



CENTERS FOR DISEASE
CONTROL AND PREVENTION



CENTERS FOR DISEASE
CONTROL AND PREVENTION
BUDGET REQUEST SUMMARY
FISCAL YEAR 2003

SAFER • HEALTHIER • PEOPLE

CDC'S VISION AND MISSION STATEMENT

VISION FOR THE 21ST CENTURY

“Healthy People in a Healthy World—Through Prevention”

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to

- protect people's health and safety,
- provide reliable health information,
- improve health through strong partnerships.

MISSION

To promote health and quality of life by preventing and controlling disease, injury, and disability.

CDC's mission further distills how the agency will achieve its vision. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,
- provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice.

CENTERS FOR DISEASE CONTROL AND PREVENTION
BUDGET REQUEST SUMMARY
FISCAL YEAR 2003

FEBRUARY 2002

CONTENTS

Message from the Director	3
Overview of Centers for Disease Control and Prevention and Agency for Toxic Disease Substances and Disease Registry	4
Bioterrorism and Emergency Operations	19
Fiscal Year 2003 Budget Request	26
Financial Tables	
Centers for Disease Control and Prevention Budget Authority by Activity	34
Appropriation History Table: Disease Control, Research, and Training	35
CDC Financing by Program and Organization: FY 2003 Current Estimate	36
Program Management	38

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
FINANCIAL MANAGEMENT OFFICE
WWW.CDC.GOV/FMO/FMOFYBUDGET.HTM
404.639.7400



MESSAGE FROM THE DIRECTOR

Each time we work through our annual cycle of researching, developing, preparing, submitting, and refining our annual budget request, we use this process as an opportunity to examine CDC's strategies for protecting people's health and safety at home and abroad, providing credible and practical information, and providing resources and expertise to help our many partners keep our communities healthy.

By constantly developing, conducting, and evaluating a wide range of public health strategies, CDC seeks to reduce death, illness, and disability both in the United States and throughout the world and to respond promptly and effectively to outbreaks of new and reemerging diseases, threats, and conditions. Bioterrorism, injuries, heart disease, cancer, diabetes, birth defects, environmental hazards, and infectious diseases all pose significant threats and all require careful, measured responses.

The atrocities that occurred on September 11, 2001, and the subsequent bioterrorism attacks on America have transformed our concepts both about "preparedness" and about the nature and scope of the threats we now face. Quite simply, either we are *all protected* or we are *all at risk*. Consequently, we must ensure that every health agency is fully prepared and that every community is served by an effective public health system.

CDC has, and will continue to, rely on the capabilities, support, and perspectives its numerous partners and constituents offer. Approximately three fourths of CDC's annual budget is used to support extramural activities, programs, and research. CDC has worked hard to hone its impeccable reputation for scientific integrity and has charted an aggressive strategy to ensure that our financial stewardship and program management will be the best in the public service arena. CDC/ATSDR has consistently recouped the nation's investment, saving lives and money through the myriad public health activities and initiatives conducted in concert with our partners.

This constituents' budget guide presents the key components of CDC's fiscal year 2003 budget request to the Congress. We welcome your comments and suggestions and hope that this budget information proves valuable.



Jeffrey P. Koplan, MD, MPH
Director, Centers for Disease Control and Prevention and
Administrator, Agency for Toxic Substances and Disease Registry



OVERVIEW OF CDC/ATSDR

The Department of Health and Human Services (HHS) is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. HHS comprises 13 major operating components, of which the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) are two.

CDC, which was founded in 1946, has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats for 55 years. CDC is globally recognized for conducting research and investigations. CDC is also action-oriented—it applies research and findings to improve people’s daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. Today CDC is recognized as the federal agency for

- protecting people’s health and safety,
- providing reliable health information for the public,
- improving health through strong partnerships.

ORGANIZATIONAL COMPONENTS

CDC’s major organizational components respond individually in their areas of expertise and also pool their resources and expertise on crosscutting issues and specific health threats. In 2001, the agency comprised these 11 major program components:

- National Center on Birth Defects and Developmental Disabilities (NCBDDD) works to prevent birth defects and secondary disabilities.
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) prevents premature death and disability from chronic diseases and promotes healthy personal behaviors.
- National Center for Environmental Health (NCEH) provides national leadership in preventing and controlling disease, disability, and death that result from the interactions between people and their environment.

- Epidemiology Program Office (EPO) strengthens the public health system by coordinating public health surveillance; providing support in scientific communications, statistics, and epidemiology; and training in surveillance, epidemiology, and prevention effectiveness.
- National Center for Health Statistics (NCHS) provides statistical information that will guide actions and policies to improve the health of the American people.
- National Center for HIV, STD, and TB Prevention (NCHSTP) provides national leadership in preventing and controlling human immunodeficiency virus infection, sexually transmitted diseases, and tuberculosis.
- National Immunization Program (NIP) prevents disease, disability, and death from vaccine-preventable diseases among children and adults.
- National Center for Infectious Diseases (NCID) prevents illness, disability, and death caused by infectious diseases in the United States and around the world.
- National Center for Injury Prevention and Control (NCIPC) prevents death and disability from nonoccupational injuries, including those that are unintentional and those that result from violence.
- National Institute for Occupational Safety and Health (NIOSH) ensures safety and health for all people in the workplace through research and prevention.
- Public Health Practice Program Office (PHPPPO) strengthens community practice of public health by creating an effective workforce, building information networks, conducting practice research, and ensuring laboratory quality.

The Director of CDC also serves as the Administrator of the Agency for Toxic Disease Substances and Disease Registry (ATSDR). ATSDR—established in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act (also known as Superfund)—works to prevent exposures to hazardous wastes and to environmental spills of hazardous substances.

Although CDC and ATSDR have independent visions and mission statements, both strive to reduce premature death, illness, and disability in the United States and throughout the world.

PROGRAM SUMMARIES

These brief program summaries represent CDC's current operating priorities. These programs and initiatives demonstrate how CDC fulfills its vital public health mission of protecting the public's health and well-being.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH

Birth defects are the leading cause of infant death in the United States. More than 150,000 infants are born with birth defects each year in the United States. With medical advances, more babies with serious birth defects survive, and many experience lifelong disabilities, illnesses, and social challenges. In addition, 17% of U.S. children under the age of 18 have some type of developmental disability. CDC has taken the leadership role in monitoring and seeking causes for birth defects and developmental disabilities, and promoting optimal child development. When causes or risk factors are known, CDC develops, implements and evaluates prevention programs.

An estimated 54 million people in the United States currently live with a disability. Direct and indirect costs associated with disability exceed \$300 billion, or 4% of the gross domestic product. CDC has expanded its research to identify health risks, protective factors, and promote wellness for people living with disabilities.

CDC's goals are to

- continue to monitor approximately 2.4 million births to establish birth defects prevalence and trends;
- conduct a model program for population-based surveillance of five developmental disabilities and assist states to implement similar programs; develop and test strategies to prevent fetal alcohol syndrome (FAS) and to improve the lives of children with FAS;
- collect surveillance data on autism through a multistate surveillance program; assist states to monitor children who screen positive for hearing loss to assure follow-up diagnosis and intervention;
- study the influence of parenting style on a child's developmental outcome.

CDC will continue to issue a series of results from a major community intervention trial on the use of folic acid to prevent birth

defects and will publish the 2002 report of the National Birth Defects Prevention Network. CDC will also conduct research on methods to improve the health and wellness of people living with disabilities and will assist states to implement programs proven effective.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The leading causes of illness, death, and disability—heart disease and stroke, cancer, diabetes, and arthritis—are among the most prevalent, costly, and preventable of all health problems. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of these chronic diseases. Heart disease, stroke, and cancer account for two-thirds of all deaths. The prolonged course of illness and disability from diabetes and arthritis results in extended pain and suffering and decreased quality of life for millions of Americans. Chronic diseases rarely resolve spontaneously; they are not generally cured by medication or prevented by vaccines. However, effective measures exist today to prevent much of the chronic disease burden and curtail its devastating consequences. Unfortunately not everyone who would benefit from these measures has access to them.

The underlying causes of deaths due to chronic diseases are often risk factors that could have been prevented. Three such factors—tobacco use, poor nutrition, and lack of physical activity—are major contributors to deaths resulting from chronic diseases.

CDC's strategy for preventing the leading causes of death in the United States is a crosscutting approach that includes direct and financial assistance to state programs, surveillance, applied prevention research, program evaluation, and health promotion strategies. Partnerships with supporters of CDC's public health mission are essential to save lives and reduce the burden of chronic illness. CDC provides leadership in coordinating and catalyzing the efforts of numerous public and private partners including other government agencies, professional organizations, voluntary organizations, academic institutions, grassroots community organizations and private businesses and foundations. CDC's partners provide unmatched expertise, experience, and outreach capability that extends CDC's effectiveness in reaching those at the highest risk for chronic disease. These partnerships enable CDC to leverage limited federal resources to create a multiplying effect that substantially bolsters our nationwide prevention efforts. Through our combined efforts, CDC can prevent the occurrence of chronic diseases by reducing or eliminating the behavioral risk factors in

high-risk groups. CDC can also stop or minimize the progression of chronic disease by promoting early detection, treatment, and healthy practices.

