AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

What Washington Wants to Hear:
Explaining Your Programs to Congress

March 1st to 5th, 2008

JULIO ABREU: Thanks, Joshua, thanks for the kind introduction. Good afternoon. Buenos tardes.

I couldn't get past something Joshua said which is this session stands between dinner and now, so I'll try to be brief because I know you're eager to get something normal to eat, and incidentally, if you need any restaurant requests, please see me after the session, see this is a full service session.

And I'm going to try to have this be a little more interactive. As I was leafing through the program I didn't realize that this was going to be day three of your fourth day session, so as someone who also has to staff a four day session, I know very well what this third day means. You're hitting that wall for us marathoners.

But a show of hands from who in this room is from the Midwest. From the south? The northeast? And the west? I guarantee you 100 percent that every member of congress comes from one of these four regions.

So you all have a very, very important member of congress who lives in your state, near your state, so don't ever think that your time is wasted in coming to Washington or that a particular important member of congress doesn't live in your region because as we saw everyone lives where an important member of congress is from.

And every member of congress incidentally thinks they're very important, so there you have it.

But I did want to talk to you this afternoon about advocacy work, and I think there's something about this work that we make unduly complicated, that there's all this talk about budget resolutions and all this talk about appropriations and all this talk about this agency, that agency.

I don't know if we do that so that it's self-preservation, oh, my God, it's so complicated, nobody else can do this kind of work so we sell ourselves to our bosses that way, I'm the only one capable of doing this kind of work. The reality is you all are the best advocates, because nobody can tell the story better than you.

As Joshua noted, more importantly than just a member wanting to hear from someone from their state, they really want to know about what is the impact in

their community. It does us well to have us here, don't get me wrong, but I think nothing underlines, highlights our points better than when you all come to Washington.

And parenthetically I should say that all of your interests are very well served by AMCHP and by Joshua and others at AMCHP because they have a very excellent team here, so you should know that your issues are with well represented in Washington.

So who here in the spirit of being interactive, who here is a robot? Nobody?

I could have sworn Joshua was going to raise his hand. But nobody is a robot. Anybody in robotics. No, huh, I guess that's across the hall.

But I raise that because just over the weekend I read in the trade papers, and every industry or business has their trade papers I noticed that there was a story about a member of congress who was already championing robots and robotics, that his state, his district needs healthy budget, needs in fact a budget increase to help his state, his district in the area of robotics.

So let that be a lesson that there is a industry, there is a advocacy behind what ever you can imagine. And if you don't get those messages out there, they will. This is not a town for someone that is lazy. This is a town built on someone being

persistent, you always got to be making your case, always. And if you've made it here in Washington, make it again back in the Midwest and the south, in the north east or the west. Have them come visit your program in your state.

I think nothing is of more importance than the member of congress actually seeing how these programs play out in various communities. Get in touch with the press in your community. You know, we do I think all of us in public health are probably guilty of this that we always stress the problem. There are 54 million people with mental illness in the country, 30,000 suicides last year in the United States. But we do less of a really compelling and important job of talking about the successes.

We all -- I mean we all can sort of relate to the problems, but you know, if there are any fundraisers in the room, they all know that people want to give to issues or causes that are succeeding, right, that are showing that they can. It's sort of a perverse kind of relationship but that's the way it is.

So try to talk to your press about the successes and there are I'm sure many successes happening. Just in reading sort of about public health I know that for the first time in the long time, for example, teen birth rates are going in the opposite direction that we wanted them to. But that means for the longest time we were very successful at staving off those teen pregnancies.

So just as one example of I think making those connections with your -- with the press corps in your area.

So being that there are no robots in the room, and I'm quite happy about that, I did want to mention that this year's budget is not very different than last year's budget. And that's both good news and bad news. The bad news is that it's not very unlike last year's budget, but the good news is that public health issues including these are a bipartisan issue. This is not a democrat issue, this is not a republican issue, I can tell you that congress is very responsive to you, and the proof is in the pudding. It's not just me saying it.

So if last year's budget was very similar to this year's budget, last year we were able to get in the budget that came out for last year, so this is the FY '09 cycle, so if I mention the FY '08, this is last year's cycle, we were able to get increases for public health.

And in fact, last year the administration was requesting about a two billion dollar cut to public health, very similar to this year. And we were able to reverse that and get about a four billion dollar increase for public health.

So that's a six billion dollar turnaround. That didn't just happen, that didn't happen overnight, that happened because a lot of groups like yours got involved. It said that it's not right for the administration to cut these programs which we know

send precious resources, dollars to communities throughout the country to get the job done.

And so thankfully members from both republican and democratic party and from the house and the senate were able to increase that by four billion dollars.

Now we went through that process and got about 1,000 organizations, it goes to show you that nothing motivates us more than the fear of our programs being cut. And so working with AMCHP, working with other disease groups, working with other education groups, we got 1,000 organizations, over 1,000 to sign on to one letter that said that we wanted to see that four billion dollar increase stay in the bill that funds many of our public health programs, which the labor, health, and human services appropriations bill. And I promised not to get into the weeds but that's the funding mechanism by which our programs get funded.

But we had over 1,000 organizations, and as Joshua and I and others went to these budget committee meetings it's quite impressive for a staffer to see that 1,000 organizations have indeed endorsed this number.

So we look for the budget to the appropriations so 1,000 organizations have endorsed this four billion dollar increase.

Then as we move to the appropriations process, the appropriators get this budget and think of the budget of sort of a 40,000 foot perspective, it's a blueprint, it's not enforceable because it's never enacted but it is very suggestive of how congress wants to do its business.

The budget gets introduced the first Monday of every February, that's what the administration wants to do. Then congress of course wants to work on a budget that reflects its priorities.

