

February 9, 2021

Chairs Nosse, Lieber, and Members of the Human Services
Subcommittee,

Thank you for the opportunity to offer testimony. My name is Sharon Meieran, I am a Multnomah County Commissioner representing District 1, and an emergency physician. I'm also the Co-Chair of the Health and Human Services Steering Committee at the Association of Oregon Counties, and offer this testimony on behalf of the AOC and Multnomah County, in support of funding Public Health Modernization at \$68.9 million dollars in the Oregon Health Authority budget bill, SB 5024.

Public Health, while often “unseen” by the public, plays a critical role in maintaining community well being - clearly, the COVID-19 pandemic has made public health *much* more visible, but pandemic response is only one part of what public health actually does. We rely on Public Health every day for clean air and clean drinking water, vital services like vaccinations, and so much more. Oregonians deserve an adequately-funded, equity-centered public health system that identifies, plans for and prevents communicable and environmental threats. This is precisely the aim of public health modernization - to ensure that such a system exists.

When this work began several years ago, we shared a goal to support a more nimble and responsive system of local public health. Now, in 2021, in the midst of an enduring pandemic, we have seen our public health system pushed to its limit. While our public health departments are doing incredible work, the truth is, they need to be better resourced *before* a crisis emerges. Planning and prevention are **keystones** of public health work, and I think we all see now how vital it is to build and maintain this infrastructure.

One key function of a robust public health system is the ability to communicate critical information. In Multnomah County, Public Health Modernization has helped us lay a basic foundation for prevention and for health equity. We have made inroads with real-time data collection and local community groups that are culturally specific. But we still have much more work to do in this area so that when outbreaks happen, we can utilize known, trusted individuals and entities to communicate the public

health message to specific communities in a way they will understand and act on.

The next phases in Public Health Modernization are to improve preparedness and responses to communicable diseases and natural disasters. Oregon will face bigger wildfires in the future, and while we can all hope we won't see another pandemic of this magnitude again or a major earthquake in the near future, the reality is - it's not a question of *if* but *what and when* there will be another global pandemic or health-related crisis. We must be prepared to handle the real life and death repercussions and be equipped to deal with these potential crises head-on.

Looking back on the last 20 years, we have experienced the West Nile Virus in 1999, which exposed the linkage between human and animal health. In 2001, the anthrax letters followed 9/11 which illustrated how poorly prepared the U.S. was to cope with even a small-scale use of a biological weapon. Following that, new infectious disease threats continued to emerge, including SARS in 2003–04, H5N1 in 2005, H1N1 in 2009, MERS-CoV in 2012, Ebola in West Africa in 2013–14, and Zika in 2015. What's next? And will we be any better prepared? We can - and should be - if we prioritize our public health infrastructure *now*.

Local public health departments are on the frontlines of this work, and I request your unwavering support for this \$68.9 million investment in public health modernization. The saying "An ounce of prevention is worth a pound of cure" is not just a cliché; it is a profound statement that forms the underpinning of our public health system. As an emergency physician, I often see patients on the worst day of their lives, in critical condition, who require the most intensive and expensive levels of care. And this is so often because they did not have meaningful access to healthcare and the basic services that would have prevented them from falling into crisis. I don't want to intubate patients in the ER for Covid. I want to prevent them from having to come to the ER in the first place.

In closing, I want to address one additional consideration: ***\$68.9 million is necessary, but not sufficient in order to fund a highly functional public health system.*** It is more than has ever been allocated in the past, and I deeply appreciate consideration of this investment. But it is only a fraction of what has been shown is needed to fund a robust system

of public health. Representative Nosse has a bill to extend the timeline for public health modernization to 2025, and I appreciate the Co-chair's willingness to sponsor that bill. But there was a commitment to fund this system, and we can't continue to wave off public health authorities. If nothing else, the pandemic and the wildfires have shown us- we need to be prepared and properly resourced to adapt and respond to future emergencies.

I appreciate the opportunity to share my support for funding public health modernization, thank you for your consideration.

Sincerely,

Sharon Meieran, MD, JD

Multnomah County Commissioner, District 1
Co-Chair, Association of Oregon Counties Health and Human Services
Steering Committee