ENVIRONMENTAL HEALTH

Many of the public health successes that were achieved in the 20th century can be traced to innovations in environmental health practices. However, emerging pathogens and environmental toxins continue to pose risks to our health and significant challenges to public health. The emergence of the deadly West Nile virus has spurred the use of pesticides for controlling the mosquito populations which spread the virus. Hantavirus, a deadly viral infection transmitted to people from rats, focused national attention on the need for better rodent control and disease surveillance. Outbreaks of water-borne diseases such as cryptosporidium show the vulnerability of our water purification systems.

Some health conditions have worsened over the past few years. For example, an estimated 15 million Americans, including 5 million children, have asthma. Each year, between 400,000 and 500,000 people are hospitalized due to asthma, students miss 10 million school days, and people experience about 100 million days of restricted activity. In addition, the financial burden of asthma grew from \$6.2 billion in 1990 to approximately \$12.7 billion in 1998. Racial disparities for certain conditions have also become more evident. For instance, the problem of childhood lead poisoning is currently concentrated in racial and ethnic minorities and low-income households; nearly 22% of black children living in homes built before 1946 have elevated blood lead levels, compared with fewer than 2% of white children living in newer homes. In addition, global environmental health problems such as micronutrient malnutrition, poor air quality, and poor sanitation cause much greater loss of life and health in some parts of the world outside of the United States.

The task of protecting people's health from hazards in their environment requires a broad set of tools. First among these tools are surveillance and data collection to determine which substances in the environment are getting into people and to what degree. It also must be determined whether or not these substances are harmful to humans, and at what level of exposure. Some scientists estimate that about two-thirds of all cancers result from environmental exposure, but much better data are needed to improve this estimate and determine which exposures cause cancer and other diseases.

Another tool crucial to protecting people's health from environmental hazards is research to determine what might be the health effects of exposures, what populations are most at risk, and what interventions are needed to prevent adverse health effects.

EPIDEMIC SERVICES AND RESPONSE

CDC's epidemic services and response program provides resources and scientific expertise for operating and evaluating surveillance systems; developing and refining research methods and strategies to the benefit of public health practice; training public health professionals who are prepared to respond to public health emergencies, outbreaks and other assistance requests; and communicating with multifaceted audiences accurate public health information and effective messages. Since its creation in 1946, CDC has conducted the epidemic services and response program to solve public health problems and achieve prevention goals. The scientific basis of this program is applied epidemiology, in concert with other components of sound public health practice. Findings from these disciplines enable states, health organizations, foreign ministries of health, and others in the health field to make sound decisions and create effective policy.

Public health surveillance provides information crucial to monitoring the health of the public, identifying public health problems and priorities, taking public health action to prevent further illness, and evaluating the effectiveness of these actions. This concept represents the foundation of CDC's prevention and control programs. CDC staff provide technical assistance and consultation on surveillance principles and methods to global, state, and local health agencies, as well as to nontraditional partners such as medical examiners and coroners, health maintenance organizations, and private industry.

Within the epidemic services and response program, CDC carries out a variety of applied research and development activities. Areas of research include: social determinants of health; aberration detection; burden of disease; injury, and death; prevention effectiveness; and health care quality.

HEALTH STATISTICS

CDC provides critical information on the health of our nation, as individuals and as a society. By gathering the experience of individuals, we gain a collective understanding of our health, our collective experience with the health care system, and our problems, and our public health challenges. CDC data are used to create a basis for comparisons between population groups or

geographic areas, as well as an understanding of how trends in health change and develop over time.

CDC data support public programs and goals. Current health information is needed in all sectors of society as a prerequisite for planning, action, and evaluation, and can lead to improvements in health and quality of life. Health information makes us accountable. CDC data are used to monitor our effectiveness in addressing public health concerns by allowing policy-makers, researchers, and the health care industry to identify health problems; monitoring trends; identifying risk groups; targeting interventions; and evaluating our public health efforts in an accurate, reliable, and timely manner. Other agencies, such as the Health Care Financing Administration, the Environmental Protection Agency, National Institutes of Health, and the Department of Agriculture, also use NCHS data to monitor progress towards their goals.

CDC's strategy is to provide statistical information to guide actions and policies to improve the health of the American people. Building on recent successes in retooling data systems and in improving the timeliness and availability of data, CDC will maintain a statistical infrastructure that serves needs of CDC, the federal government, and the health community at large.

HIV/AIDS, STD, AND TB PREVENTION

HIV/AIDS, sexually transmitted diseases (STDs), and tuberculosis (TB) are among the most prevalent, preventable, and costly infectious diseases in the United States. Many of these diseases have plagued humans for centuries, and despite the availability of effective treatments, are still around today. Syphilis, for instance, has been treatable for over half a century. Yet it still exists, with thousands of cases of primary and secondary syphilis reported annually. Tuberculosis, the second leading cause of death in this country at the turn of the last century, still afflicts about 17,000 Americans each year. It is a leading infectious cause of death worldwide, despite the availability of effective treatments and control programs. Other diseases, such as HIV, herpes, and human papillomavirus have been recognized more recently, but have quickly gained a strong foothold in the population. Preventing their further spread requires immediate action.

Although these diseases affect all Americans, they often hit hardest those populations that are least able to respond—the poor, minorities, youth, immigrants, and incarcerated persons.

Recognizing the intersection among these diseases, and the need for a focal point for leadership and accountability, CDC formed a

national center focusing on HIV, STD, and TB prevention in 1994 with the mission to provide leadership in preventing and controlling human immunodeficiency virus infection, other STDs, and tuberculosis. CDC works in collaboration with partners at community, state, national, and international levels, applying well-integrated, multidisciplinary programs of research, surveillance, technical assistance, and evaluation.

None of these diseases are vaccine preventable—they must be controlled and prevented through identifying, diagnosing, and treating infected persons; through providing confidential, culturally competent counseling to identify and reach those who have been exposed to infection and who may not know it; and through individual and population level health promotion to reduce high-risk behaviors. CDC's efforts focus on surveillance, epidemiologic research, prevention programs, capacity building, evaluation, and policy development.

IMMUNIZATION

Despite great success in lowering disease levels and raising immunization coverage rates, much remains to be done to ensure the protection of children and adults worldwide.

- Approximately 1 million 2-year-old children in the United States do not receive one or more of the more established, recommended vaccines.
- New vaccines are a tremendous benefit to our nation's public health, but new vaccines can also complicate an already complex immunization schedule and make it increasingly difficult to ensure that children have a complete immunization. Currently, CDC faces an ongoing challenge to reach high coverage levels with varicella and pneumococcal conjugate vaccines.
- Immunizations are subject to a higher standard of safety than other medical interventions because they are given to healthy people. As with all medical interventions, no vaccine is 100% safe or effective. Vaccine safety activities must remain vigilant to maintain public confidence in immunizations, preserve high coverage levels, and prevent a resurgence of vaccine-preventable diseases.
- Immunizing adults for vaccine-preventable diseases in the United States remains a significant challenge. The burden includes up to 50,000 adults who die of influenza, pneumococcal infections and hepatitis B each year at an annual cost to society that exceeds \$10 billion.

- Barriers remain in certifying the goal of polio eradication and support is needed to expand global measles control efforts. The CDC has greatly reduced the burden of disease through immunizations, but our children remain at risk from these diseases as cases are imported from endemic countries.

CDC actively addresses those obstacles. In FY 2002, CDC will continue to provide leadership to reduce disability and death resulting from diseases that can be prevented through vaccination. We will continue to play a critical role in developing immunization policy using our technical and scientific expertise to support groups that recommend immunization policy in the United States and globally, such as the Advisory Committee on Immunization Practices (ACIP) and World Health Organization (WHO).

INFECTIOUS DISEASES CONTROL

Infectious diseases are a leading cause of death worldwide, accounting for one fourth to one third of all deaths. Earlier predictions of the elimination of infectious diseases often did not take into account changes in demographics and human behaviors and the extraordinary ability of microbes to adapt, evolve, and develop resistance to drugs. More than 35 newly emerging infectious diseases were identified between 1973 and 2002, and new infectious disease threats continue to be identified.

Disease outbreaks endanger U.S. citizens at home and abroad, threaten U.S. armed forces overseas, and exacerbate social and political instability. Outbreaks can interfere with the global marketplace, affecting tourism, trade, and foreign investment. Moreover, epidemic-related trade embargoes and restrictions on travel and immigration can cause friction with trading partners, as happened during the 1994 outbreak of plague in India.

CDC's strategies to combat infectious diseases invest in and build upon both the public health system that was established over a century ago to increase preparedness to address the emergence of dangerous new threats. In 1995, in partnership with federal, state, and local agencies, universities, private industry, foreign governments, WHO, and many nongovernmental organizations, CDC launched the first phase of a nationwide program to revitalize national capacity to protect the public from infectious disease threats. The second phase of CDC's effort, *Preventing Emerging Infectious Diseases: A Strategy for the 21st Century*, published in 1998, continues these partnerships to build domestic and global capacity for recognizing and responding to infectious diseases.

CDC's efforts to prevent and control infectious diseases focus on four goals: (1) *surveillance and response*—to detect, investigate, and monitor emerging pathogens; the diseases they cause; and the factors influencing their emergence; (2) *applied research*—integration of laboratory science and epidemiology to optimize public health practice; (3) *infrastructure and training*—to strengthen our nation's public health infrastructure to support surveillance and research, and to implement prevention and control programs; and (4) *prevention and control*—to ensure prompt implementation of prevention strategies and enhance communication of public health information about emerging diseases.

CDC's infectious diseases funding supports surveillance, epidemic investigations, epidemiological research, training, public education and CDC's infectious diseases laboratories, which provide global leadership in public health laboratory science and serve as the nation's public health and reference laboratories.

