

DECEMBER 18, 2001

**SCHAKOWSKY DELIVERS MAJOR PUBLIC HEALTH ADDRESS IN CHICAGO**

**CHICAGO, IL - U.S. Representative Jan Schakowsky (D-IL) today delivered a major public health address in Chicago during the Health and Medicine Policy Research Group Conference: "Civic Engagement and the New Public Health Challenges." Schakowsky said, "Now, more than ever, it is critical to discuss the state of public health and health care and to design strategies to win greatly-needed improvements for the future." Sponsors of the conference include Cook County Bureau of Health Services, Chicago Dept. of Public Health, Citizen Action, AFSCME, SEIU, IL Public Health Association and others.**

**Below is the text of Schakowsky's speech:**

**I want to thank Margie Schaps, Health and Medicine and all of the cosponsors for putting this conference together. I am pleased to be here with you this morning.**

**I want to start by saying a special thank you to my great friend, advisor and personal physician, Dr. Quentin Young. I hope that all of you saw this recent Chicago Tribune article on Quentin. It's a great picture and a great article. My only criticism is the title, "Doc Quixote." As you all know, Don Quixote went out accompanied only by Sancho Panza to fight the "impossible dream." But Quentin does not fight his battles alone. He is joined by all of us in this room and many, many more health care advocates in Illinois and across the country. As the founder of Health and Medicine and Physicians for a National Health Program, as the past president of the American Public Health Association, and as a mentor to many, Quentin is the spiritual godfather to thousands of health care professionals and advocates.**

**And his dreams are not impossible. When you read the article, you will see all the times that Quentin took on fights that many may have thought were impossible but which turned out victoriously. From ending discriminatory practices in Chicago to building a network of 32 medical clinics in Cook County to promoting public health, he has improved health care for all of us.**

**It's true that Quentin's dreams are not small. He has taught all of us that we need to be bold, to fight for what we really believe in and what is really needed - not just settle for what is safe or politically feasible in today's climate. Because, if we don't follow Quentin's lead, today's climate will never change.**

**Now, more than ever, it is critical to discuss the state of public health and health care and to design strategies to win greatly-needed improvements for the future.**

**I want to talk about three issues this morning: the public health response to bioterrorism, the current negotiations over health care benefits in the economic security bill, and the impacts of the war on terrorism and the recession on state health care programs.**

## **Public Health Care**

**Since the morning of September 11, our nation has been rocked by a series of events that before then had been thought to be inconceivable. We have experienced the physical destruction at the World Trade Center, the crashes of airplanes at the Pentagon and in Pennsylvania, and anthrax attacks from Connecticut to Florida.**

**We have learned many lessons. One of those lessons is the need for a vibrant public health care system and for adequate numbers of well-trained medical professionals to respond to health threats. Unfortunately, we have also learned that over the past years we have seriously neglected those needs. As a result, we are not adequately prepared.**

**Our public health and medical systems are already operating on a thin margin. The flu season alone can create serious challenges. Now we must be able to respond to ongoing health care needs and be prepared to handle chemical accidents, truck bombs, planes used as missiles, or outbreaks of anthrax and biological diseases. And we must be able to respond in all parts of the country at all times.**

**We have heard from public health experts in Chicago, Illinois and around the country that we are simply not equipped to respond adequately. We have excellent and committed public health and medical personnel who are doing their best to meet expected and unexpected needs. But we are dangerously unprepared to meet the potential challenges ahead.**

**Some of those challenges will be in the form of disasters like the World Trade Center or Pentagon, where the damage is immediate and overwhelming. Others will come in the form of biological terrorism, where damage is ongoing and exposure and infections occur over the course of days and weeks. This means that we need to have a multifaceted public health system, including surge capacity, improved communication links and the ability to detect, investigate and respond to outbreaks of biological diseases.**

**Unfortunately, many of the critical elements needed are not in place. According to a survey by the National Association of County and City Health Officials, 24 percent - 1 in 4 - local public health agencies have no response plan for bioterrorism. Only 20 percent have a comprehensive plan in place. Even public health departments that have been planning for potential disasters lack the resources necessary to implement those plans.**

**We are also terribly deficient in terms of communication, whether it is to let local health**

departments know about patients with suspicious symptoms or to share information with local health providers. The anthrax emergency in Washington made clear that the time it takes to get information from emergency rooms to local health departments makes the difference between life and death. Dr. Mohammad Akhtar, executive director of the American Public Health Association, testified before Congress that the optimal length of time for risk communication is four hours. Yet, he told us, that standard is now met only 10 percent of the time.

