Date	Jun 16 1993
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Title	The public health agenda
Event	Conference State & Territorial Epidemiologists/ Lab Directors/ Veterinarians
Event Sponsor	??
Event location	Minneapolis MN
Notes	
Publ as	

6/16/93 The Public Health Agenda 6/16/93 ①

Conference of State + Territorial Epidemiol./Pub. Investors/Statisticians
Minneapolis

Can't tell you how pleased I am to be with all of you. I feel as tho

I have at last returned ~~home~~ home — to epidemiology, ~~and~~ to immunization and to infectious disease problems

the challenges, excitement — yes, and frustrations — of actively dealing with today's

public health problems in America.

Indeed, as I reflected upon it, nearly 30 years have elapsed since last I met
I don't think there are any here who attended your mtgs. 30 yrs ago and I know now who were here 15 yrs ago
& the State + Terr. Epi. and nearly 40 years since my first meeting. (After 11 years in the ~~Navy~~ wilderness), 14 years as a Dean in what some would describe as a jungle and 2 years in the White House which I would prefer not to characterize, I find myself back in a position & participate in the type of activity which first entriced me into public health.

Now - a caution — I don't plan today to address the comprehensive whole of the nation's public health agenda in the time allotted now, for that matter, between now and the afternoon's session. No, will I trouble you with a great deal of data. In fact, very little at all.

Associate professor - own data
Professor - other people's data
~~Dept chair — speaks in broader terms — meteorologist models~~
Dean - philosophy
Executive dean - history

Today I propose to stand lightly on history and to try to offer something of interest

Today addresses the public health agenda, as I see it, from a personal perspective.

The term 'public health agenda' ~~might perhaps~~ would be characterized by some as an oxymoron

from perhaps mid 60's through the 70's and into the 80's.

Period of declining resources - state, federal & local.

The romance of curative medicine & high technology

War on cancer

Belief (and there were many who believed) that the infectious diseases were effectively an historical chapter — at least for the industrialized world and few cared about the polysyllabic parasitic infections of the 3rd world

Population growth problem was recast for the Reagan administration by Julian Simon & his disciples as an opportunity — not a problem. It simply meant more consumers to fuel a free market economy.

Environmental problems were substantially shifted to agencies elevated by lawyers and toxicologists — forgetting that ~~one of~~ the principle driving force in risk-benefit ~~analysis~~ and risk-management dealt with human health.

Behavioral factors came to be recognized as important health determinants but the science underpinning interventions was generally weak and, in an era of minimalist government, there was relatively little enthusiasm for addressing the issues vigorously anyway.

The state of public health and the agenda has been well summarized by the IOM review.

The past 4-5 years have marked the beginning of a transformation of attitudes — and as I see it, ~~in this country~~)
~~the development of a strong p.h. agenda~~
The potential for development in this country of a strong p.h. agenda. Its character, its shape, its strength is far from defined. I believe we must work together over the immediate years ahead to give it needed definition. The bottom line, however, is that I personally have never been so optimistic as I am now that a corner is being turned — and this indeed was my prime motivation in accepting the invitation of the Secretary and the Assistant Secretary to join the HHS with responsibility for science and the immunization program.

, I have lived with the issues,)
Three events have been determining and at last others can be foreseen as critical.

① AIDS — An infectious disease emerged in the early 80's whose consequences for the coming decades are ominous.
- At first, in our arrogance, announced a vaccine would soon be forthcoming.
- Then a drug AZT, ddI
- More money was pumped into research — now > $1 billion.
- No solutions in sight — A humbling experience for a sophisticated biomedical research enterprise.

Recognizing AIDS was new
1989 — Question raised about the potential for other new & emerging infections. Some pooh-poohed this as nothing more than Andromeda strain hysteria
IOM committee & report
Now — N. Mexico — hanta
Cuba
Jim Hughes & NCID plan.
Gradually dawning — a recognition of need to do something — surveillance, laboratory, vaccines, Planes

2nd determining event

(2) Cost of medical care
Rapidly escalating in U.S. & all other countries.
No end in sight — organ transplants / technological ~~miracle~~ to restore hearing, sight, function but always at escalating cost.
Gradually dawning — a limit to remediation and, gradually, a turn to prevention.

(3) ~~Health~~ Health care reform —
Brought in health economists who wanted numbers!
How many conditions / how many procedures / what cost / what are the trade offs / how best do we allocate resources
Data base was soon discovered to be appalling.
We have pathetically little information — key: SURVEILLANCE
Analysis — soon revealed that prevention was far preferable by any measure to curative therapies.
Result: Two pieces of significance in health care reform
(1) Public health infrastructure
(2) Prevention research
To be paid for out of the trust fund — as legislated by any curative procedure.

Three other (determining) factors soon to reinforce these issues

(4) World Development Report
Issued — next week / comparable to our country in health care reform.
~~Global~~ Global — generic

(5) Biological Warfare —
Both talked about and few want to talk about it / Another writer.
Cannot afford to ignore.
Forget — EIS justified and created in this rationale.
Post Cold War → many unstable situations / small countries / desperate to establish independence & identity

Progress in biotechnology opens door to all manner of genetic manipulation.
~~How~~ countries investing resources?

Iraq / USSR
2 — 10 years ago
10 — now + capability & 10 others seeking

~~Chap~~

Cheap, simple, undetectable — "the poor man's atomic bomb"
Defense - difficult — only solution = thrust of new & emerging infections.
surveillance, lab. back up, field epidemiology, vaccine develop.
and production capacity.

(6) Food supply

Mike has been eloquent on this subject.
Fact - huge $ in foods shipped from abroad.
- resources and methods to combat problems are early 20th century
Only a matter of time until major problems.
Surveillance here is critical

No question in my mind but a real need to strengthen our basic health infrastructure — federal, state + local — + a major focus on infectious agents. (and especially surveillance) This implies a greatly strengthened capacity in medical + veterinary epidemiology and in our laboratory services.

If we don't know what's happening, can't do much about it. EPI classic

But, + budget constraints, will not be easy to obtain money for "broadly strengthening infrastructure."

My experience - CDC - EIS -

Attempts to obtain resources for epi training + development — 0
But BW / Polio - Salk / Polio - oral / Measles.
Did all the people recruited for polio work on polio — no!
BROADER VISION

EPI —

Polio ERAD / AMRO —

Health care reform — important ~~—~~ structural change / but not to be accomplished for many years

Meanwhile ← AIDS / TB / STD —

immunization — President's budget doubled — Secretary changes priority mix on this

Substantial amount of this for infrastructure at state + local level.

Surveillance ## — for me, this commands very high priority

Vaccine development

Transformation in access to the health system

Cooperation w/ voluntary groups — social marketing & merchandising.

Record systems

Must see this in its broadest scope

Meanwhile — New & emerging agents — Bill

An exciting time & tremendous opportunity — a new era.

~~I look forward~~

You are at the cutting edge — you are where the rubber meets the road!

I look forward to working with you during what can & should be the most exciting years going for p. h.