INJURY PREVENTION AND CONTROL

Injury is the leading cause of death for Americans 1–44 years of age and remains a leading cause of death, no matter how long someone may live. Who is at greatest risk?

- Among our youngest children (ages 1–4), homicide is the fourth leading cause of death.
- One out of every four children ages 1–14 is injured seriously enough to require a visit to the emergency room, while more than 11,000,000 visit a physician for injuries each year.
- Medicaid pays nearly \$1 billion annually for emergency treatment of injured children.
- Suicide is the third leading cause of death as early as 10–14 years of age, while the highest rates of suicide occur as we reach the end of our lives.
- Homicide is the second leading cause of death for older teens and young adults.
- Violence against women peaks in the reproductive years.
- Drivers age 65 and older have motor vehicle-related death rates twice that of all ages.
- By age 90, one in every three women will have suffered a hip fracture, and only half of these fall victims will return home or live independently again.

CDC and its public and private partners are making tremendous progress in injury prevention and control, but we need to do more.

CDC's strategy is to

- put successful safety programs into more states, communities, and businesses;
- communicate what works to safety organizations, health care providers, and the public;
- conduct research to find out why people get injured, what works to prevent injuries, and how to get people to use interventions that are successful;
- collect information that states and other organizations need to help target resources and measure progress (surveillance).

OCCUPATIONAL SAFETY AND HEALTH

Americans are working more hours than ever before in environments that profoundly affect their health. Each day, an average of 9,000 U.S. workers sustain disabling injuries on the job, 17 workers die from an injury sustained at work, and 137 workers die from work-related diseases. Although youth represent a small percentage of the total workforce (2%), 70,000 young people annually require treatment in hospital emergency rooms for work-related injuries and 70 die of those injuries. In addition, 18,000 people are assaulted on the job every week. The economic burden for occupational injuries, diseases, and workplace violence is very high. The costs of this continuing toll are estimated to be more than \$171 billion annually.

CDC conducts the only federal research program to protect the health and safety of the U.S. workforce. The continuing need for occupational safety and health research, both public and private, led CDC to work with the occupational safety and health community to create the National Occupational Research Agenda (NORA) in 1996.

Now in its fifth year, NORA has become the largest stakeholder-based research agenda in the United States, targeting 21 research priorities considered by the nation's occupational safety and health community as most essential for improving the safety and health of the U.S. workforce. Approximately 500 organizations and individuals outside of CDC provided input into the development of the agenda (i.e., employers, employees, safety and health professionals, public agencies, and industry and labor organizations). These efforts have led to the evolution of more efficient and effective ways to conduct research within CDC, the growth of NIOSH's extramural programs, and the expansion of occupational safety and health research in other government agencies.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

The Preventive Health and Health Services Block Grant (PHHSBG) is the primary source of federal funding to states for health education and risk reduction activities; cholesterol, hypertension, and cancer screening; and programs to prevent sex offenses. The Block Grant is also a leading source of funds for injury prevention, oral health, environmental health, and emergency medical services. The funds are allocated to states, the District of Columbia, territories, and eligible Indian tribes and tribal organizations that apply.

The strategy of the Block Grant is to provide states with flexibility to tailor prevention and health promotion programs to their health priority needs. Flexible funding enables states to complement another equally important and necessary public health strategy—programs funded through categorical funding. The role of flexible funding is (1) to provide seed money for developing new programs; (2) to fund essential services that would otherwise go unfunded; (3) to supplement programs funded by other federal or state monies; and (4) to address urgent, rapidly developing health hazards such as disease outbreaks or environmental disasters. While flexibility is its cornerstone, the PHHSBG draws from *Healthy People 2000/2010*, the electronic Grant Application and Reporting System, the Uniform Data Set, and the Government Performance and Results Act (GPRA) to increase the efficiency, continuity, accountability, and effectiveness of funded activities.

PUBLIC HEALTH IMPROVEMENT

Virtually every health problem in our communities—infectious disease outbreaks, chemical hazards, chronic diseases, and injuries—is first recognized by local public health professionals who must work together with state and national officials to control these threats, prevent their spread, and save lives. Although the nation is served by a broad range of public health agencies—more than 3,000 county, city, and tribal health departments, as well as state health departments—serious gaps in the public health infrastructure leave these agencies unprepared to detect and respond to public health emergencies as well as everyday public health challenges.

The gaps in the public health infrastructure, highlighted by the recent bioterrorism attacks, outbreaks of West Nile virus, foodborne disease, and increasing drug-resistance, are summarized in CDC's March 2001 report to the Senate, entitled *Public Health's Infrastructure: A Status Report*. This report was called for in the landmark Public Health Improvement Act of 2000 (P. L. 106-505),

which authorized actions to remedy these deficiencies. CDC's strategy to improve public health builds on the components of the Public Health Improvement Act through a combination of broad-based efforts to build core public health capacities and targeted programs to address areas of special need:

- Strengthening public health practice by strengthening the major components of the public health infrastructure: the public health workforce; public health departments and laboratories; and public health's information, communications, and knowledge management systems.
- Stimulating extramural prevention research to discover how the latest biomedical research can be applied in our local communities and to supply those who work on the frontlines of public health with evidence of "what works."
- Eliminating racial and ethnic health disparities to close serious gaps in health status by developing targeted public health interventions and testing their effectiveness in racial and ethnic minority communities where they will have the greatest impact.
- Building the National Electronic Disease Surveillance System to effectively integrate disease detection and monitoring and ensure rapid reporting and response to outbreaks of disease.
- Building cross-cutting capacities and expertise at CDC to support key components of all categorical prevention programs.

BUILDINGS AND FACILITIES

CDC's management has the responsibility to ensure that CDC has adequate facilities and equipment to carry out its public health mission; that all facilities, particularly laboratories, are safe for both workers and the community; that the taxpayer's investment in these facilities is protected through effective maintenance and operations; that facilities meet applicable fire and life safety codes; and, that all CDC facilities are operated in a responsible manner to reduce energy consumption.

To meet these goals, CDC's management continuously monitors the adequacy of space assignments, as well as the need for repairs and improvements to our facilities. CDC management determines the need for and schedules major and minor renovation, construction, and other facilities projects.

Many employees of CDC are working in inadequate buildings and facilities. Some CDC scientists conducting experiments on infectious microorganisms are working in wooden structures that were constructed as temporary facilities almost 60 years ago.

There is a growing concern that the next public health emergency could overwhelm current capacities to respond. The anthrax and World Trade Center attacks strained the ability of CDC to respond, in large part because of inadequate facilities. Similarly, the 1997 Hong Kong “avian” virus crisis required displacement of an ongoing infectious disease research program. Responding to another bioterrorism event, a global flu pandemic, a large scale environmental disease threat, or an unforeseen public health danger would likely overwhelm CDC’s current capacities.

CDC in Atlanta is spread out over multiple locations throughout the metropolitan area. Many employees are working in 23 leased buildings. This situation evolved as CDC grew to respond to new public health threats. For reasons of efficiency, physical security, and cost effectiveness CDC undertook a facility planning effort to assess the work that would be needed to consolidate its Atlanta operations into two secure campuses. The budget supports the highest priority work identified in this planning effort, which is completion of a new infectious disease laboratory on the Clifton Road Campus, completing a new Environmental Toxicology Laboratory on the Chamblee Campus; finishing work on a Scientific Communications Center; and continuing repairs and improvements in CDC’s inventory of buildings and facilities.

OFFICE OF THE DIRECTOR

The Office of the Director (OD) manages and directs programs of CDC. OD provides leadership, advises on policy matters, and develops and evaluates progress of goals and objectives related to disease prevention and control. OD provides direction and coordination to the epidemiologic activities of CDC and coordinates CDC’s response to health emergencies. OD provides overall direction to and coordination of the scientific, medical programs of CDC; plans, promotes, and coordinates an ongoing program to ensure equal employment opportunities within CDC; provides legislative policy and direction; provides leadership, coordination, and assessment of administrative management activities; and oversees security for CDC laboratories and office facilities. OD establishes, administers, and coordinates CDC’s health communication and media relations policies to ensure that health communication efforts reflect the scientific integrity of all CDC research, programs, and activities, and that such information is factual, accurate, and targeted toward improving public health.

In addition, OD coordinates and manages programs on global health activities, minority health, and women’s health relating to disease prevention and control.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

The Agency for Toxic Substances and Disease Registry (ATSDR) is a federal agency created by Congress in 1980 by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), also known as Superfund legislation. The formation of ATSDR provided for the analysis and prevention of adverse human health effects associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution. ATSDR is the public health agency charged with determining the nature and extent of health problems at Superfund sites, and advising the U.S. Environmental Protection Agency (EPA) and state environmental agencies on needed clean-up and other actions to protect the public's health. ATSDR is headquartered in Atlanta, Georgia.

ATSDR collaborates with the EPA, other federal, state, local, and tribal governments, health care providers and affected communities. The agency provides new information to assist in remedial decision-making, answers the health questions of impacted community members, recommends preventive measures to protect public health, and provides diagnosis/treatment information to local health care providers.

