

House Appropriations Labor, HHS, Education, and Related Agencies Subcommittee
Public and Outside Witness Hearing
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Testimony of
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(\$s in millions)

Program	FY 2012 Appropriation	FY 2013 and 2014 ASTHO Recommendation
CDC Preventive Health and Health Services Block Grant	79.5	100.0
CDC Core Infectious Diseases	184.7	195.0
CDC Healthcare-Associated Infections/National Healthcare Safety Network	26.6	40.0
CDC Public Health Emergency Preparedness Cooperative Agreements	641.7	715.0
ASPR Hospital Preparedness Program	379.6	426.0
CDC Section 317 Immunization Program and Program Operations	620.2	720.0
CDC Food Safety	27.1	43.8
CDC National Public Health Improvement Initiative	40.2	40.2

Chairman Kingston and Members of the Subcommittee, my name is Dr. Paul Jarris and I serve as Executive Director of the Association of State and Territorial Health Officials (ASTHO). ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, formulate and influence sound public health policy and ensure excellence in state-based public health practice.

I appreciate the opportunity to appear before you today to discuss the value and role of public health and the impact federal funding and programs have on protecting the public's health in the U.S., in our states and territories, and in our communities.

The best way to explain what public health is and what public health does every day to protect everyone in this room, your constituents, and everyone across the nation is to tell you a story. While this is one story about one recent disease outbreak, it is representative of thousands of other examples of public health in action whether it is an infectious disease, such as the recent whooping cough outbreak or West Nile virus outbreaks; natural disaster, such as the Joplin, Missouri tornado or Superstorm Sandy; or man-made disasters, such as Deepwater Horizon.

Major Multi-State Outbreaks in 2012

- **West Nile virus:** 5,890 cases of West Nile virus disease, including 243 deaths, have been reported across 49 states.
- **Fungal meningitis:** 693 cases and 45 deaths across 10 states, caused by a fungal infection associated with the injection of methylprednisolone acetate solution from a single compounding pharmacy.
- **Salmonella Bredeney infections.** 42 people across 20 states were infected with the outbreak strain of *Salmonella* Bredeney linked to peanut butter.
- **Salmonella infections.** 261 cases and three deaths across 24 states, caused by the outbreak of *Salmonella* Typhimurium and *Salmonella* Newport infections linked to cantaloupes.
- **Whooping Cough (pertussis).** In 2012, there were 41,000 reported cases of pertussis and 18 pertussis-related deaths. The majority of deaths continue to occur among infants younger than 3 months of age.

This is the story of the recent fungal meningitis outbreak and how, with the direct involvement and coordination of the public health system at the federal, state, and local levels and through the federal investments made by this subcommittee, public health agencies reduced the death rate from nearly half of infected patients dying down to zero and saved countless lives.

On Sept. 18, 2012, Dr. Marion Kainer who works at the Tennessee Department of Health (TDH) received an email from a physician at Vanderbilt University Medical Center. A young, otherwise healthy patient had meningitis caused by a fungus – something rarely seen. Dr. Kainer immediately began her investigation. Upon learning that the patient recently had an epidural injection at a pain clinic, Dr. Kainer notified the clinic at once.

Although fungal meningitis is rare, it is not a notifiable disease. No other cases had been reported to CDC at that point in time. On Sept. 20, 2012, Dr. Kainer contacted CDC, but she didn't stop there. Due to her extensive training and knowledge as a public health disease detective, she saw the potential for significant public health consequences. She visited the pain clinic to review their sterile procedures and identified the injectable steroid as a likely source; and she and the Tennessee Health Commissioner, John Dreyzehner, sent a health alert to all Tennessee clinicians.

By Sept. 25, 2012, Dr. Kainer contacted the Massachusetts Department of Public Health because she determined that injections were coming from the New England Compounding Center (NECC) located in that state and soon thereafter NECC voluntarily recalled lots of the implicated product. Public health convened experts to advise patients and clinicians how to identify, diagnose, and treat patients with fungal meningitis. Public health tracked down patients who had received the tainted steroid and directed them to their doctors. Without public health professionals partnering with doctors many more Americans would have died.

Had this astute state health disease detective not been there, if she had been on a furlough day when that call had come in, if the public health lab had been short staffed, had the alert networks not been deployed to connect public health with clinicians, had preparedness and response plans not been exercised...the outbreak could have been even more devastating. Time is of the essence in a disease outbreak. This outbreak represents a significant tragedy for the 14,000 potentially exposed individuals, 720 families sickened, and the 48 families across 23 states that lost loved ones. Those losses cannot be ignored. Each one of the federal public health programs listed in the table at the beginning of my written testimony, plus others, contributed to

the fungal meningitis response and I encourage you to look favorably on our funding recommendations for those programs in fiscal years 2013 and 2014.

Not every healthcare decision is made in a single doctor's office for a single patient. Most of the health promotion and protection and disease prevention decisions are population-wide and take place every day in our communities. Public health departments work 24/7 to ensure your health and safety is protected in your communities and in your states through such activities as responding to outbreaks, conducting food safety and restaurant inspections, and to ensure that healthy choices are the easy choices for your constituents and for everyone living in the U.S.

