



April 20, 2016

The Honorable Tom Cole, 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
 1001 Longworth House Office Building
 Washington, DC 20515-6157

The Honorable Roy Blunt, 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 Patty Murray, 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 health and environmental health organizations, write to you to express our concern regarding the state of federal funding for environmental public health activities at the U.S. Centers for Disease Control and Prevention (CDC). Congress should be commended for avoiding many of the proposed cuts in earlier iterations of proposed legislation when they adopted final appropriations for fiscal year (FY) 2016.

However, as recent events in Flint, Michigan have demonstrated painfully, we have failed to appreciate the critical role that core environmental health services provide in keeping our communities safe and healthy. Since FY 2010, the budget for the CDC National Center for Environmental Health (NCEH) has been drastically cut and only recently (\$181.004 million in

FY 2010 versus \$182.303 million in FY2016) restored¹. As Congress drafts appropriations legislation for FY 2017, we urge you to provide \$236.899 million to NCEH to achieve the following:

- Provide environmental health surveillance for all Americans by expanding the National Environmental Public Health Tracking Network (Environmental and Health Outcome Tracking) to a true nationwide network. Currently, the program provides funding to only 26 state and local health departments. An investment of \$50 million for the Tracking Network would provide for a down payment on a multiyear strategy to scale this successful program nationwide.
- Support critically underfunded childhood lead poisoning prevention activities by funding the CDC Healthy Homes and Lead Poisoning Prevention Program at \$35 million to provide grants in all fifty states for surveillance to determine the extent of childhood lead poisoning, as well as educate the public and healthcare providers about lead poisoning, and ensure that lead-exposed children received needed medical and environmental follow-up services. There is no safe level of lead exposure, and lead damage can be permanent and irreversible, leading to increased likelihood for behavior problems, attention deficit and reading disabilities, and failure to graduate high school, in addition to experiencing a host of other impairments to their developing cardiovascular, immune, and endocrine systems. Today, over 500,000 children are exposed to unacceptably high levels of lead, and prevention efforts are critical to protect children from its harmful effects.
- Provide at least \$30.596 million for the National Asthma Control Program (NACP). It is estimated that 24 million Americans currently have asthma, of whom more than 6 million are children. The NACP tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state programs. This program has been highly effective: the rate of asthma has increased, yet asthma mortality and morbidity rates have decreased. However, at present only 23 states receive funding – leaving a nationwide public health void that can lead to unnecessary asthma-related attacks and healthcare costs.
- Reinstate funding of \$3 million for the Built Environment and Health program, which to date has successfully supported public health expertise for over 300 studies across the country to help non-health practitioners incorporate health outcomes when designing, building, and repairing our cities and towns.
- Provide \$72 million for the Environmental Health Laboratory to build the National Biomonitoring Network, including grants for an additional ten states. Citizens continue to express concern about exposure to chemicals in our everyday lives and during

¹ The introduction of the Working Capital Fund in FY 2015 makes a direct comparison of FY 2010 v. FY 2016 difficult; however the net effect is that actual funding available for extramural grants, cooperative agreements, and programmatic activities is actually less today than it was more than half a decade ago. More to the point - these numbers are not adjusted for inflation.

environmental emergencies. However, we often cannot provide data about these exposures at the state and local level.

- Continue investments (\$10 million) in the Climate and Health Program, which is currently providing 16 state and two local health departments (covering 50 percent of the U.S. population) with funding to help diagnose and prepare for the serious adverse health impacts of a changing climate. These impacts include extreme heat and cold, severe storms, floods, droughts, increases in pollen and air pollution that can trigger asthma, and the spread of infectious and vector-borne diseases – such as Lyme disease and dengue fever.

We also continue to encourage Congress to work together to enact long-term sequester relief via a balanced approach that provides much-needed resources to non-defense discretionary accounts, particularly the 302(b) Labor-HHS-Education subcommittee, which did not receive proportional relief under the 2015 allocations.

Now more than ever we must recognize and support environmental health. Our growing population and the myriad of health challenges we face require a serious and significant investment in core environmental health activities, including a well-trained and credentialed environmental health workforce, at our nation's leading public health agency and across the country if we are to focus on prevention that will keep Americans healthy, happy, and working. We thank you for considering this recommendation and hope to continue to work with you and your staff as work continues to develop FY 2017 funding levels for NCEH programs.

Sincerely,

Allergy & Asthma Network
American Academy of Pediatrics
American Association on Health and Disability
American College of Preventive Medicine
American Lung Association
American Public Health Association
American Thoracic Society
Association of Public Health Laboratories
Asthma and Allergy Foundation of America
Breast Cancer Fund
Green & Healthy Homes Initiative
Lakeshore Foundation
Lawrence-Douglas County Health Department
Local Public Health Association of Minnesota
National Association for Health and Fitness
National Association of County and City Health Officials
National Center for Healthy Housing
National Environmental Health Association
National Recreation and Park Association
Natural Resources Defense Council

Public Health Institute
Rails-to-Trails Conservancy
Safe Routes to School National Partnership
Safe States Alliance
Trust for America's Health
Tacoma-Pierce County Health Department