In FY 2001, ATSDR directly disbursed more than \$32 million of the agency's total budget through contracts, grants, cooperative agreements, and interagency agreements to support environmental health programs in state and local health departments, educational institutions, and other organizations serving public health. State health agencies are important partners in helping ATSDR prevent exposure to contaminants at hazardous waste sites and prevent adverse health effects. Through ATSDR's cooperative agreement programs, ATSDR provides technical and administrative oversight and guidance for public health activities at sites located within states, commonwealths, and Indian Native territories. Staff from funded partners actively coordinate with federal, state, and local health and environmental officials to provide public health expertise on human exposure issues related to site characterization, removal activities, health studies, site remediation, and site-specific health education for the community and health professionals. This improved coordination of all aspects of site activities leads to the increased ability to evaluate public health implications and conduct or recommend appropriate activities to prevent or mitigate exposures.

BIOTERRORISM AND EMERGENCY OPERATIONS

During FY 2001, CDC's model of investing resources in the three phases of bioterrorism and emergency operations—preparedness, response, and recovery—was tested. Before September 11th, CDC had started preparing for possible acts of terrorism by

- developing and administering cooperative agreements to 50 states, Guam, and four major metropolitan health departments;
- establishing a bioterrorism emergency preparedness grant program in nine states and two communities, New York City and Washington, D.C.;
- increasing to 120 the number of chemicals in the Rapid Toxic Screen and funding five state environmental health laboratories to provide surge capacity;
- conducting simulations for the National Pharmaceutical Stockpile;
- expanding the Health Alert Network, the foundation for a nationwide health communications system;
- training allied health professionals.

Within minutes of the attacks on the World Trade Center, CDC's infrastructure shifted to respond to the immediate needs of the nation. CDC set up a 24/7 Emergency Operations Center and began to deploy staff (more than 600 to date) and supplies, issue guidance and health alerts, and provide technical assistance. Following the reports of anthrax cases in October, CDC redirected more than 2,000 staff members to focus on this crisis. CDC continues assisting public and private partners in the on-going investigation and recovery by maintaining surveillance, conducting a preventive treatment program for individuals exposed to anthrax, refining laboratory capabilities both at CDC and in the states, and assisting partners in establishing when buildings will be safe to reoccupy. The following highlights demonstrate the range of CDC's bioterrorism and emergency operations.

PREPAREDNESS

NATIONAL PHARMACEUTICAL STOCKPILE TESTED IN AUGUST 2001

A full-field exercise developed and managed by CDC called “Exercise Hanuman Redux 2001” (HR 2001) was held in August 2001 over two days in Louisville, Kentucky. It was one of a very few “no-notice” (unannounced), 24/7, player-driven exercises ever held. From the local perspective, this exercise evaluated the community’s capability to execute its Emergency Operations Plan, policies, procedures, systems and facilities. In response to the exercise, CDC rapidly deployed two Emergency Response Coordinators and 10 epidemiologists to investigate the staged terrorist event. Lessons learned from this exercise proved invaluable in CDC’s response to the World Trade Center and Pentagon attacks.

NURSES RECEIVE PREPAREDNESS TRAINING JUST BEFORE THE ATTACK

CDC’s Public Health Training Network (PHTN) established the “CDC Responds Series.” The series provided education and communications programs using satellite video conferences, live and archived web programs, video tape, audio conferencing, and print materials. The series has delivered 11 programs to an estimated 1.3 million health workers. Just 11 days before the attacks, the training center at New York’s Columbia University educated more than 800 public health nurses in emergency preparedness, and four days after the first report of anthrax, the center at the University of South Florida conducted an interactive satellite teleconference, Recovering from Terrorist Acts: Strategies to Aid the Public Health Professional and Agency.

CDC RELEASES SMALLPOX RESPONSE PLAN AND GUIDELINES AND IMPLEMENTS TRAINING PROGRAM

In November 2001, CDC released the CDC Interim Smallpox Response Plan and Guidelines. This plan outlines the public health strategy for stopping an outbreak of smallpox and is intended to guide state and local health authorities in developing outbreak response plans in their jurisdictions. In conjunction with the plan’s release, CDC developed and presented a series of 3-day training sessions. CDC has provided smallpox training for more than 600 federal, state, and national partnership organization staff. Five Smallpox Emergency Response Teams are now vaccinated, trained, and medically cleared to respond to a suspected or probable smallpox case. Each team consists of a physician team leader, senior public health administrator, medical epidemiologist, medical epidemiologist for vaccine safety, lab scientist/

technician, communications specialist, community liaison specialist, computer support specialist, and information technology specialist.

SMALLPOX VACCINE CONTRACT ANNOUNCED

On November 28, 2001, HHS announced that Acambis Inc., with support from its subcontractor Baxter International Inc., has been awarded a \$428 million contract to produce 155 million doses of smallpox vaccine by the end of calendar year 2002. Production of this vaccine under the new contract will begin soon and, once completed, will bring the total number of vaccine doses in the nation's stockpile to 286 million by the end of 2002.

RESPONSE

FIRST DEPLOYMENT OF CDC'S NATIONAL PHARMACEUTICAL STOCKPILE.

The National Pharmaceutical Stockpile (NPS) was deployed for the first time in response to the September 11th terrorist attacks in New York City and Washington, D.C. CDC mobilized an NPS "push package" to New York City within 7 hours of an approved deployment and a push package to Washington, D.C. following the attack on the Pentagon. The initial push package consisted of more than 50 pallets of medical material. The package included ventilators, IV equipment, antibiotics, chemical agent antidotes, and other medical supplies. In addition, although all commercial aircraft were grounded after the attack, CDC arranged air transportation of its emergency response personnel to New York City and provide additional staff in Washington, D.C.

THE CDC NATIONAL PHARMACEUTICAL STOCKPILE DELIVERS ANTHRAX ANTIBIOTICS IN 5 HOURS

CDC's NPS program, already on 24-hour, fully staffed alert from the September 11th event, arranged CDC's immediate response to the first case of anthrax in Florida. At the request of Florida health officials, CDC arranged for the transportation of CDC epidemiologists and its Technical Advisory Response Unit to Florida and North Carolina to investigate the anthrax exposures. From October 15 to November 29, 2001, CDC delivered almost 3.75 million tablets of three different antibiotics (amoxicillin, ciprofloxacin, and doxycycline) for postexposure prophylaxis of workers in affected buildings, postal employees, other mail handlers, and postal patrons. CDC accomplished this in response to 65 separate requests from 10 different states and the District of Columbia. CDC's average response time from each request to the actual delivery was 5 hours.

LARGEST NUMBER OF CDC “DISEASE DETECTIVES” EVER DEPLOYED

On September 11th, within hours of the attack, two Epidemic Intelligence Service (EIS) officers, also known as “Disease Detectives,” were deployed to New York City to assist with the initial needs assessment. On September 14th, 34 EIS officers were deployed to New York City to establish an emergency syndromic surveillance system to monitor potential health effects from the September 11th attacks. This was the single largest deployment in the 50 year history of the EIS program. Over the course of the following three weeks, a total of 71 EIS officers were deployed to New York City to respond to the World Trade Center attack. Two additional EIS officers were sent to Washington, D.C. to assist with the response to the attack on the Pentagon.

EIS officers have formed the backbone of the CDC response to numerous incidents of exposure to anthrax or actual cases of anthrax. In the three months following September 11th, there have been 213 individual field deployments of EIS officers in response to these emergencies. Eighty eight percent (88%) of all EIS officers have been in the field at least once, and many have been out multiple times (39 officers have been deployed twice, 13 have been deployed three times, and two four times). In Florida, New York City, New Jersey, and Washington, D.C., EIS officers have participated in clinical case investigations, environmental assessments, contact tracing, case finding, community surveillance, administration of prophylaxis, health education, and monitoring the effects of the treatments. EIS officers have also served as key members of the response teams at CDC’s emergency operations center.

PUBLIC HEALTH LABORATORIES PROCESS MORE THAN 70,000 SUSPECT ANTHRAX SPECIMENS

From the time of the World Trade Center attack until the report of the first confirmed case of anthrax on October 4, 2001, the CDC laboratory response included an immediate notification alert to all Laboratory Response Network (LRN) laboratories and an inventory of all reagent stocks of priority threat agents. During the period between the attack and the first case of anthrax, CDC responded to public health laboratory requests for additional reagents to meet potential emergency situations. From early October to mid-December, the laboratory response to the anthrax attack was impressive. In addition to identifying the first case of anthrax in a LRN state public health laboratory, members of the LRN reported processing an estimated 70,000 suspected anthrax samples nationally. CDC labs alone processed and tested 6,298 specimens.

WEB SITE SERVES 9 MILLION PEOPLE IN ONE MONTH

CDC continued its position as a highly visible health information provider as evidenced by being one of the most frequently visited government Web sites. CDC's site averages more than 4 million unique visitors per month; however, during the height of the nation's anthrax crisis in October 2001, the CDC Web site had more than 9 million visitors and more than 171 million hits.

HEALTH ALERT NETWORK CALLED INTO ACTION

Within four hours of the attack on the World Trade Center, the Health Alert Network (HAN) was activated and began transmitting emergency messages out from CDC to the top 250 public health officials in 50 states, 7 large cities, and Guam. During the next 16 weeks, 67 health alerts, advisories and updates were transmitted reaching an estimated 1 million frontline public and private physicians, nurses, laboratorians, and state and local health officers. Using in-state systems supported by CDC, states were able to augment and tailor the HAN alerts to their unique situations.

CDC RESPONDS TO ANTHRAX AND SAVED LIVES

Using an integrated team of clinical, laboratory and research scientists, CDC developed a rapid, effective response to the anthrax outbreaks that included rapid diagnosis, clinical support, availability of effective antibiotics and judicious use of vaccine. These efforts resulted in a mortality rate for inhalation anthrax that was lower than the previous estimate of 85%. In addition, among the thousands of persons who received preventive treatment, no new cases of inhalation or cutaneous anthrax were identified. This response reduced the number of serious illnesses and saved lives.

