

May 26, 2004

The Honorable Ralph Regula, Chairman
House Appropriations Committee
Subcommittee on Labor, Health and Human
Services, Education
2358 Rayburn House Office Building
Washington, DC 20515

The Honorable David Obey, Ranking Member
House Appropriations Committee
Subcommittee on Labor, Health and Human
Services, Education
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairman Regula and Congressman Obey:

The undersigned organizations write to express our firm opposition to the Administration's May 19, 2004, proposal to reprogram FY 2004 bioterrorism preparedness funds. Additional federal mandates to improve preparedness should be accompanied by supplemental funding—not by shifting funds from current essential preparedness efforts.

We agree that rapid improvement in areas of vulnerability is needed. We also believe that a net increase in funds is required to address these shortcomings. The Administration request would fund targeted efforts, including the "Cities Readiness Initiative" to develop an ability in our largest cities to distribute medications and supplies rapidly during a public health emergency. We support this initiative, but believe that shifting funds from current preparedness efforts in other areas is irresponsible. If fully implemented, this reprogramming will result in a decrease for every state in its 2004 funding base by approximately \$1 million. In addition, shifting funds to a specific preparedness objective in 21 cities will adversely affect ongoing work in all others.

The Administration has consistently and erroneously reported that states are spending funds too slowly and that shifting funds will have no impact. In fact, more than 90 percent of FY 2002 funds have been spent or obligated. The FY 2003 program year is not even completed. States and localities have made significant progress in preparing for a bioterrorist attack, but much more needs to be done. In order to continue to improve our preparedness levels, serious, sustained, real commitment to improvements is needed, not unfunded mandates.

The fact that this reprogramming request comes on the heels of the Administration's FY 2005 budget request, which cuts public health preparedness for state and local governments by more than \$105 million and the hospital preparedness funding at the Health Resources and Services Administration by \$39 million, seriously calls into question the Administration's commitment to ensuring that U.S. citizens are protected from bioterrorist events or other public health emergencies.

We strongly urge Congress to deny this request and to fund the Administration's proposal for improvement programs independently. We further urge you to restore the proposed cuts in state, local, and hospital preparedness funds for FY 2005.

Thank you for your continued support of a strong and well-prepared public health system.

Sincerely,

Alaska Public Health Association
American College of Preventive Medicine
American Counseling Association
American Federation of State, County and Municipal Employees
American Nurses Association
American Public Health Association
American School Health Association

Association for Professionals in Infection Control and Epidemiology
Association of American Medical Colleges
Association of Public Health Laboratories
California Public Health Association - North
Center for the Advancement of Health, Washington, DC
Consortium of Social Science Associations
Global Health Corps
Idaho Public Health Association
Infectious Diseases Society of America
Maine Public Health Association
Maryland Public Health Association
Massachusetts Public Health Association
Metropolitan Washington, DC Public Health Association
National Association of State and Territorial AIDS Directors
National Latino Council on Alcohol and Tobacco Prevention
Public Health Association of Nebraska
Research!America
Texas Public Health Association
Trust for America's Health
Wisconsin Public Health Association