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Chairman Michael Alpert
Little Hoover Commission
925 L Street
Sacramento, CA 95814

Dear Mr Alpert:

A prior commitment has precluded my participation in the May 26, 2005, Little Hoover Commission hearing. But I want to communicate my views on the subject by way of this letter. My 65-year career as a public health physician has included service as California State Health Officer; as Dean, UCLA School of Public Health; and as president of the American Public Health Association. However, I write now as an individual.

I first want to express my appreciation for the Little Hoover Commission's leadership over the past several years on major public health issues in California.

Today the issues are more critical than in the past, due in part to the threat of bio-terrorism for which public health carries a substantial responsibility. California is especially vulnerable, and we depend on public health both to detect the existence of bio-terrorism (which may not be obvious) and to help mobilize resources to combat it. We have other new issues such as the possibility of Avian Flu, for which we are also especially vulnerable because of our location and ports; and the increase of diabetes; as well as many long-standing public health problems.

I am saddened to report that the current State Public Health workforce and the conditions under which it operates are not able to respond effectively to these challenges. That situation poses a serous danger to the people of California.

The workforce, in spite of an increase in the State's population, has declined considerably during the past decade, in essential components of the Department as much as 20-30 percent. In fact, since 1991, the positions authorized in the laboratories for preventive services, a highly critical element of the Department, have declined more than one-third, and proposals for recruitment have been almost systematically denied. While there are excellent professionals in various sections of the Department, they are mainly older persons due to retire in a few years. They are not being replaced by younger, competent professionals in medicine, nursing, engineering and many other fields important for public health.

The reasons for this curtailment of recruitment include low salary levels (often not even up to the salary levels of comparable positions in the Counties of California); the work situations are unattractive; and opportunities for promotion are limited. When recruitment lags for six months, the positions are eliminated.

Unfortunately, operating conditions in the Department present a similarly dismal picture. As a consequence morale is low. Although public health presents an attractive mission for young, qualified health professionals, the current dysfunctional situation in State service and the apparent difficulties in changing it does not offer them a good career. Essentially all elements of public health are micromanaged by the Agency leadership, the Governor's Office, and legislative offices. Professionals cannot do their jobs in such a situation.

A complete renovation of State Public Health is essential to safeguarding the health of Californians. Obviously this will require additional financing of State services from State funds, as well as Federal funds. But that will not be enough.

State Public Health, despite its critical and separate mission, must now lumber along as an appendage to a $35 billion insurance agency (MediCal). The Little Hoover Commission rightly foresaw, in a 2003 report, the depths to which public health in California could descend.

The Commission recommended formation of a separate Department of Public Health and a State Board of Health.

Action on these recommendations is even more essential now. I favor a Board which is not just advisory, but one which would have authority to guide public health in the State, including the power to adopt regulations. That is necessary to rescue public health from micromanagement by political bodies and restore technical expertise that is vital to its functioning. Separating public health from its current weak status in a Department mainly committed to paying for medical services would be a major step forward.

Public Health is devoted to protecting and advancing the health of the entire population. Its work depends on many forms of technical expertise from a variety of professionals: epidemiologists, toxicologists, biostatisticians, nutritionists, nurses, health educators, microbiologists and other laboratory personnel, engineers in several specialized fields, public health administrators with broad experience and views, and many others.

Burying Public Health in a huge medical and hospital care bill-paying agency and subjecting it to the bureaucracy of that agency simply does not work.
That Agency does not and can not be expected to understand or respect the mission of public health. The California State experience amply demonstrates that. Public Health must be freed to carry out its own distinct mission.

I understand that the Administration proposes to evaluate the pros and cons of suggested organizational changes. The proposed separation of Public Health

from the current Department of Health Services has been evaluated by practically every body in the State competent in this matter: the California Performance Review Team, Little Hoover Commission, the California Conference of Local Health Officers, the Northern and Southern Public Health Associations, and the California Medical Association. All of them favor separation.

The time has come for action to protect the health of Californians.

Sincerely,

Lester Breslow, MD, MPH
Professor & Emeritus Dean
UCLA School of Public Health