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the early 1970s, there was one public health worker employed (state, county, Federal combined—from nursing, to clerks, to epidemiologists, etc.) for every 457 persons; in 1999, this had fallen to one worker per 635 persons.

Moreover, the jobs of many in today's public health field now involve home care and primary care, not necessarily "front-line" disease-related functions, which have been scaled back severely.

There is also a wide disparity in the ratios of public health staff per population, depending on the part of the country. **Figure 1** shows this variation across country in the ten health districts (which are set by the Department of Health and Human Services). As of 1999, the national ratio was 158 workers per 100,000 population. But, according to *The Public Health Workforce, Enumeration 2000,* many states are way below this ratio, e.g., the North Central region (Illinois, Minnesota, Indiana, Michigan, Ohio, and Wisconsin) has 76 workers per 100,000! For the Midwest (Nebraska, Iowa, Kansas, and Missouri), there are 77 per 100,000 population. The highest ratio is in the Northwest (Washington, Oregon, Idaho, and Alaska), with 200 workers per 100,000 population.

Vaccines: U.S. vaccine output capacity, and stockpiles, fell below minimum security levels years ago, both for seasonal influenza, tetanus, and similar "routine" illnesses, as well as for exotic diseases. In 1985, a report called "Vaccine Supply And Innovation" came out from the National Institutes of Medicine and the Academy of Sciences, warning that the supply of vaccine in the United States was "precarious" and the situation "a threat to the public's health." The report said that steps were "urgently" needed to assure that supply stockpiles, production, and development remained adequate. This did not occur.

Now, Ridge has called for production of 300 million doses of smallpox vaccine as a precaution against bio-terrorism. The government stockpile is below 15 million doses, of uncertain condition. It will take through Summer 2002, at best, to produce another 54 million doses. How to produce the remainder is now under negotiation. The Gilmore Commission, the anti-terror preparedness group set up a few years ago, is expected to issue a call for a Federal government vaccine factory.

The danger posed by the marginal state of U.S. vaccines is now shown by the bio-preparedness recommendation, that the general population in New York City, Washington, D.C., and elsewhere get flu shots this Fall, because any case of anthrax poisoning would then be less likely to be confused with influenza. This means millions more doses of flu vaccine are required.

D.C. General Hospital

The case of the status of the 195-year-old District of Columbia General Hospital makes the point about what is wrong, and what is required nationally. This Summer, the capital's top-flight—and only public—hospital was shut down, over the objections of the D.C. City Council, the population, and the international community, led by the Lyndon LaRouche 2004 Presidential campaign. The reason given was "fiscal" necessity, by the decision by a Congressionally imposed Financial Control Board.

But all of a sudden, on Oct. 21, the hospital came back on the TV screens because of the anthrax crisis. Part of D.C. General was re-opened at that time, because thousands of postal workers and others had to be screened for exposure. *The necessity of a full-service hospital* has thus been made dramatically clear. Even so, D.C. General's high-quality microbiology laboratory, trauma unit, and other divisions, remain closed.

States Cut Public Health, Medical Infrastructure

by Mary Jane Freeman

South Carolina: The only state health laboratory capable of analyzing suspicious letters and packages for South Carolina, North Carolina, and Georgia, may have its budget cut or frozen, just when usage has increased markedly, *The State* reported on Oct. 23. State budget officials plan to impose 4% across-the-board cuts by Oct. 31, which will include a $10 million cut in the health department's spending. All agree that the lab and law enforcement *should be* spared any cuts—but by law, they cannot be. The state faces at least a $310 million revenue shortfall.

Connecticut: A Nov. 13 special session of the legislature has been called, to deal with a $300 million revenue shortfall which will require budget cuts. A proposed $14 million cut in new mental health programs is likely, the online *Hartford Courant* reported on Oct. 24.

Florida: The legislature is in special session, wrangling over how to plug a $1.3 billion revenue shortfall, Sun-Sentinel.com reported on Oct. 24. The House plan would cut 7% across the board including $5 million for dental care, hearing tests, and eyeglasses for the poor and disabled adults; $22 million in prescription help for the elderly; and $14 million in juvenile substance abuse programs. Jack Levine, president of the Center for Florida's Children, said, "Many of our basic prevention services are severely at risk. We are in for a terrible ride if we go along with these cuts."

Illinois: Nearly 100,000 state workers, retirees, and their dependents may face delays in payment on health insurance claims, to help stave off up to $110 million of the state's expected $450 million revenue shortfall, the Oct. 24 *St. Louis Post-Dispatch* reported.

Indiana: The state has a two-year revenue deficit of almost $1 billion, which will translate into an additional 5% cut in the state's Medicaid budget.

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