

Testimony to the Little Hoover Commission  
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Good morning. My name is Peter Abbott, MD, MPH and it is my pleasure to be able to testify to you today.

Besides representing the organizations described above, I also have the experience of a 30-year career working for the California Department of Health Services (CDHS) and the School of Medicine of the University of California, San Francisco (UCSF). My responsibilities included several senior positions administering State and local public and environmental health programs, medical programs for indigents, and health manpower training and development. I retired from active employment in 2003, but remain involved in statewide health policy and advocacy issues.

As you know, the Southern California Public Health Association (SCPHA) and the California Public Health Association-North submitted a letter to you in preparation for today's hearing. This letter was part of the advance materials that you received. While I will not repeat the entire content of that letter, it contained several important points that I must reiterate strongly in my testimony today.

For the past several years, the organizations that I represent have become increasingly concerned over the deterioration of California's public health and environmental health system. While there have been some improvements in our emergency preparedness and response capabilities (one would hope so after five years' effort and the expenditure of over \$220 million of federal preparedness funding), we believe that the overall condition of the California Department of Health Services (CDHS) and many local health departments is very poor. In our opinion, it is unlikely

that these agencies would be able to effectively discharge their responsibilities in many types of emergency situations, especially if the threat required a sustained response and affected large numbers of people over multiple jurisdictions. We have written several letters to the Governor expressing our concerns, but have not received a response. The House of Delegates of the California Medical Association, a member of the California Medicine and Public Health Initiative (CMPHI), recently passed a resolution requesting the Governor's leadership in rebuilding the system.

Why do we have such a gloomy assessment? Years of budget cuts, reductions in scientific and health professional positions, cuts in training and continuing education, increasing workloads, non-competitive salaries, resignations, and retirements have severely damaged the system. Effective public health emergency preparedness and response is dependent on the infrastructure of the entire public health and environmental health system, especially its workforce. I will use personnel data and program experiences from the CDHS to illustrate some of the problems.

Most, but not all of the state public health and environmental health programs and staff, are part of the Prevention Services Division (PSD) within CDHS. In the past ten years, the number of authorized staff positions within PSD has been reduced by over 18 percent (220 positions). Many of these positions were senior level scientists and health professionals. The focus of your hearing today is on emergency preparedness and response. One threat of great concern is infectious diseases, whether spread naturally or through bioterrorism acts. Infectious disease control is absolutely dependent on public health laboratories for detection and confirmation, identification, treatment alternatives, and epidemiological investigation. Yet despite the infusion of federal bioterrorism funding, our State and local public health laboratories have significantly reduced capacity and staffing. For example, staffing of the 5 State public health laboratories has fallen nearly 36% from 309 positions in 1990-91 to 197 positions in 2004-05. Repeated requests for staff augmentations to handle increased workloads have been denied. As a result, our State laboratories have eliminated or reduced testing for various infectious agents. In local (that is, at the county or regional levels) public health laboratories, recruitment and retention of microbiologists and laboratory directors are reported to be major problems. For example, currently 13 of 38 local laboratory director positions are filled by acting, interim, or part-time directors and 6 more full-time directors are expected to retire within the next year. It takes approximately five years to

train a fully qualified laboratory director and we have very few in the pipeline.

Another CDHS program located within the Health Information and Strategic Planning (HISP) division also illustrates the deterioration of the State and local public health and environmental health system. It is the Local Public Health Services (LPHS) program. Operating for decades and known for many years as the “Contract Counties Program”, it has provided State Public Health Nurses (PHN), Environmental Health Scientists (EHS), and other health professional, technical, administrative support staff to rural counties of less than 50,000 in population. It represents a State-county partnership and utilizes a regional approach, with economies of scale and a strong headquarters’ professional staff to assist in recruiting and supervising the field staff and also providing specialized expertise. Over the past five years, the Sacramento-based headquarters professional staff has been decimated. Specifically:

- The only physician within the HISP division (me) retired and my position has been eliminated
- The senior Environmental Program Manager retired and his position has been eliminated
- The senior Public Health Nurse position and the only remaining supervising Public Health Nurse position are being proposed for elimination
- The only Health Educator position has been eliminated
- The only Health Program Specialist position has been eliminated
- Clerical support has been reduced by one position
- In addition, five field staff positions have been lost, either Environmental Scientists or Public Health Nurse II/Is

These reductions come when addressing public health and environmental health programs has become more complex and specialized. As a result of the loss of professional staff expertise and positions, vital public health and environmental health services in rural counties served by the LPHS program have been reduced and many needs are going unaddressed. Emergency preparedness efforts in these counties also have been hampered by staff expertise shortages and the difficulties of recruiting and retaining staff in rural areas.

These are only a few examples of the severe problems facing CDHS and many local public and environmental health agencies. As we pointed out in our letter of May 12, 2005, a relatively older workforce, non-competitive salaries and poor working conditions, the potential loss of CDHS training programs and resources, declining funding and resources, and the lack of leadership and support by the Governor and the Administration are likely to worsen the problems. Morale is reported to be at very low levels. Recruiting and retaining staff, especially highly trained health professionals and scientists, has become very difficult. The resignation of the State Health Officer, Dick Jackson, an exceptionally well-qualified public health physician leader, will hurt badly.

We believe that the problems affecting the State and local public health and environmental health system can only be addressed by investing in a multi-year and comprehensive rebuilding effort. A separate Department of Public Health, a broadly representative State Board of Health, and significant increases in the new Department's budget to restore needed staff capacity, to more effectively utilize information and communication technologies, and to replenish training and educational resources, are among the most important actions that we must take. Strong leadership and support from the Administration and the Legislature also will be critical. As the capacity and resources of California's public and environmental health system are rebuilt, we believe that threats to the public's health will be reduced and essential emergency preparedness and response capabilities will be enhanced.

I appreciate this opportunity to present my testimony and hope that it will be of use to you. I would be happy to respond to any questions either now or later in the hearing.

