



January 8, 2009

The Honorable Barack Obama
President-elect
Presidential Transition Team
Washington, DC 20270

Dear Mr. President-elect:

Maintaining and improving the public health laboratory workforce at governmental laboratories that conduct testing of public health significance is the top issue for the Association of Public Health Laboratories (APHL). The economic decline has reduced funding levels for state and local governments, and it is causing them to reduce the amount of funding they direct to public health and the laboratories that support it.

Governmental laboratories performing testing of public health significance are barely staffed to meet their obligations and are likely to be severely stressed if they lose even one position. APHL has learned that almost 80% of its member laboratories are being required to cut their spending, and APHL estimates that, nationwide, state and local governmental laboratories have seen their state funding cut by almost \$34 million, with an average reduction of more than \$400,000, because of the economic downturn. More than half of these respondents are laying off their highly-trained and qualified staff, which APHL estimates has resulted in 429 positions being cut nationally. Another cut of 246 positions is planned or likely in the very-near future. This is diametrically opposite from the direction that must be pursued to not only strengthen public health laboratories but also to improve health outcomes.

Based on survey results, governmental laboratories performing testing of public health significance have also been required to reduce their purchases of needed materials and supplies by an estimated \$14 million, or an average of almost \$142,000. These reduced expenditures further exacerbate the economic downturn. APHL is joining with the many voices in the public health community to urge increased funding through the Preventive Health and Health Services block grant, managed by the Centers for Disease Control and Prevention (CDC), to quickly and easily provide federal funding to state and local governments. Funding of \$300 million will enable laboratories to staunch the layoffs, purchase needed materials and supplies and continue to provide good health outcomes.

Second only to workforce, there is an urgent public health need to improve electronic laboratory messaging. Creating an electronic network for medical laboratory results will constitute the cornerstone of early detection and rapid control for disease outbreaks, as documented in a recent report from Analytic Services Inc (ANSER). Electronic laboratory

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reporting (ELR) would also serve as the country's key indicator for significant outbreaks of disease.

Without timely and accurate information, those responsible for managing and controlling an event cannot respond in time to prevent needless casualties. ELR would promote rapid identification and mitigation of exposure. Test orders and results can no longer be inefficiently reported by telephone, fax and email. Improvements in health information technology must include laboratories performing testing of public health significance. The ANSER panel of subject matter experts identified a funding level of \$200 million annually as essential to moving forward in a significant way.

The economic downturn is also aggravating the underlying long-term workforce shortage in public health laboratories. The nation's state and local public health laboratories currently face high levels of turnover and likely shortages in senior leadership over the next several years. During 2005 alone, 16 new state public health laboratory directors took office, representing a 30% turnover rate; for 2006, the vacancy rate in these senior leadership positions is expected to exceed 25%. Moreover, many current laboratory directors indicate that the pipeline of candidates available to serve as their successors is thin and comprised of individuals who lack the knowledge and skills needed to lead laboratories successfully through periods of change in the evolving public health environment. APHL has been addressing the future workforce needs of its member laboratories through its public health laboratory fellowship program, which has 60 active fellows. A doubling of the program to 100 fellows could be accomplished with \$6 million.

At a minimum, funding for CDC's existing programs in infectious diseases and environmental health must be maintained. Specifically, state and local funding for preparedness, biomonitoring, tuberculosis, food safety, influenza and newborn screening must receive funding at least at the previous fiscal year levels.

Continued federal funding for preparedness will preserve the state and local capacity that has been built and allow laboratories to respond rapidly and effectively to a terrorist event or public health emergency; purchase new instrumentation, adopt new technologies and develop electronic laboratory reporting; recruit and retain highly-skilled laboratory personnel; maintain outreach programs to hospital and clinical laboratories and first responders; and assure a coordinated response effort with federal partners.

Biomonitoring funding will allow states to build laboratory capacity and capability to monitor chemicals in people and will allow CDC to manage state programs, conduct studies and issue reports on monitoring disease and chemical exposures in people.

Increased tuberculosis funding for laboratories will enable them to implement new and existing diagnostic tests that can identify tuberculosis and screen for drug resistance;

standardize drug susceptibility testing methods in the US for first- and second-line drugs used to treat TB patients to improve clinical outcome; enable CDC to conduct an assessment of laboratory tuberculosis testing capacity; develop a plan of action that will address extensively drug resistant tuberculosis (XDR-TB) to prevent it from invading the US; develop recommended testing methods for different patient populations, as well as guidelines to help jurisdictions select the appropriate level of service; and improve laboratory staff proficiency in complex tuberculosis testing procedures.

Funding increases in food safety would allow states to hire additional staff and train new and existing staff to meet food testing demands; provide for the purchase of necessary reagents and laboratory equipment; allow for the development of food chemistry testing; fully fund PulseNet to allow immediate testing of samples and expand PulseNet to detect additional pathogens; evaluate and implement next-generation laboratory testing methods and support national foodborne disease surveillance; and make improvements in sample shipping to assure timely submission of samples from healthcare providers and clinical laboratories.

Continuing influenza funding will enhance influenza pandemic preparedness and expand early warning laboratory surveillance with year-round testing to rapidly detect variations of influenza viruses, especially the emerging deadly avian influenza viruses, in accordance with the Department of Health and Human Services' "Federal Guidance to Assist States In Improving State-Level Influenza Operating Plans" and enhance molecular detection capacity, provide needed reagents, allow for staff recruitment and provide training.

Newborn screening funding increases will support the implementation of the Newborn Screening Saves Lives Act of 2007 (Public Law No: 110-204) to increase funding of newborn screening grant programs in education, outreach, follow-up care, quality assurance and contingency planning and expand the efforts of CDC's Environmental Health Laboratory's Newborn Screening Quality Assurance Program.

Finally, the revitalization of the Commissioned Corps of the Public Health Service -- under the excellent leadership of Rear Admiral Sam Shekar, has made much progress. APHL believes that the changes underway in the Corps reflect exactly the right approach the program has needed. Particularly strong is the notion of promoting Corps assignments to state and local agencies, including public health laboratories, which helps to fill gaps and provide qualified and interested Corps members with on-the-ground public health practice -- representing a win-win for the Corps and for public health practice.

The nation's state and local governmental laboratories performing testing of public health significance pride themselves on performing the best possible diagnostic work and transmitting the data from that work in a timely fashion to improve the public's health.

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They deserve funding that will allow them to continue their operations and provide this critical service. Sadly, the economic downturn is now threatening their ability to meet these goals, and they must be included in any economic recovery package. These public health benefits cannot be delayed or deferred.

Sincerely,

A handwritten signature in cursive script that reads "Frances Pouch Downes".

Frances Pouch Downes, DrPH

President, APHL

Director, Public Health Laboratory, Michigan Department of Health

The Association of Public Health Laboratories is a national nonprofit dedicated to working with its members to strengthen governmental laboratories with a public health mandate. By promoting effective programs and public policy, APHL strives to provide public health laboratories with the resources and infrastructure needed to protect the health of US residents and to prevent and control disease globally.