TREATMENT GUIDELINES REACH MILLIONS OF HEALTH CARE PROVIDERS

CDC quickly developed guidelines for anthrax treatment, prophylaxis, and exposure management that required immediate dissemination to all health-care professionals. To expand its distribution of the guidelines, the *Morbidity and Mortality Weekly Report* (MMWR) enlisted the assistance of various organizations, agencies, publications, and health-care plans. Participants in this partnership electronically distributed to their members and subscribers bioterrorism-related reports published in MMWR. As a result, millions of health-care professionals and the public were notified within hours about critical public health information. Specifically, MMWR published 16 reports and notices on bioterrorism, including updates of anthrax investigations, recommendations for anthrax prophylaxis, treatment recommendations, and ways to prevent exposures.

MONITORING HEALTH EFFECTS IN THE WAKE OF SEPTEMBER 11TH

During response efforts to the attacks, results from surveillance provided a comprehensive look at the public health impact of the World Trade Center disaster and allowed public health resources to be better and more appropriately used. CDC personnel deployed to New York City assisted health officials there with designing, conducting, and maintaining four surveillance systems:

- (1) Surveillance in area hospitals to detect an increase in infectious diseases or the release of bioterrorist agent.
- (2) Surveillance of injuries to rescue workers at the World Trade Center site.
- (3) Needs assessment at area hospitals to allow public health officials to more effectively direct resources.
- (4) Retrospective surveillance of injuries to rescue workers at selected area hospitals to evaluate the types and severity of injuries, and the number of expired victims taken to hospitals within the first 48 hours after the event.

RECOVERY

IDENTIFYING IMPROVED METHOD TO COLLECT ANTHRAX SAMPLES

CDC developed an innovative way to collect environmental samples to test for *B. anthracis*. Scientists adapted an approach used routinely by allergists for assessing common allergen exposures and applied it to sampling for anthrax. The “Allergy Sock” method uses a small bag attached to the hose of a vacuum cleaner to collect samples. This new approach for occupational exposure assessment allows for sampling large areas using a vacuum, preventing the recirculation of hazardous particles back into the air. Subsequent data published in the *MMWR* also suggest this new vacuum sampling method is more sensitive for detecting contamination than the alternative (wipe sampling). CDC continues to use this method and has trained other groups such as the Coast Guard, FBI, and Government Building Contractors in this approach.

ASSISTING AFGHAN REFUGEES

More than 3.5 million Afghan refugees are in Pakistan and Iran, a situation exacerbated by a further influx of refugees once the American bombing campaign began. The immediate health concerns facing these refugees are malnutrition, measles, malaria, and diarrhoeal disease (including cholera). CDC staff

served as United Nations High Commissioner for Refugees (UNHCR) medical coordinators in Quetta, Pakistan, from September 2001 through January 2002 for the Afghan refugee crisis there. Those staff helped plan new refugee camps inside Pakistan and also chaired coordination meetings between the Pakistani government and other organizations; identified gaps in health and nutrition programs for refugees and identified organizations to fill the gaps; and set up a health information system for newly arriving refugees.

RESPONDING TO ANTHRAX IN THE CAPITOL COMPLEX

After a letter containing anthrax spores was opened in the Hart Senate Office Building in October 2001, CDC responded to a request from the D.C. Department of Health, for assistance. A CDC team helped evaluate exposed individuals, developed sampling plans for evaluating 32 buildings, and worked with various agencies, including the FBI, EPA, Defense Advanced Research Projects Agency, U.S. Army Center for Health Promotion and Preventive Medicine, the Office of the Sergeant at Arms, and the U.S. Capitol Police, to assess these buildings. The most severely contaminated facility, the Hart Building, was closed for extensive remediation. CDC/ATSDR provided technical input on remediation issues and evaluated the safety of building before it was reopened in late January 2002.

FY 2003 BUDGET REQUEST

The CDC/ATSDR FY 2003 Budget Request totals \$6.6 billion. This amount represents a decrease of \$1.2 billion (15%) compared with the FY 2002 Current Estimate of \$7.8 billion. This reduction is largely attributed to a major one-time purchase in FY 2002 of vaccines and other pharmaceuticals to prepare for terrorist threats. Included in the request is \$3.9 billion in budget authority to be provided to CDC from the Labor–Health and Human Services–Education regular appropriations bill; \$1.6 billion from the Public Health and Social Services Emergency Fund for CDC’s Bioterrorism Preparedness and Response Program; \$824 million from the Centers for Medicaid and Medicare Services for the Vaccines for Children’s Program; and \$47 million from an interagency transfer for Public Health Service evaluation activities. (For budget details, see the financial tables, pp. 34–37.)

This request represents the Administration’s commitment to improve CDC’s leadership capabilities in preparing for, responding to, and recovery from acts of terrorism, whether they are biological, radiological, chemical, or conventional. The budget proposal also supports our nation’s ongoing battles against naturally occurring health threats that adversely affect millions of Americans each and every day—threats such as chronic diseases, birth defects, environmental hazards, injuries, and infectious diseases. Resources proposed for FY 2003 in CDC budget authority will further strengthen the national public health infrastructure and will support the following critical operations.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITY AND HEALTH—\$90.0 MILLION

The FY 2003 Budget Request supports current levels of program operations and enables CDC to address priority programs including those for autism, birth defects, developmental disabilities, hearing loss, fetal alcohol syndrome, and attention deficit hyperactivity disorder. In addition, CDC will continue to develop and test promising approaches in promoting health and preventing secondary conditions among people living with a disability.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION—\$697.0 MILLION

The FY 2003 Budget Request supports on-going activities in Chronic Disease Prevention and Health Promotion including programs that reduce heart disease and stroke, cancer, and diabetes—conditions that account for 70% of all deaths in the United States. This budget

targets increases in funding to states for breast and cervical cancer programs including outreach and additional breast and cervical cancer screens for under served women. In FY 2003, CDC estimates that an additional 29,000 diagnostic and screening services will be provided to women who are hard-to-reach or who have never been screened for these cancers. CDC will also support the Secretary's Healthy Communities Innovation Initiative to teach Americans that even small to moderate lifestyle changes can make dramatic differences in health.

ENVIRONMENTAL HEALTH—\$155.6 MILLION

The FY 2003 Budget Request will support programs that protect people's health from hazards in their environment. Activities in Environmental Health include researching the relationship between exposure to toxic substances and human health; assisting state health departments integrate advances in human genetics into public health policy; analyzing the exposure of the U.S. population to environmental chemicals; providing laboratory proficiency testing, training, and consultation to more than 64 domestic newborn screening laboratories; and tracking asthma to understand when, where, and in whom asthma occurs.

EPIDEMIC SERVICES AND RESPONSE—\$81.3 MILLION

The Budget Request supports the reinvestment in current training programs and other fellowship programs at CDC such as the Epidemic Intelligence Service Program and the Public Health Prevention Specialist Program. These types of programs enable CDC to respond not only to disasters and emergencies but also to emerging health threats. Ongoing programs include surveillance and public health informatics, applied research, and scientific and health communications.

HEALTH STATISTICS—\$130.1 MILLION

The FY 2003 Budget Request supports activities in two major areas of Health Statistics.

Field Operations includes data collection operations for surveys and contracts to states under the National Vital Statistics Program. In FY 2003, health statistic's core data systems will continue a multi-year process of redesign and re-engineering, including redesigning the sampling protocol of the National Health Interview Survey, updating the content of the National Health Care Survey, and re-engineering the underlying processing systems that are used to produce statistics. CDC will continue to balance the need for ongoing data collection (in order to maintain trends for important health indicators) with the need for these structural reforms, and

will maximize the use of available resources to meet ongoing public health data needs.

Statistical Program Infrastructure includes the design of data systems, research on statistical methods, managing field operations, analysis and reporting of health information, dissemination of data through the Internet and other means, protection of the confidentiality of personal health information, and related efforts essential to maximizing our investment in health information systems. Working with partners, CDC will continue efforts to redesign and integrate data systems to make them as efficient as possible, and to carefully evaluate data needs to ensure that limited resources are directed to the highest priority health issues.

HIV, STD, AND TB PREVENTION—\$1,143.1 MILLION

The FY 2003 Budget Request will allow CDC to continue efforts to prevent and control HIV, STDs, and TB. In particular, CDC will continue to support its domestic HIV prevention activities, emphasizing the highest priority objectives identified in the CDC HIV Strategic Plan. Efforts begun in 2001 and 2002 to focus on prevention for HIV positive persons—the Serostatus Approach to Fighting the Epidemic—will continue, as will activities to improve monitoring of the HIV epidemic. A focus will also be preventing HIV among young MSM, particularly for young MSM of color. CDC will continue to implement global HIV/AIDS programs in 25 countries overseas—working with the countries to address their program priorities. In collaboration with agencies such as HRSA, CDC will provide support care and treatment activities, provide technical assistance, and develop training materials to assist in-country health care professionals. CDC will support STD prevention programs in all 50 states, and will focus on eliminating syphilis from this country and preventing infertility caused by STDs. The infertility prevention program will reach about half of at risk women in four regions and approximately one quarter of at-risk women in the remaining six regions. Finally, CDC will continue to work to rein in TB in the United States, addressing IOM recommendations to eliminate TB as resources become available.

