is on the rise. NCEH's National Asthma Control Program funds 36 states and territories to conduct asthma surveillance, educate asthma patients, families, and health care providers, and help health departments eliminate potential asthma triggers. While the number of asthma patients is increasing, control measures are working. In 2008 alone, our country saved \$3.96 billion in hospital bills because of 233,000 fewer asthma-related hospitalizations. Now is the time to maintain our commitment to asthma control, not cut funding, to prevent lives lost, missed school days and health care costs caused by unmanaged asthma.

### **Health Tracking**

The National Environmental Public Health Tracking Network (National Tracking Network) currently operates in 23 states and New York City and, is helping public health officials and key policymakers make better local decisions to improve population health. For example, in Martin County, Florida, the tracking program allowed the local health department to measure levels of mercury in women and use the results for public outreach and education. Additionally, the National Tracking Network is recognized as a valuable resource in connection with community

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<sup>1</sup> In January 2012, the National Advisory Committee on Lead Poisoning Prevention recommended that the CDC lower its level of concern from 10 mg/dL to 5 mg/dL.

health assessments. NCEH cannot fund any additional states at this time and future plans to help the Network better interface with the health system and electronic health records are hampered by limited funding. Participation in the tracking network development will decline further under any additional cuts and erase the progress we have made across the country to better link data with public health action.

### **Environmental Health Laboratories**

As a society, we have benefitted in many ways from the discovery and use of tens of thousands of new chemicals in recent decades. However, scientists and the public express increasing concern about the impact of the 80,000 chemicals approved to be on the market. Part of the outrage includes the lack of knowledge we have regarding the health impacts of chemical exposures. NCEH's Environmental Health Laboratories work to document which of these chemicals gets into our bodies and at what levels, through their biomonitoring program. These biomonitoring measurements also provide public policy makers and regulators with the information they need in order to base their policy decisions on accurate exposure information rather than on estimates of exposure. Additionally, NCEH funds three state public health laboratory biomonitoring programs so that they inform policy makers at the state and local government level.

### **Healthy Community Design**

NCEH also administers the Healthy Community Design Initiative, which provides essential expert assistance and consultation across HHS and national leadership on the impacts of the built environment on health, including physical activity levels. As one example, HCDCI is partnering with the US Department of Transportation to develop a transportation and health index to help transportation and community planners understand the health impacts of planning decisions. In addition, HCDCI provides technical assistance, research, support and resources to state and local public health workers on the built environment on health.

### **Climate and Health**

NCEH is also addressing the serious public health consequences of extreme weather. Climate change is changing how our environments look and behave, from disappearing coastlines and rising sea levels to hotter summers and heavier rainfalls. Because our health is so entwined with our environment, these climate-induced changes pose serious and costly new challenges for human health, including extreme heat, increased air pollution, water and vector-borne disease and an increase in frequency of natural disasters such as hurricanes, floods, wildfires and landslides that have negative impacts on both physical and mental health. CDC's Climate and Health Program leads the way providing technical assistance, training and tools to help state and local health officials create climate ready, resilient communities. Specifically, CDC helps public health departments to identify, respond and adapt to the health impacts of extreme weather; translate surveillance and research on climate-related diseases into methods and best practices to predict and monitor health impacts and identify vulnerabilities. For example, in Austin/Travis Co. Texas, CDC funds allowed the local health department to map vulnerable populations in their jurisdiction and develop plans to keep them safe from extreme heat or flooding events.

CDC also develops and supports training and educational activities for public health professionals about the health effects of climate change.

## **Conclusion**

This and other critical work at NCEH must be preserved. And we must also begin to restore the critical funding that has been removed over the past several years. **We urge Congress to direct \$146,151,000 to NCEH for fiscal year 2014.**

Controlling our long-term federal deficit and health care spending will require serious investments in public health and other infrastructure to put the focus on prevention that will keep Americans healthy, happy, and working. Environmental public health activities will be critical to our nation's long term fiscal and physical health. We thank you for considering this recommendation.

Sincerely,

American Lung Association  
American Public Health Association  
Association of Environmental Health Academic Programs  
Association of Maternal & Child Health Programs  
Association of Public Health Laboratories  
Association of State and Territorial Health Officials  
Asthma and Allergy Foundation of America  
Breast Cancer Fund  
ChangeLab Solutions  
Children's Environmental Health Network  
Great Lakes Inter-Tribal Council  
Mount Sinai Children's Environmental Health Center at Icahn School of Medicine  
National Association of County and City Health Officials  
National Center for Healthy Housing  
National Environmental Health Association  
Natural Resources Defense Council  
Public Health Institute  
Regional Asthma Management & Prevention  
Safe Routes to School National Partnership  
San Francisco Medical Society  
Society for Heart Attack Prevention & Eradication  
Trust for America's Health