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The Country's Most Critical Infrastructure Investment May Not Be What You Think It Is

The House Energy and Commerce Committee recently held a hearing on "Lift America", its impressive proposed infrastructure bill. While the bill includes sound investments in roads and bridges, it is particularly noteworthy that it also directs money to an often overlooked yet crucially important aspect of 21st century infrastructure, the nation's dangerously outdated public health system. I know about this essential sector and the harm being caused by its neglect because I've spent the last 30 years immersed in it at local, state and federal levels.

The Committee is considering a bill that would direct \$3.5 billion to the Centers for Disease Control and Prevention (CDC) as well as state, local, tribal and territorial health departments and community partners that work on the front lines of the battles to keep us and our families safe from infectious disease, food borne illness, the impact of natural disasters and other serious health threats. Over a hundred organizations have signed on to a [letter](#) to Committee Chairman Frank Pallone calling the bill's adoption a critical step in ensuring the nation's public health infrastructure.

Most Americans aren't aware of the nation's public health infrastructure because when public health is successful, you don't notice its work. That critical infrastructure includes facilities and equipment – such as governmental laboratories located at the CDC and in every state; up-to-

date data and information systems including electronic disease reporting; and a highly skilled and qualified workforce.

Over my 30-year career, I have held senior positions in public health as Boston's health commissioner during 9/11, as the Massachusetts health commissioner during the H1N1 outbreak and at CDC during the Ebola and Zika crises. I have led efforts to combat opioid addiction, the obesity epidemic among our children and environmental contaminants.

I have observed the ways that public health prevents disease and injury and saves lives during emergencies and outbreaks. But all too often, I have also observed the missed opportunities and delays that result when health departments are under-resourced and under-staffed and inhibited by a crumbling infrastructure.

The public health system faces unprecedented 21st century challenges, ranging from the opioid crisis to extreme weather to emerging infectious diseases, and is doing so with, in many cases, 20th century infrastructure. Simply put, an investment in core public health infrastructure gives the public health system the foundation needed to reduce *preventable* deaths.

My organization recently released a report, [*The Impact of Chronic Underfunding on America's Public Health System*](#), where we found that outdated and underfunded resources are preventing the public health system from adequately tackling leading health threats and contributing to the startling fact that U.S. life expectancy has declined for the third year in a row. Let me offer some examples:

As public health departments are on the ground working across sectors to prevent and respond to health threats such as food contaminated with salmonella, Zika, Ebola and –

right now - measles, there are sometimes dangerous delays in responding due to the limitations of laboratory capacity. During the Zika outbreak, health departments in most states were not able to conduct a confirmatory laboratory test, so the samples would have to be flown by commercial airlines to the CDC in Atlanta. And even CDC lacked the resources to respond immediately to the volume of requests. As a local and state health commissioner I sometimes waited days for a crucial test result due to lack of capacity. Diagnostic technology is constantly improving and offering state-of-the-art potential approaches such as Advanced Molecular Detection. But without continued investment, we can't fully access these breakthroughs.

The success of public health relies upon accurate and timely data, but it is shocking to continue to hear stories of reports of disease that are filled out by hand and faxed only when access to a fax machine was possible – rather than real time electronic reporting. There are parts of the country that are still communicating such time-sensitive information the way they did a half century ago.

Americans want to turn around the latest statistics that show declining life expectancy from preventable deaths. They want us to quickly diagnose and treat an infectious disease outbreak before it spreads. And they want us to respond quickly and effectively when a major emergency occurs. Yet these goals remain aspirational without a major investment in the public health infrastructure. The House Committee deserves praise and support for its attention to this need. It is well worth the investment not only in terms of lives saved and illness, injuries and expensive health care costs averted: it literally is an investment in our future.

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