November 10, 2009

Dear Mayor Daley and Chicago City Council Members,

Thank you for your ongoing leadership to preserve city services in an extremely difficult time. We know the economy is hurting all communities, and reaching a balanced budget is extremely challenging this year.

However, we are concerned about the impact of the proposed $4.6 million or 12 percent decrease in funding to the Chicago Department of Public Health. Our 74 agencies unite in asking you to restore these cuts.

In difficult economic times, the Department of Public Health is the city’s frontline defense to maintain a healthy city. This year’s proposed reductions, on top of several years of reduced staffing levels, can have no impact but to weaken Chicago’s efforts to combat the diseases and conditions that impact too many Chicagoans: diabetes, heart disease, asthma, HIV/AIDS, sexually transmitted diseases, substance abuse, mental health problems. Moreover, Chicago is confronting the H1N1 epidemic, which requires a massive public health response.

The reductions over several years to staffing are particularly troubling. In 2006, 444 staff worked at CDPH, while in 2010, the budget proposes that the agency will employ just 271, a cut of 39%. We are deeply concerned that the public health of the City of Chicago and its residents will fail with catastrophic results if this trend is not reversed.

Over time, cuts to CDPH funding will impact Chicago’s ability to maintain the health of its population by fighting chronic disease, such as obesity, heart diseases, and diabetes; ensuring clean and healthy food by inspecting restaurants; reducing infectious diseases, from H1N1 to the seasonal flu, HIV/AIDS to West Nile; reduce lead poisoning, and perform other core functions.

Concerns about specific areas include:

**HIV/AIDS (proposed cut: $175,000 or 4%):** We appreciate efforts to limit proposed funding reductions for essential HIV/AIDS services to 4%, less than the overall budget reduction proposed for public health. Thank you for recognizing the importance of HIV/AIDS prevention and your historic leadership in the fight against HIV/AIDS. CDPH awards grants to community-based organizations for HIV-related housing, education, and prevention services, including access to condoms and other prevention supplies.

However, state HIV prevention funding reductions caused by an increase in demand for life-saving medications have severely impacted HIV prevention services in Chicago. The Illinois Department of Public Health recently reduced its grant to CDPH by $800,000, or 64 percent. Furthermore, the state reduced direct HIV prevention grants to community-based organizations from one funding source by an estimated 50 percent
(approximately $2 million). These cuts, on top of the proposed city funding reductions, will severely hamper HIV prevention. New statistics released by CDPH earlier this year indicate that 30% of young African American men who have sex with men (MSM) are HIV-positive, a rate that is seven times higher than among their white peers. Eleven percent of Latinos MSM are living with HIV, a rate that is almost three times higher than their white peers. If Chicago is to make any progress against this epidemic in the most impacted populations, including African Americans, Latinos, and gay men and MSM of all races, the city must continue to invest in HIV prevention.

**Substance Abuse (proposed cut: $503,541 or 12-15%):** The introduced budget proposes to reduce substance abuse funding by just over $500,000. This will result in a 12-15 percent cut to overall City of Chicago support for substance abuse treatment.

Addiction is a disease affecting everyone in the state, either directly or indirectly. Without adequate prevention and treatment services, the impact on the city and state increases exponentially as crime rates increase, insurance rates go up, violence and domestic abuse increase, and prison populations rise. Chicago leads the nation in illicit drug use among arrestees, with 87 percent testing positive for drugs, according to the White House Office of National Drug Control Policy. Heroin use in Chicago increased by 45 percent from 2007 to 2008, and Chicago is the number one city in heroin use among arrestees. Chicago also leads the nation in arrestees testing positive for more than one drug. In the face of escalating crime-related drug use in Chicago, we urge the city to restore cuts proposed to the substance abuse program.

A recent study by Columbia University (May 2009) found that Illinois currently spends over $4.8 billion dollars dealing with the consequences of untreated addiction in areas such as the criminal justice system, the child welfare system, and the primary health care system. Specifically, inpatient, emergency room, and total healthcare costs decline by 39 percent, 35 percent, and 26 percent respectively after patients who suffer from alcohol or drug addiction receive treatment. As a result, total medical costs per patient per month are more than halved, from $431 to $200. In a tight economy, it may seem easy to pare back addiction services; however, it is not a fiscally prudent decision to do so.

**Sexually Transmitted Diseases (proposed cut: 4 positions, a 17% staffing cut):** According to the U.S. Centers for Disease Control and Prevention (CDC), Cook County has the highest number of reported gonorrhea cases, second highest chlamydia cases, and fourth highest primary and secondary syphilis cases in the nation. If diagnosed early, these infections are easily treatable with inexpensive doses of antibiotics. However, if left untreated, they can cause serious and health problems for women, including pelvic inflammatory disease (PID), infertility, and ectopic pregnancy. We are concerned that the introduced budget proposes reducing STD administrative and clinic staff from 23 positions to 19 positions, a cut of 4 positions. It is difficult to see how
CDPH will maintain its current network of five STD clinics with the reduced staffing levels.

