

February 10, 2009

From: The undersigned physicians, public health practitioners and researchers in 45 states, Professor Harold A. Pollack of the University of Chicago, and The Executive Board of Doctors for Obama, *A physician grassroots organization focused on supporting effective health care reform.*

To: Interested Parties

The American Recovery and Reinvestment Act (ARRA) provides needed economic stimulus while laying the groundwork for many investments important to our nation's future. The House and Senate have now both passed versions of the bill and are preparing to negotiate the final bill.

We, the undersigned group of over 700 practitioners, analysts, and scholars from across the country reflect many disciplines within public health, medical care, and policy research. We hold diverse political views, and have diverse ideas about how best to enact healthcare reform. We are united, however, in the belief that the public health provisions included in the bill provide a feasible, timely, and cost-effective approach to improving America's health.

We are thus disturbed by reports of deep proposed cuts to prevention and wellness programs (as well as by proposed cuts to in other areas such as education and disability assistance).

Evolving press reports indicate that the negotiated bill may cut billions of dollars in health prevention funds that are currently allocated. Areas of proposed cuts apparently include comparative medical research, smoking cessation, HIV prevention and testing, diabetes screening and detection, pandemic flu preparedness, health information technology, and other key public health items. In evaluating these expenditures as both short-term economic stimulus and in broader public health terms, each of these proposed expenditures represents sound public policy.

During 2008 campaign, Democrats and Republicans supported increased investment in comparative medical research to improve the quality and cost-effectiveness of American medical care. As Dr. Ezekiel Emanuel noted in his book *Healthcare, Guaranteed*: "The United States spends over \$2 trillion on healthcare, about \$200 billion on prescription drugs, and nearly \$100 billion on medical research and development, but only a paltry \$1 billion to evaluate the comparative costs and effectiveness of medical interventions and their influence on health outcomes."

The agencies that support this research employ rigorous scientific peer-review to allocate available funds. Many high-quality projects are ready for immediate implementation in hospitals, medical practices, and universities across the United States.

Health information technology is equally central. Electronic medical record systems improve continuity of care and can improve cost-effectiveness by reducing medical errors and by preventing duplicative diagnostic procedures and tests.

The broader array of prevention and wellness measures are equally essential to health and well-being. By some measures, diabetes is America's most costly and prevalent major chronic illness. Prevalence is increasing due to increased prevalence of adult-onset disorders. Modest proposed expenditures for diabetes screening and management are therefore especially valuable.

The bills also include funds for the prevention of HIV, sexually-transmitted infection, and tuberculosis. Federal expenditures in these critical areas have lagged in recent years. A variety of evidence-based interventions could be quickly implemented to address these public health challenges within the range appropriated in the House bill.

We are especially surprised by proposals to eliminate funds for smoking cessation services. Smoking remains America's most prevalent and avoidable cause of premature illness and death. Smoking cessation services rank among the most cost-effective interventions in all of medicine and public health. The proposed \$75 million would create roughly 1,500 jobs. Moreover, it would help roughly 45,000 people quit smoking, preventing many thousands of smoking-related deaths and serious illnesses.

In the 2008 campaign, candidates across the political spectrum demanded that our health system place greater weight on prevention to reduce avoidable deaths, injury, and illness, and to improve cost-effectiveness. Unfortunately, many prevention measures are politically vulnerable because they improve health among diffuse, disorganized, sometimes politically marginal constituencies.

The hope for such measures often rests with leaders who set aside momentary political pressures to ask what is really needed to promote a healthier America. If Congress does this, we will retain the modest but crucial public health expenditures contained in the bill and employ tens of thousands of people, often in communities hardest hit by this economic crisis.

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*Please see the full list of signatories below, collected over a 72-hour period by Professor Harold Pollack and the executive board of Doctors for Obama. Our numbers include a broad spectrum of physicians from internationally-renowned Deans and Professors of medical schools to rural private practitioners and medical students.*

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