Public health professionals are an integral part of disaster response alongside police, fire, and emergency response agencies. They train and are equipped to respond to all hazards that impact human health – natural disasters, disease outbreaks, terrorist attacks – in order to limit illness, death, and disability. Public health approaches to sanitation, vaccination, outbreak control, and other health threats have added 30 years to life expectancy in this country since 1900 – far more than medical care. We can continue our progress based on evidence-based science and approaches, but we rely upon the basic financial support from federal, state and local government.

We are the doctors, nurses, community health and social workers, environmental health specialists, behavioral health professionals, disease detectives, laboratorians, and health policy experts that protect and promote health where you live, work, and play.

Public health is an enterprise. On the governmental side, we are made up of local, state, tribal, territorial, and federal government entities. But we also have significant partnerships in other community-based organizations, such as hospitals, universities, nonprofit provider and patient groups, civic organizations, and faith-based organizations. Each piece of that enterprise is

essential to ensure the system works. The federal government's role is significant. Diseases and public health emergencies, such as natural disasters, do not recognize state borders.

State health agencies rely on a mix of federal grant funds, state general funds, fees, and other sources. The largest portion—45 percent—is discretionary federal funds, followed by state general funds—23 percent.

Federal, state, and local government budget cuts are jeopardizing a decade or more of significant gains made by state and territorial health agencies. Since 2008, 91 percent of state health agencies have experienced budget reductions. More than 46,000 jobs have been lost at state and local health departments combined, which is nearly 21 percent of the total state and local health department workforce.

What are the consequences of public health funding reductions? The real story cannot be told in numbers alone. The real story is told by the narratives that accompany these numbers. The negative consequences: the adult who doesn't get vaccinated to protect their newborn baby against a preventable disease, like whooping cough; the young adult who doesn't get screened for HIV due to lack of testing services at the health department; the furlough days that keep a laboratorian or disease detective from discovering a disease outbreak to stop it from spreading... these are not possibilities, but are very real everyday occurrences that keep all of us in public health up at night.

In conclusion, public health has historically been asked to do more with less. It is now at a breaking point. Unless we start supporting our public health system in a more sustained way, our capacity will continue to erode and our ability to respond quickly and competently will evaporate. Our ability to protect the public's health will be threatened.

Getting our federal deficit under control is important. But so is protecting the health and safety of everyone in the U.S. It is a tough job you have before you over the next weeks and months to fund the federal government responsibly. Put simply, additional cuts in discretionary public health programs would put the health, safety, and security of all Americans at risk.



Paul E. Jarris, M.D., MBA, Executive Director, Association of State and Territorial Health Officials

Dr. Paul E. Jarris is the executive director of the Association of State and Territorial Health Officials (ASTHO), which represents public health agencies in the United States, its territories and freely associated states, and over 100,000 public health professionals these agencies employ. Jarris joined ASTHO in June of 2006, having served for three years on its board of directors.

Jarris takes seriously ASTHO's mission to transform public health within states and territories to help members dramatically improve health and wellness. In his executive capacity, he works with ASTHO's board of directors to implement the association's strategic plan and advance its policy goals. Jarris champions the governmental public health enterprise. Through his leadership, ASTHO became one of the founding organizations for the Public Health Accreditation Board, which manages and promotes the national public health accreditation program, and the Alliance to Make US Healthiest, a nonpartisan public-private organization that facilitates partnerships to make the U.S. the healthiest nation in a healthier world. Additionally, during the 2009 H1N1 crisis, Jarris led ASTHO's efforts to help states respond to the pandemic and supports state and national health transformation to improve the public health system.

Jarris came to ASTHO with more than 18 years of experience in public health and healthcare leadership. From 2003 to May 2006, he served as state health official for the Vermont Department of Health. While there, he implemented the Vermont Blueprint for Health Chronic Care Initiative, a statewide public-private partnership to improve the health of Vermont residents while reforming the state's health care system. Jarris also led the establishment of Vermont's first inpatient substance abuse treatment program for adolescent and women's care.

As medical director for Community Health Plan from 1992-1996 and for Vermont Market, Kaiser Permanente Northeast Division from 1996 to 1999, Jarris oversaw medical functions such as quality improvement, resource management, practice relations and medical affairs for a 140,000 members. As a family physician, he worked tirelessly with Vermont's underserved populations in a federally qualified health center, inner city school, and homeless shelter for adolescent youth.

Jarris is a 1984 graduate of the University of Pennsylvania School of Medicine and received a master's degree in business administration from the University of Washington in 1989. He is certified by the American Board of Family Medicine and the American Board of Medical Management. He chairs the National Quality Forum's National Priorities Partnership subcommittee on Healthy People/Healthy Communities and co-chaired its Population Health Measures Working Group. He is also a member of the Institute of Medicine's Board on Health Sciences Policy and numerous professional societies and committees.

In addition to his dedication to public health and healthcare, Jarris is a devoted husband and father and an avid outdoorsman. He cofounded Vermont's Catamount Trail, North America's longest cross-country ski trail that spans the 300-mile length of the Green Mountains.