**Maternal and Child Health (proposed cut: 1,000 home visits; 6 health clinic positions, a 6% cut):** An African-American baby born in the City of Chicago is three times more likely to die before reaching his/her first birthday than a Caucasian baby, a disparity that exceeds both state and national trends. Early and regular prenatal care plays a critical role in improving birth outcomes. Given this, CDPH’s proposed decrease for the targeted percentage of women entering prenatal care in the first trimester from 77 percent in 2009 to 75 percent in 2010 and the proposed reduction of 1,000 public health nurse visits is not only concerning but does not demonstrate a joint commitment to improving outcomes for mothers and babies.

The seven primary health care clinics operated by CDPH serve as safety-net providers offering necessary services such as prenatal care, family planning, and well-child visits to Chicago families who may not otherwise receive these services. The proposed 2010 budget eliminates 6 positions from these clinics, which could directly impact the quality and quantity of services available to pregnant women and their children.

The proposed staffing reductions will negatively impact necessary services for women and children and may serve to widen the existing racial disparities in health outcomes in Chicago.

In conclusion, we unite in urging you to maintain funding for core public health functions, including those outlined above. We are eager to work with you and others in Chicago to build a stronger, healthier Chicago. Please contact John Peller at 312-334-0921 if you have any questions or would like additional information.

Sincerely,

1. Access Community Health Network
2. aChurch4Me? Metropolitan Community Church
3. AIDS Foundation of Chicago
4. AIDS Legal Council of Chicago
5. Alexian Brothers Bonaventure House
6. Alivio Medical Center
7. Asian Human Services
8. Better Existence with HIV (BEHIV)
9. Beyond Care Inc. NFP
10. Black Women for Reproductive Justice
11. Brothers Health Collective
12. CALOR, a Division of Anixter Center
13. Campaign for Better Health Care
14. Canticle Ministries, Inc.
15. Catholic Charities of the Archdiocese of Chicago
16. CAVDA-Citizens AIDS Project
17. Center on Halsted
18. Chicago Black Gay Men’s Caucus
19. Chicago Coalition for the Homeless
20. Chicago HIV/AIDS Planning Council
21. Chicago House Social Service Agency
22. Chicago Recovery Alliance
23. Chicago Women’s AIDS Project
24. Christian Community Health Center
25. Coalition for Justice and Respect
26. Community Outreach Intervention Projects
27. Community Supportive Living Systems
28. Developing Communities Project
29. Gender JUST
30. Greater Westside Development Corporation
31. Haymarket Center
32. Health & Disability Advocates
33. HealthCare Alternative Systems, Inc (HAS)
34. Heartland Alliance for Human Needs & Human Rights
35. HIV Care Program, Research and Education Foundation of the Michael Reese Medical Staff
36. Howard Brown Health Center
37. Human Resources Development Institute, Inc.
38. Illinois Academy of Family Physicians
39. Illinois Alcoholism & Drug Dependence Association
40. Illinois Caucus for Adolescent Health
41. Illinois Coalition for Immigrant and Refugee Rights
42. Illinois Consortium on Drug Policy
43. Illinois Counseling Association
44. Illinois Maternal and Child Health Coalition
45. Illinois Mental Health Counselors Association
46. Institute for Metropolitan Affairs at Roosevelt University
47. Jo-Ray House Inc
48. Links-North Shore Youth Health Service
49. Lutheran Social Services of Illinois
50. Men and Women In Prison Ministries
51. Mental Health America of Illinois
52. New Beginnings Recovery Homes Inc.
53. Open Door Clinic
54. Pediatric AIDS Chicago Prevention Initiative
55. PEER Services
56. Pilsen Wellness Center, Inc
57. Proactive Community Services
58. Salud Latina/Latino Health
59. Sargent Shriver National Center on Poverty Law
60. South Shore Campus Health Center
61. South Side Help Center
62. Supportive Housing Providers Association
63. TASC, Inc.
64. TaskForce Prevention & Community Services
65. Test Positive Aware Network
66. The Children's Place Association
67. The Renaissance Collaborative, Inc.
68. The South Suburban Council on Alcoholism and Substance Abuse
69. Total Health Awareness Team
70. University of Illinois at Chicago-Community Clinic Network
71. Vida/SIDA Puerto Rican Cultural Center
72. Vital Bridges
73. Wheaton Franciscans
74. Young Women's Empowerment Project

cc: Gene Munin, Office of Budget and Management
    Bina Patel, Office of the Mayor
    Dr. Terry Mason, Chicago Department of Public Health