IMMUNIZATION—\$631.1 MILLION

The FY 2003 Budget Request enables CDC to continue to provide leadership to reduce disability and death resulting from diseases that can be prevented through vaccination. CDC will continue to save the nation's medical care delivery system valuable resources by providing immunization services for vaccine preventable diseases throughout the U.S. and will work to eradicate polio and reduce the prevalence of measles throughout the world.

INFECTIOUS DISEASE CONTROL—\$344.6 MILLION

The FY 2003 Budget Request will continue to address the emergence of dangerous health threats, such as antimicrobial resistance, patient safety and medical errors, pandemic influenza, food safety, chronic fatigue syndrome, and Creutzfeldt-Jakob disease or transmissible spongiform encephalopathy (TSE), by building upon its proven capacities in reporting, monitoring, and preventing infections.

INJURY PREVENTION AND CONTROL—\$146.1 MILLION

The FY 2003 Budget Request supports programs and research in the area of violence prevention and unintentional injury. CDC will continue to fund Injury Control Research Centers that conduct research and provide state and community training and technical assistance and that support individual investigator research on injury prevention and control at academic institutions across the country. This budget request will support other on-going activities that include surveillance and the prevention of violence, suicide, unintentional injuries, residential fires, child maltreatment, and injuries among the elderly.

**OCCUPATIONAL SAFETY AND HEALTH—
\$258.3 MILLION**

The FY 2003 Budget Request will reduce CDC's National Occupational Research Agenda (NORA). The total reduction will come from the Extramural portion of NORA. This reduction will result in a decrease in funding for approximately 110–115 grants in FY 2003.

**PREVENTIVE HEALTH AND HEALTH SERVICES
BLOCK GRANT—\$135.0 MILLION**

The FY 2003 Budget Request enables CDC to maintain the 61 states, territories, American Indian Tribal organizations that receive funding to achieve progress towards Healthy People 2010 goals, as well as funds for emergency medical services, oral health, injury prevention, and environmental health.

PUBLIC HEALTH IMPROVEMENT—\$118.8 MILLION

The FY 2003 Budget Request terminates the Prevention Research Grant program and impacts other Public Health Improvement activities. The grant program sponsors peer-reviewed studies conducted by academic researchers who are linked with state and local health agencies to develop improved interventions and services. In FY 2003, CDC will continue to improve state and local public health practice by building up the public health workforce capacity and competence; providing quality assurance and performance standards

for health departments and laboratories; and by strengthening systems to manage information, communication, and knowledge.

BUILDINGS AND FACILITIES—\$64.0 MILLION

The FY 2003 Budget Request supports implementation of CDC's 10-year Facilities Master Plan. The budget request enables the completion of the Environmental Toxicology Lab and the Central Utility Plant; the purchase of equipment for the Scientific Communications Center and the Emerging Infectious Disease Laboratory; and the repairs and improvements needed for CDC facilities nationwide.

OFFICE OF THE DIRECTOR—\$47.7 MILLION

The FY 2003 Budget Request enables CDC to move forward on the HHS five-year Enterprise Information Technology Plan and the Unified Financial Management System.

The request for *HHS Information Technology Enterprise Infrastructure* includes funds to support an enterprise approach to investing in key information technology infrastructure such as security and network modernization. These investments will enable HHS programs to carry-out their missions more securely and at a lower cost. Agency funds will be combined with resources in the Information Technology Security and Innovation Fund to promote collaboration in planning and project management and to achieve common goals such as secure and reliable communication and lower costs for the purchase and maintenance of hardware and software.

The Unified Financial Management System (UFMS) will replace five legacy accounting systems currently used across HHS' operating divisions. The UFMS will integrate the department's financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information, including more accurate assessments of the cost of HHS programs. It will also promote the consolidation of accounting operations and thereby reduce substantially the cost of providing accounting services throughout HHS. Similarly, UFMS, by generating timely, reliable, and consistent financial information, will enable operating division heads and program administrators to make more timely and informed decisions regarding their operations.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY—\$80.6 MILLION

The FY 2003 Budget Request enables ATSDR to conduct its mandated public health activities in response to the Comprehensive Environmental Response, Compensation, and Liability Act, more commonly known as Superfund. Working with partners across the country, ATSDR conducts epidemiologic studies to evaluate the

human health effects associated with exposure to toxic substances, performs research, and maintains data on toxic exposure and adverse health outcomes for identification, evaluation, and—if appropriate—intervention. ATSDR serves as an independent advisor to Environmental Protection Agency and State agencies regarding clean-up decisions and community health concerns.

THE PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

The public health response to September 11th brought unprecedented challenges to the nation's public health system. Funds made available to CDC and ATSDR in FY 2003 will continue to strengthen public health capacities at state and local health departments as well as at CDC. CDC will continue its efforts to strengthen national preparedness for bioterrorism by further developing and maintaining activities such as improving preparedness and response capabilities; improving capacity for laboratory diagnosis of biologic and chemical agents; strengthening surveillance systems and epidemiologic tools for detection of bioterrorism; establishing communications and training networks to improve bioterrorism readiness and response; enhancing the National Pharmaceutical Stockpile; and building partnerships to ensure coordinated, comprehensive plans for response to bioterrorism. The FY 2003 budget requests a total of \$1.6 billion from the Public Health and Social Services Emergency Fund (PHSSEF) for CDC's Bioterrorism Preparedness and Emergency Response Program which includes these activities.

UPGRADING STATE AND LOCAL CAPACITY— \$940.0 MILLION

Responding effectively to a large-scale terrorist event depends upon strong local public health core capacities, such as surveillance and epidemiology, rapid laboratory diagnosis, a well-trained public health workforce, and timely, secure communications and information systems. Core capacities must be supported by preparedness plans that are coordinated with other state and local emergency management operations. Although these capacities focus on bioterrorism, they are also relevant in controlling naturally occurring infectious disease outbreaks and natural disasters. To meet the challenge of national preparedness, the FY 2003 Budget Request focuses on strengthening state and local public health departments. There are also increased funds directed to training programs for public health and hospital workers. Resources in this category will be awarded to health departments, academic institutions, and other public health partners at the state and local level.

UPGRADING CDC CAPACITY—\$158.7 MILLION

The FY 2003 Budget Request will enable CDC to enhance laboratory response capabilities including the ability to better accommodate and triage requests for laboratory assistance during a large-scale infectious disease outbreak. CDC will also increase its capacity to respond to chemical threats and will further expand the Rapid Toxic Screen to include those that are exceptionally difficult to measure. CDC will research and develop new laboratory technologies that can rapidly measure and characterize chemical agents in blood and urine and transfer these new technologies to strategically located laboratories in the states. The budget request will also support CDC's rapid response teams; state assigned Epidemic Intelligence Officers; improved safety equipment for emergency response workers; tracking and control of biological pathogens (select agent program); full-time emergency operations center; and a national public health strategy to prepare for an all hazard response to terrorist events.

NATIONAL PHARMACEUTICAL STOCKPILE—\$300.0 MILLION

Priorities proposed in the FY 2003 Budget Request are to maintain the readiness of the National Pharmaceutical Stockpile (NPS) to respond to all terrorism threats and to complete the process of ensuring that all states have functional plans in place for effective management and use of the NPS should it be deployed. The proposed budget will cover the recurring costs (product storage, rotation, and replacement) of maintaining the increased volume of products achieved during FY 2002.

SMALLPOX VACCINE—\$100 MILLION

The major purchase of smallpox vaccine and the medication used to treat individuals experiencing adverse reactions to the vaccine, will have been made during FY 2002. Using the current contracts, the budget request will cover storage, packaging, and replacement costs. The FY 2003 budget also supports research in improved diagnostic tests, treatments for smallpox infection, and in better understanding of disease progression.

ANTHRAX—\$18.0 MILLION

The FY 2003 proposed budget supports on-going evaluation and research of the anthrax vaccine used to inoculate military personnel and recently offered to postal workers and congressional staff. Activities supported by these funds include monitoring adverse events and analyzing dose requirements.

CDC SECURITY IMPROVEMENTS—\$20 MILLION

As part of the ongoing process of improving security for all facilities, CDC/ATSDR management has initiated these steps:

- increased security guard force and armed selected guard posts.
- restricted entry points to labs and buildings, enforced displaying of ID badges, enforced visitor escorts and sign in/out logs, and enforced the usage of cardreaders (no piggy backing).
- required inspecting or scanning, or both, for all bags, random car searches, and inspecting delivery vehicles.
- tested emergency notification systems and established security e-mail.
- restricted access to the Roybal Campus through new and improved barriers and fences.

Funds requested in FY 2003 will cover building security maintenance costs and on-going training and personnel costs associated with a professional armed guard force at CDC facilities nationwide.

CDC BUILDING AND FACILITIES—\$100.0 MILLION

No resources in FY 2002 were appropriated from the Public Health and Social Services Emergency Fund for CDC's Buildings and Facilities Master Plan. Funds requested would be used for the construction of a biological laboratory at the CDC facility located at Ft. Collins, Colorado. The proposed facility would replace the outdated Vector Borne Infectious Diseases Laboratory currently in operation. Funds proposed in FY 2003 would also allow CDC to begin the design of the East Campus Consolidation Laboratory Project.