Many local health departments and community health providers do not have internet capacity or even fax machines, meaning that they cannot be informed of potential emergencies or given response instructions on a timely basis. And, when we look at communications, we must link all community health providers - not just hospitals but community health centers, local clinics, school-based clinics - anywhere and everywhere that patients may go.

The same communications problems exist between the Centers for Disease Control and Prevention and local health departments and providers. In the recent months, too many health professionals received their information from CNN than from CDC.

And there are many more problems. We face critical shortages of nurses and other medical professionals, and many are not adequately trained in detection and response. Our laboratories are overstretched and we do not have the number of trained epidemiologists we need. Many local health systems do not have the hospital beds, medical staff or facilities necessary to deal with events like the World Trade Center or possible chemical attacks. Neither are many medical professionals trained to detect biological illnesses or respond to reports of anthrax exposure. We do not have adequate resources to inspect food or protect our drinking water supply, let alone nuclear power plants and chemical facilities.

As a member of the Emergency Preparedness and Response Working Group of the Democratic Homeland Security Task Force, I have been working with my colleagues to change course on public health.

On November 8, we introduced the Bioterrorism Protection Act of 2001. BioPAct would have provided \$7 billion to respond to the health and security threats that now face our nation. Of that amount, \$3.5 billion is dedicated to improving public health capacity and emergency medical response capacity.

The American Public Health Association says that we need \$10 billion over five years to reinvigorate our public health system. BioPAct would have been an important step toward meeting that goal. But we were not able to win the support of the Administration or the Republican leadership for that level of funding.

Instead, last week we passed the Public Health Security and Bioterrorism Response Act of 2001. The goals of the bill are the same as BioPAct: making sure that state and local governments can respond to public health emergencies, improving lab capacity, training

first responders and health professionals, ensuring coordination and improving communications, providing an adequate stockpile of vaccines and antibiotics, protecting food and water supplies. The key difference is the amount of resources. While the bill makes a start, we were not able to win the funding necessary to make all those goals a reality. Not because we don't have the money, but because the Republican leadership has other priorities.

Take the airline bailout bill. We passed a bailout bill on September 22 - 11 days after the World Trade Center tragedy. The size of the bailout grew from \$5 billion to \$15 billion over a matter of days, even though the U.S. General Accounting Office said that the total airline losses might be \$6 billion. More than three months after September 11, we still haven't passed a public health bill. And, though a \$10 billion need has been clearly documented, unlike the airline bailout bill, funding for public health is shrinking as the bill moves through Congress.

And compare what the Republican leadership is willing to spend on improving public health to what they are willing to spend on providing tax breaks to mega-corporations. You've heard about the alternative minimum tax - passed in 1986 because so many corporations were using tax loopholes to avoid paying any taxes at all. The House-passed economic stimulus bill eliminates the AMT and gives rebates back to 1986. That AMT provision costs \$25 billion - more than 8 times the resources provided for public health. IBM would get more -- \$1.4 billion - than the amount spent on expanding the national stockpile of vaccines and antibiotics (\$1.15 billion). Ford would get more -- \$1 billion - than all the grants provided for the development and implementation of local emergency plans, including the training and equipping of first responders and health care professionals (\$910 million). K-Mart gets more (\$102 million) than food safety (\$100 million). United Airlines, which already got a bailout in September, would get 9 times (\$371 million) as much as programs to train health care personnel in short supply (\$40 million). Even Enron gets twice as much (\$254 million) as we spend on drinking water safety. Just think what we could do if we took the \$25 billion from the AMT provision and put it into efforts to improve public health and safety.

### **Economic Stimulus Debate**

Still, the House Republicans are sticking to their position on AMT. They would rather give tax breaks to big corporations than fund public health, just as they prefer giving tax breaks to those big corporations than providing benefits to laid off workers and their families. This is the crux of the negotiating logjam on economic stimulus. Whether that logjam will be broken is still not clear.

We are fighting for more funds to expand and improve unemployment compensation for laid-off workers, but we also know that the loss of health benefits deserves equal attention.

