



SCHOOL OF **PUBLIC HEALTH**

Testimony

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Co-Chairs Steiner-Hayward and Rayfield, Members of the Subcommittee on Human Services:

My name is Dr. David Bangsberg and I am the Dean of the newly created OHSU/PSU School of Public Health. I am an Oregon native and recently moved from Boston where I was a professor at Harvard to lead the OHSU-PSU SPH which combines the best of biomedicine at OHSU and community engagement at PSU. Our goal is to train the health workforce, develop new knowledge, and contribute to policy to improve the health and well-being of Oregonians.

Further, I'm pleased to be here today in support of our practitioners, local health departments, and community-based organizations that are also making a difference through frontline prevention and care.

This morning I want to share a personal story about public health that captures the theme of "You Don't Know What You Got Til it's Gone."

When I started Medical School at Johns Hopkins in 1986, we spent more time on tuberculosis in the history or medicine course than all other clinical courses combined because it was thought to be a disease of the past. I remember one professor commenting that there had been a few cases in New York City. This is at a time when tuberculosis prevention programs budgets were slashed .

Things changed very quickly. When I started my residency at Columbia Presbyterian Hospital in New York City, tuberculosis exploded in Harlem and worked its way down to Wall Street. A new strain of multidrug resistant tuberculosis developed which was untreatable. Part of this was



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fueled by the new epidemic of HIV, but it was also fueled by slashing the budget of mental health and drug treatment programs. Ultimately, the tuberculosis epidemic cost New York City more than \$1 billion and untold human misery.

I use this example to illustrate the fact that the results of our investments in public health are the absence of disease. We never see the successes; we only see the failures. The successes also cost a lot less than the failures. In short, you don't know what you got til it's gone.

But, like the Tuberculosis outbreak in New York City that was part of my early medical education, Oregon faces real and emerging public health crises. We are seeing failures in the public health system that have real consequences both in terms of lives and dollars.

For example, sexually transmitted diseases in Oregon are on the rise. Oregon has the 8th highest syphilis rate in the US. During 2007, only 26 cases of infectious syphilis were reported statewide; this increased about 2000 percent to 571 cases reported during 2016. Since 2014, 10 infants have been born with congenital syphilis. This is due to a long-term decline in public health resources to identify and treat affected partners. Without additional resources, we will expect this trend to continue.

I see the same threats with opioid addiction, with non-communicable diseases such as cancer prevention and diabetes and with access to clean air and clean water as our federal government seems bent on cutting funding for those programs. One third of Oregon women suffer from depression that has several downstream health costs. There are 138,000 children in Oregon who do not have access to basic health screening and early childhood education. Oregon ranks a miserable 45 of 50 among state immunization rates. Poor immunization rates leads to outbreaks of pertussis and mumps. Low rates of early childhood education affect children's ability to perform in school, graduate from high school and become economically independent.

Tobacco use continues to be the leading cause of preventable death. The Tobacco Prevention and Education Program (funded with tobacco tax) has led to declines over the past 15 years, but 17% of Oregon adults continue to smoke. 7000 Oregonians die prematurely each year from tobacco related disease.



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It is more critical than ever that Oregon has a robust public health system in order to protect the health and well-being of everyone in Oregon, especially our most vulnerable.

We can either pay a little now, or pay a lot more later both in state financial resources as well as preventable suffering of Oregonians.

Thank you again for the opportunity to share my thoughts with you this morning and I look forward to any questions.