CONCLUSION

CDC works with other federal agencies and partner organizations as well as, state and local public health departments, to ensure the health and safety of U.S. citizens. With the increased support provided during FY 2002, CDC will continue enhancing the nation's capability to prepare for and respond to a bioterrorist event. The FY 2003 Budget Request will enable CDC to further these crucial preparations. The best strategy to protect our citizens against terrorist attacks is to continue developing and refining the systems and tools our public health system requires. Doing so will ensure that the United States is prepared for deliberate threats against the nation's health, and also increases our ability to recognize, prevent, and control the naturally occurring threats that adversely affect millions of Americans every year.

CENTERS FOR DISEASE CONTROL AND PREVENTION
FUNDING BY BUDGET ACTIVITY
(DOLLARS IN THOUSANDS)

Budget Activity	FY 2001	FY 2002	FY 2003	FY 2002–FY 2003	
	Comparable Dollars	Current Estimate ¹ Dollars	Estimate Dollars	Increase/Decrease Dollars	Percent
Birth Defects/Developmental Disabilities/Disability & Health	\$ 71,197	\$ 90,539	\$ 89,982	\$ (557)	-0.62%
Chronic Disease Prevention & Health Promotion	755,555	753,712	697,035	(56,677)	-7.52%
Environmental Health	140,104	156,723	155,606	(1,117)	-0.71%
Epidemic Services & Response	80,630	83,326	81,343	(1,983)	-2.38%
Health Statistics					
Budget Authority	53,769	107,388	83,106	(24,282)	-22.61%
<i>(Health Statistics—Non add)</i>	71,690	23,286	46,982	23,696	101.76%
Subtotal Health Statistics	125,459	130,674	130,088	(586)	-0.45%
HIV/AIDS, STD & TB Prevention	1,051,342	1,142,759	1,143,137	378	0.03%
Immunization	555,689	630,927	631,089	162	0.03%
Infectious Diseases Control	326,372	354,077	344,570	(9,507)	-2.69%
Injury Prevention & Control	143,769	150,698	146,075	(4,623)	-3.07%
Occupational Safety & Health	269,620	286,561	258,309	(28,252)	-9.86%
Preventive Health & Health Services Block Grant	135,029	134,967	134,966	(1)	0.00%
Public Health Improvement	112,443	150,123	118,836	(31,287)	-20.84%
Emergency Response & Recovery	0	12,000	0	(12,000)	-100.00%
Office of the Director	36,406	46,600	47,688	1,088	2.33%
<i>(HIV/AIDS—non-add)</i>	859,245	938,646	938,910	264	
Total L/HHS Budget Authority	3,731,925	4,100,400	3,931,742	(168,658)	-4.11%
Agency for Toxic Substances and Disease Registry	77,632	81,330	80,599	(731)	-0.90%
Total CDC Budget Authority	3,809,557	4,181,730	4,012,341	(169,389)	-4.05%
<i>Amount ERF (non-add)</i>	0	12,000	0	(12,000)	
<i>Amount non-ERF (non-add)</i>	0	4,169,730	0	(4,169,730)	
Buildings & Facilities	175,000	250,000	64,000	(186,000)	-74.40%
Bioterrorism—Base Activities	177,949	181,919	1,636,740	1,454,821	799.71%
Bioterrorism & Emergency Supplemental Activities	16,400	2,123,500	0	(2,123,500)	-100.00%
PHS Evaluation Transfers					
(Health Statistics)	71,690	23,286	46,982	23,696	101.76%
Vaccines for Children (VFC)	857,211	989,535	823,938	(165,597)	-16.73%
User Fees	2,226	2,226	2,226	0	0.00%
Diabetes Transfer	3,000	3,000	3,000	0	0.00%
Reimbursable (non-add)	0	0	0	0	
Total, CDC—Program Level	\$5,113,033	\$7,755,196	\$6,589,227	\$(1,165,969)	-15.03%
<i>Amount ERF (non-add)</i>	16,400	2,123,500	0	(2,123,500)	
<i>Amount non-ERF (non-add)</i>	5,096,633	5,631,696	0	(5,631,696)	

¹ Difference between 02 Appropriation and 02 Estimate is CDC's share of the \$25 million across-the-board reduction required under P.L. 107-116.

APPROPRIATION HISTORY TABLE:
DISEASE CONTROL, RESEARCH, AND TRAINING
 (EXCLUDES PHSSEF AND EMERGENCY SUPPLEMENTAL FUNDING)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1991	\$1,171,595,000	\$ 997,701,000 ¹	\$1,350,747,000	\$1,350,747,000
1991 Reduction	—	—	—	(39,161,000)
1992	1,396,927,000	1,390,662,000	1,540,982,000	1,485,733,000
1992 Sequester	—	—	—	1,956,000
1993	1,600,068,500	1,602,975,000	1,658,612,000	1,662,545,000
1994	2,161,788,000	1,910,182,000	2,088,781,000	2,051,132,000
1995	1,983,132,000	2,086,850,000	2,050,931,000	2,088,131,000
1995 Rescission	—	—	—	2,086,831,000 ²
1996	2,191,660,000	2,124,931,000	2,091,883,000	2,114,693,000
1997	2,229,900,000	2,187,018,000	2,209,950,000	2,302,168,000 ³
1998	2,316,317,000 ⁴	2,388,737,000	2,368,133,000	2,374,625,000 ⁵
1998 Supplemental	—	—	—	9,000,000 ⁶
1999	2,497,397,000 ⁷	2,591,433,000	2,366,644,000 ⁸	2,609,520,000 ⁹
1999 Resc/1% Transfer	—	—	—	(3,539,000)
2000	2,855,440,000 ¹⁰	2,810,476,000	\$2,802,838,000	2,961,761,000 ¹¹
2000 Rescission	—	—	—	(16,810,000)
2001	3,239,487,000	3,290,369,000	3,204,496,000	3,868,027,000 ¹²
2001 Rescission	—	—	—	(2,317,000) ¹³
2001 Sec's 1% Transfer	—	—	—	(2,936,000)
2002	3,878,530,000	\$4,077,060,000	\$4,418,910,000	4,293,151,000
2002 Reduction	—	—	—	\$ (1,895,000) ¹⁴
2003	\$3,931,742,000 ¹⁵	—	—	—

¹ Immunization, tuberculosis, and health statistics not considered due to pending request for extension of an expired authorization.

² This appropriated amount reflects a proposed rescission of \$1,300,000 within Injury Control activities.

³ Includes \$32,000,000 for the transfer of the Bureau of Mines. Transfer occurred in FY 1997.

⁴ Includes \$522,000 supplemental increase for ICASS activities.

⁵ Includes \$509,000 supplemental increase for ICASS activities/transfer from Department of State and a \$4.436 million reduction due to the exercise of the Secretary's 1% Transfer Authority.

⁶ This supplemental increase was provided for emergency Polio eradication efforts in Africa.

⁷ Includes a \$43,000,000 amendment for Bioterrorism funding and a \$2,800,000 offset to fund Bioterrorism across all of DHHS.

⁸ Does not include emergency funding provided under the Public Health and Social Services Emergency Fund (PHSSEF) for \$228,400,000 or \$25,000,000 in interagency transfer from NIH for state tobacco control activities.

⁹ Does not include \$156,600,000 in emergency funding provided under the PHSSEF for Bioterrorism, Polio and Measles, and the Environmental Health Laboratory.

¹⁰ Revised to include \$35,000,000 for Global HIV initiative. Does not include \$20,000,000 (\$18,040,000 with rescission of \$1,960,000) transferred from NIH for Anthrax.

¹¹ Does not include \$229,000,000 (\$228,680,000 with rescission of \$320,000) in FY 2000 for emergency funding provided under the PHSSEF for Bioterrorism, Global AIDS, Polio, Malaria, Micronutrient Malnutrition, and the Environmental Health Laboratory.

¹² Excludes funding from the PHSSEF for Bioterrorism (\$180,919,000).

¹³ FY 2001 Administration Rescission: \$2,317,000.

¹⁴ Administrative and related expenses reduction of \$1,895,000.

¹⁵ Includes retirement accruals of +\$57,297,000; management reduction of -\$27,295,000; and legislation public affairs reduction of -\$7,870,000.

CDC FINANCING BY PROGRAM AND ORGANIZATION FY 2003 ESTIMATE

(DOLLARS IN THOUSANDS)

Program	EPO	NIP	PHPPO	NCBDDD	NCCDPHP
Birth Defects/ Developmental Disabilities/ Disability and Health				\$89,982	
Chronic Disease Prevention and Health Promotion					\$697,035
Environmental Health					
Epidemic Services and Response	\$43,571		\$240		\$5,319
Health Statistics					
HIV/AIDS, STD and TB Prevention					
Immunization		\$631,089			
Infectious Diseases Control					
Injury Prevention and Control					
Occupational Safety and Health					
Preventive Health and Health Services Block Grant	\$3,386				\$131,580
Public Health Improvement			\$51,308		\$37,800
Office of the Director					
Total, CDC (B.A.)	\$46,957	\$631,089	\$51,548	\$89,982	\$871,734

CDC FINANCING BY PROGRAM AND ORGANIZATION
FY 2003 ESTIMATE (CONTINUED)
(DOLLARS IN THOUSANDS)

NCEH	NCHS	NCID	NCIPC	NCHSTP	NIOSH	OD	Total
							\$89,982
							\$697,035
\$155,606							\$155,606
\$8,901		\$19,099				\$4,213	\$81,343
	\$83,106						\$83,106
				\$1,143,137			\$1,143,137
							\$631,089
		\$344,570					\$344,570
			\$146,075				\$146,075
					\$258,309		\$258,309
							\$134,966
						\$29,728	\$118,836
						\$47,688	\$47,688
\$164,507	\$83,106	\$363,669	\$146,075	\$1,143,137	\$258,309	\$81,629	\$3,931,742

PROGRAM MANAGEMENT

CDC/ATSDR strives to support fully HHS's crucial public health mission and the President's Governmentwide Management Reforms, which were announced during FY 2001. The Federal Managers Financial Integrity Act (FMFIA) sets forth conditions and standards that ensure the public's resources are protected from fraud, waste, and abuse. CDC's program managers, under the umbrella of HHS, strive to ensure that CDC's program operations and systems function efficiently and effectively and to identify and correct any problems with management controls that could affect its fiscal stewardship and accountability. These summaries, taken together, provide an overview of key management initiatives under way at CDC.

