



12 May 2005

Michael E. Alpert, Chairman  
Little Hoover Commission  
925 L Street, Suite 805  
Sacramento, CA 95814

RE: Public Hearing on May 26, 2005 on California's progress in all-hazard preparedness

Dear Chairman Alpert:

The California Public Health Association-North (CPHA-N) and the Southern California Public Health Association (SCPHA) represent public health professionals and community health advocates throughout California. CPHA-N and SCPHA also are affiliates of the American Public Health Association (APHA). CPHA-N and SCPHA have been following California's efforts to improve emergency prevention and preparedness, especially those threats that impact the State and local public and environmental health system.

We appreciate the leadership of the Little Hoover Commission in emergency preparedness. The Commission's past hearings and reports have been critically important in assessing California's state of readiness and in providing key recommendations for improvement. We would like to take this opportunity to further address these issues, as you are taking another look at progress on this front.

As you know, the California Department of Health Services (CDHS) and our sixty-one (61) local health departments constitute one of the most important governmental resources in initially detecting and then protecting California from threats such as infectious diseases, contamination of food and water supplies, radiological incidents, and other mass casualty disasters. The Little Hoover Commission recognized these roles in its April 2003 report, entitled "**To Protect and Prevent: Rebuilding California's Public Health System**". The Commission also made a series of recommendations for improving the emergency preparedness and response of our public health system.

One of the most important recommendations in your 2003 report was the creation of a separate Department of Public Health and the establishment of a State Board of Health. We continue to believe that a separate department should be created by the Governor and Legislature. While legislation has been introduced to do this, it has not been supported by the Administration and has not yet passed. As you know, many health organizations and groups, including CPHA-N and SCPHA, have endorsed a separate department. It has been clear for a long time that public health issues and needs generally are not being addressed within CDHS, which has historically been preoccupied with the much larger Medi-Cal program. The current State Health Officer is exceptionally well-qualified, but he needs the greater authority that separate departmental status would provide, to rebuild California's public health and environmental health programs, as well as the resources to support them. We also believe that part-time, highly qualified state Board of Health would enhance the rebuilding process and would promote greater public participation and accountability, especially if the composition of the Board were truly representative of all the stakeholders with an interest in the public's health.

Organizational steps are not enough, however. The public and environmental health components of CDHS have suffered years of budget cuts, position reductions, cuts in training and travel, uncompetitive salaries, and poor working conditions. Many local health departments also have been undergoing cutbacks and reductions. In our opinion, State and local public health agencies generally are in worse shape, not better, when compared to 2003. We therefore recommend that the Legislature and the Governor commit to a multi-year program of increasing budgetary resources and support, minimally to restore our public and environmental health system and eventually to enhance these capacities.

Not unexpected, a major exception to the general system decline is bioterrorism and public health emergency preparedness. We believe that the Federal bioterrorism funding has produced some progress in the emergency preparedness of CDHS and many local health departments. New funding and staff resources, trainings and exercises, protective and communication equipment purchases and improved interagency coordination and planning, have created some improvements. However, there has been little progress in setting performance standards; State technical assistance and scientific resources have been limited by staff turnover and hiring restrictions, including low salary rates; and much more needs to be done in establishing effective working relationships and communications with the private health sector and the general public. Another area of continuing concern is developing "surge capacity" within California's health system to respond to a sustained threat, affecting large numbers of people, and requiring medical intervention.

Your 2003 report correctly pointed out that the State needed to bolster technical, scientific, and physical capacity to make sure that the best available tools and talents are protecting Californians. The report recommended a long-term investment in intellectual capital through training, recruiting, and promoting excellence of public health

professionals, scientists, and other members of the public health workforce. Lastly, it recommended the deployment of the best available technologies, improved communications infrastructure, and the assurance of critical laboratory capacity. As noted earlier, we are greatly concerned that years of budget cuts and hiring freezes have thwarted significant progress in these areas. We also believe that the situation may worsen in the near future. The CDHS preventive medicine residency and its epidemiological training programs soon may lose their Federal funding and close. CDHS' continuing education and professional development resources have been eliminated. Critical public health resources, such as the State public health laboratories are operating at 50- to 60-percent of the staffing levels of ten years ago. Many of the remaining senior scientific and professional staff are nearing retirement age, while recruitment of new staff has been limited. Creating and sustaining new partnerships with academia and professional associations like ours should be one the pathways that are developed and supported, to recruit and train new professionals and to maintain and upgrade the skills of the existing workforce. Many of the Department's public health programs do not have up-to-date technologies, resources, and security protocols. Other opportunities for applying information and communication technologies within public health remain unrealized.

Lastly, we always need to keep in mind that, while infectious disease control and emergency preparedness are important components of our public and environmental health system, there are numerous other components involved in documenting, maintaining and promoting the health of Californians. State and local public health agencies provide many other essential services, data and information, innovative programs, and other resources to the public.

We believe that correcting these deficiencies and restoring excellence within California's public and environmental health system will require years of investment, determined leadership, and commitment. We thank you for considering our comments.

Sincerely,

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