And in this reflection of its priorities was included this four billion dollar increase.

So then you move a few months, a few weeks later into the appropriations process and in this appropriations process, the appropriators thought that the budget committee exercised good judgment and thankfully included this four billion dollar budget.

Now, I'm going to cut through a lot and bring us to October and so this process as I said started in February, so you can imagine all the leg work, all the in between this we got another letter because this first thousand signed letter spoke to the budget, we then got more groups to sign on to a letter that went to the appropriations committee to really secure this four billion dollar increase.

And this bill passed overwhelmingly by the house, it passed I think by almost 66 percent. And I'll get back to that percent because it's really important. And in the senate it passed 75 to 19, but it really would have been 80 to 20 because at the time of the senate vote many of the folks who were running for president weren't able to take this vote that we understand would have voted for it.

And so you had in both chambers anyway, overwhelming support for adding dollars to this bill. In other words, they rejected the administration's proposal to cut two billion and instead wanted to add four billion for public health. Okay.

So then this bill goes to the president and in spite of this overwhelming support for these programs, as you can imagine where this story is going, the administration vetoed this bill in November of last year.

And so where do we find ourselves? Gosh. You feel like you've done it, that you've done all the work, you've gotten over 1,000 groups to sign on to these letters, that you've gotten congress really to respond to you. They've added the money, they've voted overwhelmingly to support this, and you have this obstruction to realizing your goal, which is to get finally some meaningful investments for public health programs.

So we had the veto override vote and the veto override, the first vote that is to happen in the chamber in which that particular bill initiated, in this case the house.

So as I said, 66 percent of the house had voted for it when it passed in its -- the first time. And then in November, regrettably we get to the same 66 percent and you need two-thirds to override the administration's veto.

So regrettably we were unable to override the administration's veto and what had started way back in November or excuse me February, with a budget that everyone said was dead on arrival, no way, I mean the conventional wisdom in February of 2007 that this budget as it was introduced by the administration would never be what would get enacted. And yet in December, right after the holidays the administration signed an omnibus package that included not only public health funding but funding for the majority of discretionary programs that are funded by the government that too closely in my opinion mirrored what the administration had offered at that time ten months ago.

So the lesson is that congress does pay attention. It did all what you all what we wanted it to do, it introduced a bill that excluded increases, that in fact included some very meaningful increases and I'm hopeful that the prospects of doing this year are very good. I'm hopeful that there will be a change of heart in the administration should they get another appropriations bill.

On that point, perhaps a little less hopeful, but the point is that we have to try to affect every point in this process. We cannot give up. I know there are many of us who have heard why should we get engaged, this is not likely to not play out like it did last year, what has changed from last year, you still got a president who in light of everything that Joshua just said about where we are economically, where we are with respect to rising debts, isn't going to necessarily at this time change his tune.

This is a president who has shown he's got one tune in his jukebox and it's a tune, you know, that quite frankly needs to -- anyway, since this is recorded.

And in the spirit of bipartisanship. It's really a tune that needs to change to say the least. So it's a process that is going to begin in earnest this week. In fact the budget is going to get marked up, which is a fancy way of saying it will come out of committee we anticipate this week.

We hope that like last year that this budget that gets released this week out of committee will reflect some of these priorities, will reflect what they wanted to accomplish last year because there has been a steady erosion. Joshua mentioned what's happening to AMCHP, there's been a steady erosion. There are some programs that are being proposed to be outright eliminated in the administration's budget.

So it almost gets you in the mind set where you're a little defensive where I'm not being -- I'm just level funded. Maybe I'm not doing so bad afterall, when that should never be our mind-set. We should have the mind-set of our robots, right, that there should be an investment in these programs, that we should be moving and inching forward not either regressing back or just staying barely above water.

So that in these next few weeks you have an opportunity to weigh in, I should say in the next few months, you'll have an opportunity to weigh in. This first step is this budget. And I hope that as we move forward and we hopefully get a greater knowledge about what these budgets might look like this year versus last year, that we can engage you, we can get you to weigh in with your member of congress, that congress's plan is to pass this budget this month out of committee, hopefully to the floor and perhaps Chris can speak to this, possibly get to it on the floor in April, begin its appropriations process, hopefully get that done by the July fourth recess and get these bills done maybe before they recess for the summer.

In case you haven't noticed there's this little thing called the presidential election going on, so they'll be a lot of pressure to want to get a lot of this work done before then because there will be -- they'll want to leave by early October so that they can have the whole month of October to campaign for whomever emerges out of these primaries. So I want to end with the message of hope, you know,

mental health. So we take these messages of optimism quite seriously in my field because sadly sometimes that's all you got.

Is that the work you do is very important, the work that you're doing is bipartisan, as we saw we all live in areas where a member of congress, a key decision maker, lives, works from, so don't think that your member is the wrong member. We need to get all of these members engaged. And the truth is, these members want to do right by us. So it's not congress that has the problem. So don't ever feel when you walk these halls or have your communications throughout the spring and summer that these are people that are not being responsive.

By and large, 66 percent, 75 percent of the -- 66 percent of the house, 75 percent of the senate are being responsive to you, they are listening to your message, they are swayed by the thousands of organizations that have signed on to these letters calling for meaningful investments.

And without it, if you are silent, all of these resources are going to go to other issues because as I started this conversation, this town is not for those that are lazy. For every missed opportunity that we have to make the case for public health you can bet your bottom dollar that that case is going to be made for robotics, for peanuts, for whatever, you fill in the blank.

And so we need to be part of that conversation and the only way we're going to be part of it is doing exactly what you're doing. So thank you very much, and good luck on your visits. Thanks.