Just as the events of September 11 showed us the dangers of ignoring public health,

those events and the recession that officially began last March 15 demonstrate the massive flaws in our health care system. We all know that COBRA is not a solution. First, 43% of workers are not eligible for COBRA because they work for companies with fewer than 20 employees or for companies that don't provide coverage or because they are part-time/contract employees. Two-thirds of workers below 200% of poverty are not eligible for COBRA. Second, 80 percent of those who are eligible for COBRA don't take it, mostly because they cannot afford it. Under COBRA, average family coverage costs \$7,000 a year.

The Democratic economic stimulus plan provides a 75% subsidy for COBRA and 100% of Medicaid costs for laid-off workers not eligible for COBRA. States can also use Medicaid to pay the 25% COBRA premium for low-wage workers. The Republican plan is to provide a 50% COBRA subsidy - up to \$294 a month - for coverage. The Republican plan has severe fatal flaws. First, it ignores the 1 million laid-off workers not eligible for COBRA. Second, a 50% subsidy will not make health care affordable for many workers. Third, the Republican plan allows the 50% to be used to buy private insurance coverage in the individual market.

The Republican strategy is simple. First, they'd rather spend \$25 billion on AMT rebates than on comprehensive unemployment compensation and affordable health benefits for laid-off workers. Second, they are trying to push workers into the individual insurance market with tax credits ("vouchers") rather than ensuring access to more comprehensive coverage through employer-based plans or Medicaid.

Today, they are only talking about laid-off workers. But, if they are successful today, active workers, Medicare beneficiaries and the rest of us will be next. So, the fight over health benefits in economic stimulus plan is not just about money - it's also about the future of health care.

### **State Economic Situation**

The third area I want to discuss is the fiscal situation in Illinois and other states. A month ago, total state budget deficits were estimated to be \$15 billion through the rest of the year. Today, according to the Center on Policy and Budget Priorities, that figure is \$40 billion, because of higher than expected spending on Medicaid, unanticipated costs for homeland security, and revenue shortfalls.

As the recession continues and unemployment rates increase, the pressures on the states will grow. The recession could add as many as 10 million men, women and children to the ranks of the 40 million uninsured. They will be turning to Medicaid and to safety net providers for help. But, unless we act, they may not be able to get that help. Recently, Governor Ryan announced a \$136 million cut in Medicaid, including reductions in provider payment and eligibility, and a new \$1 copay for prescription drugs. The AIDS Drug Assistance Program faces a \$3 million - 43% cut - in state funding.

The 49 states, like Illinois, that are required to balance their budgets need federal

resources to meet that need. There is a bill in Congress to increase the federal Medicaid match - which would bring Illinois \$375 billion. But that is not in the economic stimulus bill. The Republican stimulus bill does nothing for states except to make their situation even worse. Illinois and other states calculate corporate tax rates on federal provisions. Because the federal bill reduces those rates through a new bonus depreciation provision, Illinois could lose \$360 million at the same time that it is facing new health care, unemployment insurance, security and other responsibilities.

**What are Advocates to do?**

I have no doubt that, if asked, the people of Illinois and the country would rather have their taxpayer dollars go to improve public health, protect water and food, provide benefits for laid-off workers, and help states meet critical needs than give corporations 15 years' worth of tax rebates.

I introduced H.R. 2999, the First Things First bill, because I know that you would rather put tax cuts for the wealthy on hold until we've met critical needs. First Things First means that the public health system, benefits for laid-off workers, Social Security, Medicare, and education should come before unneeded and fiscally irresponsible tax cuts.

Rather than delaying tax cuts, the Republican plan is to accelerate reductions in the marginal tax rates and add new breaks like the AMT. At a time when the public needs and respects federal government more than ever, the Republican economic policy will eliminate the ability to fund critical initiatives.

This is not what the public wants but it is what the public will get if we don't organize and mobilize. What is so frustrating is that President Bush has the bully pulpit. He can give a radio address that attacks Tom Daschle for holding up economic stimulus legislation, while the House Republican leadership fights for AMT relief for corporations instead of health care for working families.

So, we need to do what we do best. We need to get the word out and to hold elected officials accountable for their decisions. We need to be bold in our message and in our tactics. The Republicans are shameless in fighting for their agenda - no matter whether we are in surplus or deficit, at war or at peace, facing high or low unemployment, they keep singing the same song: tax cuts for big corporations and the wealthy.

We need to be just as shameless in fighting for our agenda. We need to fight for our values and principles, for working families and laid-off workers, for seniors, for children, for persons with disabilities and for low-income people. I am proud to be with you in that fight. With Quentin as our role model and, as the Tribune reports, "the conscience for the country," how can we help but win?