

Commentary

Public Health: An Essential Commitment to the Nation

Senator Edward M. Kennedy

A strong public health infrastructure will be able to monitor disease burden, reduce and contain health threats of high risk, and promote healthy lifestyles in all parts of the population. It is essential for saving lives in everyday life and in dealing with emergencies. Investing in public health has benefits as well for national security, economic stability, and the general welfare.

Unfortunately, constant underfunding of our public health infrastructure over the past decade has undermined our ability to meet routine health needs and respond to emergencies. National emergencies arise every year, and will continue to do so. Federal funding for public health increased significantly after 9/11, but we have fallen short in providing enough to meet the obvious need.

As we learned from Hurricane Katrina, it is not enough to prepare for terrorist attacks alone—natural disasters and environmental disruptions are a significant threat to life and safety. Most of the Katrina deaths could have been prevented through better maintenance of physical infrastructure and a more robust public health emergency response.

We are also learning the importance of health promotion programs to prevent chronic diseases, such as cardiovascular disease, type 2 diabetes, and obesity. Widespread chronic illness may be the greatest threat to national health and productivity, but it has been slow to capture the interests of many in the government.

The nation's public health network now includes nearly 3,000 local agencies, housed in the health departments of the 50 states and territories. Almost all state agencies collect vital statistics and have public health laboratories, and most have antitobacco campaigns and targeted programs for women, infants, and children. Public health agencies also provide health services for the uninsured, underinsured, and others left out of the American health system.

Nonetheless, the government has failed to provide adequate support for these indispensable activities. As a result, public health agencies are expected to perform routine operations with fewer funds, even while they are being asked to take on a broad range of new responsibilities with respect to emerging threats such as bioterrorism and pandemics. Public health organizations that provide care to those on the fringes of society are also seeing their budgets cut, which means that disparities in access to healthcare, particularly for racial and ethnic minorities, will continue to widen.

To meet these challenges, we must make a long-term commitment to adequately fund public health agencies at the national, state, and local levels. That means a significantly higher investment in the public health workforce; none of these challenges can be met without it. The largest percentage of state and local public health budgets is invested in workforce. Yet federal funds to support and enhance training of medical and public health professionals have been cut back in recent years.

It is also essential to coordinate resources of both the public sector and the private sector. The federal government has the ability and the obligation to provide leadership in this area, by undertaking high-level planning and coordination, and by creating public-private partnerships to facilitate preparedness, communication, and response capabilities at all levels of government. Congress also has a role to play, by funding an all-hazards approach to public health preparedness.

So far, the federal government has not provided the integrated, multidisciplinary guidance and information resources required to prepare for a major disaster,

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leaving public health agencies, businesses, and individuals without the guidance they need. A lack of communication between FEMA, the Department of Health and Human Services, and other federal agencies has also slowed the progress expected when Congress first granted increased funds for bioterrorism and public health preparedness in 2002. Since that year, \$5 billion in federal funds have been appropriated for the states to assist in their public health preparedness planning, but measurable outcomes are still awaited.

The challenges facing the public health system extend beyond our own borders. Public health knows no national boundaries, and the health of those in other

nations throughout the world can easily affect the lives of Americans. Often, the public health infrastructure of foreign countries is inadequate, particularly in developing nations with high disease rates. It took the international community almost a decade to isolate and respond to a lethal strain of Asian bird flu that has led to fears of a pandemic in recent months. We may not have as much time to identify the next global threat.

Good health and high-quality healthcare should be rights enjoyed by all peoples. A strong international public health system is essential to making these goals a reality.