FINANCIAL MANAGEMENT EXCELLENCE

During the last decade, the magnitude both of CDC's budget and of our public health responsibilities have dramatically increased. More than two years ago, CDC's management started reviewing key fiscal management issues and subsequently developed a Financial Management Excellence Initiative to improve fiscal management practices in these areas:

- *Fiscal Structure/Budget Simplification*—This first major change in the agency's budget structure in 30 years simplifies CDC's funding and aligns it more closely with the CDC's organizational set-up.
- *New Method for Cost Allocation*—CDC has developed, with assistance from specialized consultants and accountants, a new method for allocating indirect costs. This method, which will be implemented during FY 2002, will directly link users of centrally mandated services—the normal, recurring expenses such as GSA rental payments, utilities, postage, maintenance, security services, and departmental assessments—with the cost of performing those services.
- *Financial Systems*—CDC has been working to enhance and improve its fiscal management activities in areas such as core accounting competencies, professional staff recruitment, financial systems, training, and customer service. CDC is an integral partner in HHS's initiative to develop a unified financial management system, thereby reducing the number of

financial systems operated by the department and consolidating redundant financial operations.

- *Leadership and Staffing*—A key CDC priority is strengthening its accounting staff by recruiting and hiring qualified experienced accountants, certified government financial managers, and certified public accountants. CDC recently appointed three senior accounting positions and a Senior Executive Service-level Deputy Director for Finance and Accounting and is developing a Financial Management Certificate Program to build fiscal excellence.
- *Communications and Training*—CDC will further increase its investment in educating and training financial management staff. The certification program will enable CDC's financial management staff to hone and improve their financial management skills. CDC shares information about fiscal procedures and issues through various channels including the Financial Management Office Intranet Web site <http://intra-apps.cdc.gov/fmo/> and also plans to host regular forums for discussing fiscal management issues.

FINANCIAL MANAGEMENT: CFO AUDIT

CDC has achieved four consecutive unqualified audit opinions for fiscal years 1998, 1999, 2000, and 2001, as documented in its *Chief Financial Officer's Annual Reports* for each of those years. An unqualified audit opinion indicates that the CDC financial statements present fairly, in all material respects, the financial position of CDC in accordance with generally accepted accounting principles. Although the auditors do not express an opinion on internal controls, the auditors test selected controls, assess significant estimates made by management, and evaluate overall financial statement presentation.

CDC's management carefully considers the recommendations made by our independent auditors. In response to previous audit recommendations, CDC initiated a number of specific improvement activities. During FY 2001, CDC obtained contractor assistance to develop an automated system for recording, billing, collecting, and reporting reimbursable agreements. Although the project is not yet complete, CDC has made significant progress. CDC also filled accounting staff vacancies, provided additional training for the accounting staff, and made significant improvements to the accounting system tables that support the Standard General Ledger.

In addition, CDC developed a comprehensive year-end closing plan that documents the closing procedures and provides close coordination between accounting, budget, financial systems, and CDC's program offices.

BUDGET AND PERFORMANCE INTEGRATION

During the past five years, CDC has consistently worked to improve the linkages between program performance and the budget. This work has included these key steps:

- Planning at all levels of the organization which has resulted in greater detail about the strategies, goals, objectives, and results of CDC's programs.
- Collaborating with partners to identify and refine meaningful performance measures. These discussions have resulted in clearer expectations about the intent, outcomes, and challenges in managing CDC's program.
- Changing business practices to emphasize accountability during program reviews conducted for the CDC Director; improving fiscal forecasting through financial systems that allow for more accurate budget projections; and requiring new initiatives to include performance measures and evaluation strategies.
- Creating a clear, direct link between CDC's Performance Plan and its budget request through various strategies, such as efforts to increase communication between planning, program, and budget staff at all levels of the organization and collaboration between individuals and offices responsible for implementing various performance improvement activities, including GPRA, the CFO Act, and the Clinger-Cohen Act.

WORKFORCE PLANNING: MANAGING OUR HUMAN CAPITAL

CDC/ATSDR employees more than 8,700 individuals in nearly 190 occupational specialties that support our programmatic initiatives. The workforce comprises permanent civil service staff (78%), temporary employees (12%), and Commissioned Corps employees (10%). CDC/ATSDR meets its workforce requirements

by recruiting qualified staff and by training and developing its workforce. In support of the President's Governmentwide Management Reforms, CDC has submitted a "restructuring and delayering plan" that emphasizes reducing the number of managers, organizational layers, and the time it takes to make decisions; increasing the span of control; and redirecting employees to customer service positions.

SECURITY OF INFORMATION TECHNOLOGY

CDC continually refines and reviews its performance in and plans for addressing the most significant risks to its technology infrastructure and all policies, technical standards, and procedures to ensure their currency, effectiveness, and completeness. CDC's secure data network uses public key infrastructure to implement strong authentication, encryption, and digital signatures to ensure reliable, protected, authenticated, and nonreputable data exchanges over the Internet for public health surveillance. For example, CDC has issued more than 3,000 digital certificates to partners in state and local health agencies and more than 7,000 one-time passcode tokens that ensure the authentication of staff accessing CDC systems remotely. CDC has also greatly improved its network-based virus prevention, intrusion detection and protection, disaster recovery and other security areas.

REENGINEERING GRANTS MANAGEMENT

CDC has made significant progress in improving its grants management program through these management initiatives:

- Completing 70% of a comprehensive Assistance Management Manual being developed to provide policy and procedural guidance for grants and program staff at CDC.
- Increasing investments in the grants management office for information technology and systems, training, and travel to grantees.
- Implementing the balanced scorecard to monitor satisfaction of grant staff, program staff, and grantees.
- Developing a database to help program officials identify and locate objective reviewers to serve on grant reviews.

- Identifying initiatives for reengineering business processes that will improve the operation of the current grants management process and to analyze workload and design a workload matrix by position and grade level.
- Developing a training manual for grants management.

CDC's E-Grants project has also entered a partnering arrangement with the National Aeronautics and Space Administration (NASA) and other HHS agencies to implement at CDC the NASA Web-based E-Grants system. This system integrates with the Federal Commons, a federal internet portal for grants management, for advertising grant opportunities and allows applicants to apply for a grant, track the status of an application, and interact with CDC throughout the process. CDC's state grantees are slated to be the initial target audience once this system is available.

E-GOVERNMENT

In concert with the Administration's emphasis on E-Government, CDC continues refining its strategies for conducting E-Commerce. In addition to its leadership role in securing data communications over the Internet and efforts to reengineer its grants management (see previous sections), CDC is also focusing on these key strategies.

- *E-Commerce*—Following the lead of HHS, CDC will be conducting its E-Commerce business through E-Procurement and E-Grants. CDC's automated contracting and purchasing will integrate with the governmentwide Web site, www.FedBizOps.gov, which has been designated as the single source for federal government procurement opportunities that exceed \$25,000.
- *CDC Web Site*—More than 4 million different visitors per month make CDC's Web site one of the most frequently visited government Web sites. Key improvements and additions will include making the Web site easier to use and navigate, providing more interactive tools, and enriching and expanding its content.
- *Government Paperwork Elimination Act (GPEA)*—CDC continues working towards compliance with GPEA by the October 2003 deadline by providing various means to collect and disseminate information electronically and making extensive use of the CDC Web site as a portal for distributing both consumer and professional health information and publications.

PROMOTING HEALTH THROUGH PARTNERSHIPS

CDC has a long history of developing and sustaining many vital partnerships with various public and private entities that improve service to the American people. CDC's partners in conducting effective prevention and control activities include

- public health associations;
- state and local public health agencies;
- practicing health professionals, including physicians, dentists, nurses, and veterinarians;
- schools and universities;
- communities of faith;
- community, professional, and philanthropic organizations;
- nonprofit and voluntary organizations;
- business, labor, and industry;
- the CDC Foundation and other foundations;
- international health organizations;
- state and local departments of education.

CDC's partners implement most of the agency's extramural programs, programs which are tailored to reflect local and community needs. In addition, these myriad partners contribute by serving as consultants to CDC program staff, by sitting on advisory bodies at CDC, and by attending CDC-sponsored seminars and conferences. The wide-ranging perspectives CDC's partners bring to our common interests and goals serve to generate new opportunities for collaborations, help shape key strategies, and provide another means for staying focused on the needs of the American public. Sustaining these partnerships involves a great deal of coordination and communication.

In FY 2003, the majority of CDC's budget—provided through extramural grants, cooperative agreements, and program contracts—will be spent on public health work performed by CDC's partners.



CENTERS FOR DISEASE
CONTROL AND PREVENTION

WWW.CDC.GOV
WWW.CDC.GOV/FMO/FMOFYBUDGET.HTM