



## National Center for Disaster Preparedness

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### ***Domestic Preparedness Cuts in the Current Federal Budget Threaten Infrastructure Gains and Public Health Preparedness***

Recent cuts in the federal budget have serious implications for the country's preparedness and response standing. In mid-May, federal agencies released their final FY11 budgets. Much of the country's funding for homeland security and public health preparedness resides in the Department of Health and Human Services (DHHS) and Department of Homeland Security (DHS) budgets. **Preparedness and response funding within DHHS and DHS dropped by nearly \$900 million, from \$5.3 billion in FY10 to \$4.4 billion in FY11, a 17% overall reduction.**

- The DHHS FY11 operating budget of \$911 billion is overwhelmingly composed of entitlement programs (Medicare, Medicaid, TANF, and children's health programs account for 90% of their budget). Among the \$91 billion in discretionary programs, the two largest sources for public health preparedness funding are within the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR). Overall, the CDC public health preparedness and response budget and ASPR dropped from \$2.4 billion in FY10 to \$2.3 billion in FY11. More specifically, the CDC budget reduced funding for Public Health Emergency Preparedness grants to state and local health departments by 13%, and cut 40% from academic public health preparedness centers, including the network of "Preparedness and Emergency Response Learning Centers" (PERLC). (Columbia University's National Center for Disaster Preparedness is one of the fourteen regional PERLCs funded around the country.)
- Although the FY11 ASPR budget included a significant increase for medical counter-measure programs (an additional \$110 million, which represents a 36% increase over FY10) the Hospital Preparedness Program was cut 11%, to \$350 million, reflecting an overall decline of over 35% over the past five years. The Agency for Health Research and Quality, another DHHS agency, eliminated its Public Health Emergency Preparedness Research program entirely.
- The broad portfolio of domestic preparedness and response grant funding directed by DHS was cut by 24%, from \$2.9 billion in FY10 to \$2.2 billion in FY11. Within DHS, some of the programs experienced even more significant cuts: the Regional Catastrophic Grant Preparedness Grant Program was slashed by 58% (from \$33.6 million to \$14.1 million), the Emergency Operations Center Grant program by 75% (from \$57.6 million to \$14.1 million), and the Homeland Security Grant Program – the centerpiece of state and local homeland security funding – was cut by 28% (from \$1.8 billion to \$1.3 billion).
- In its FY11 budget, the Department of Education eliminated an eight-year old discretionary grant program that helped local school districts prepare for emergencies and disasters. The Readiness and Emergency Management for Schools (REMS) program provided \$32 million in grants in FY10. Over its eight-year history, the program provided \$232 million to over 800 local school

districts. In the President's FY12 proposed budget, \$6 million was set aside for state-level planning but none for local planning.

- State and local public health agencies across the country have experienced substantial budget cuts over the past several years. In recent reports from the National Association of County and City Health Officials (NACCHO), over half of the country's local health departments have experienced cutbacks in the past three years. In 2008, NACCHO reported that local health departments had lost 7,000 jobs through budget-related cuts, layoffs, position eliminations, and attrition. **When combined with earlier NACCHO findings, this workforce loss results in a cumulative 23,000 jobs lost from 2008-2009, approximately 15 percent of the entire local health department workforce in the country. In 2009, an additional 25,000 local health department employees were affected by cuts in working hours or mandatory furloughs resulting from budget cuts.** The Trust for America's Health (TFAH) recently noted three public health workforce issues:

1. The US has an estimated 50,000 fewer public health workers than it did 20 years ago. As of 2008, twenty percent of the average state health agency's workforce will be eligible to retire within three years, and by 2012, over 50 percent of some state health agency workforces will be eligible to retire.
2. The average age of new hires in state health agencies is 40.4
3. Four out of five (80%) current public health workers have not had formal training for their specific job functions.

The implications of these workforce shortfalls are worrisome. In a disaster, the public health workforce will be responsible for (among other things): staffing special needs shelters to care for the most vulnerable populations; coordinating the handling and disposition of mass fatalities; vaccinating entire populations; and communicating critical health-related information to multiple audiences. The cutbacks will severely undermine the training available to the current public health workforce -- they may not recall what they received in training years ago, they may need just-in-time training, or they may represent a "new" workforce given the high turnover rates.

More broadly, the preparedness budget cuts may make it particularly difficult for the nation – and the country's public health agencies and workforce, in particular – to achieve the goals established in the Presidential Policy Directive on National Preparedness (PPD-8) and the National Health Security Strategy, as well as the national performance standards on public health capabilities released by the CDC two months ago. The New York metropolitan area, in particular, is at greater risk for large-scale catastrophic events, and cannot afford to be less than maximally prepared.

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