

Written Testimony of
SHELLEY HEARNE, DrPH
Executive Director
TRUST FOR AMERICA'S HEALTH

Before the
UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM

February 12, 2004

**MOVING TOWARD "ALL-HAZARDS" PUBLIC HEALTH
PREPAREDNESS**

For Information, Please Contact:
Susan L. Polan, PhD
Director of Government Relations
Phone: 202/223-9876
Email: slpolan@tfah.org

Jessica Meyers
Legislative Assistant
Phone: 202/223-9870 X 214
Email: jmeyers@tfah.org

Good Morning. I am Dr. Shelley Hearne, Executive Director of Trust for America's Health (TFAH), a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. I would like to thank Chairman Davis and Ranking Member Waxman and the entire Government Reform Committee for holding this important and timely hearing. On behalf of Trust for America's Health, I appreciate the opportunity to testify on these matters of health and homeland security and will be happy to respond to any questions members of the Committee may have.

The attacks of September 11 and the anthrax killings that followed alerted Americans to the danger our nation faces from terrorists armed with biological, chemical or radiological weapons. Sadly, with the recent discovery of ricin on Capitol Hill, we have been reminded of our vulnerabilities again.

In recent years, we have also seen the resurgence of a far different threat, but one which is no less lethal: infectious diseases, which, if left unchallenged, could easily become pandemics endangering the lives of millions of American families.

Preventing -- and combating -- these and other health hazards is the unique responsibility of our public health system. As Americans we have long taken special pride that our nation has set the pace for disease prevention and control worldwide. But today America's public health system is being stretched to the breaking point.

In fact, even as it is given new responsibilities in the War on Terrorism, America's public health system is still struggling to carry out its peace time mission.

Without question, Americans agree that protecting public health is one of the principal responsibilities of government. However, after more than two decades of neglect, it is increasingly apparent that the public health system is woefully unprepared to meet the challenges it faces today, let alone new public health dangers in the future.

Recent opinion research sponsored by our organization and the American Cancer Society revealed that a majority of Americans believe that investing in public health is vital to improving homeland security. They are, of course, correct.

However, that same poll also found that Americans were more worried about the current flu epidemic than they were of the risk of bioterrorism. Americans are correct in that regard, too.

Because while a bioterrorist event could have catastrophic consequences, many public health specialists are far more concerned about what some describe as the "inevitable" outbreak in this country of a lethal strain of influenza. They know that, despite our best efforts to produce vaccines to cover the most likely strains of the flu virus, nature always has the potential to serve up particularly virulent variations that have the potential to spread swiftly and severely leaving a broad swath of sickness and death in their wake.

Anyone who has seen the suffering caused by an earthquake, tornado or hurricane understands that the destructive power of Mother Nature rivals that of even the best armed terrorist. Disease outbreaks can be far more devastating. Annually, the flu kills 35,000 people in this country. Yet, as we learned in 1918, a flu pandemic could kill hundreds of thousands more.

Prior to 9/11 and the anthrax attacks, officials concerned about the threat of bioterrorism used to talk about pandemic flu planning as a good model for bioterrorism preparedness. Now, the opposite is the case; bioterrorism preparedness receives most of the attention and certainly the vast majority of new funding. The bad news is that today the U.S. public health defenses are not adequately prepared for either threat.

Last year, TFAH released a report, *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism*. We found that two years after the September 11 attacks and almost \$2 billion in new federal funds later, progress has been achieved in state preparedness for public health emergencies. However, much more needs to be done.

For example, the TFAH report, issued in December 2003, found that CDC and the majority of states lack a pandemic flu plan. Though 13 states have provided their plans to CDC, remarkably there is no formal process to ensure an adequate and coordinated response by public health agencies. This lack of preparation for a flu epidemic, coupled with the lack of oversight of federal and state strategies, indicate a general failure to translate the concern over bioterrorism into a comprehensive strategy for public health preparedness. Last year, other critical infrastructure gaps also became apparent as the country struggled with an average flu outbreak: vaccine shortages, uncertain distribution chains and an inability to track childhood influenza deaths.

Yet, despite this and other shortcomings, the TFAH report revealed that, since the September 11 attacks, two-thirds of the states cut their public health budgets. Now, the President's proposed budget for FY 2005 threatens to compound the impact of those reductions by cutting integral programs to our health defenses, including the state and local bioterrorism preparedness support to states. This \$105 million dollar decrease in federal support to the states, when combined with the substantial reduction in state support, places our public health defenses at serious risk.

To stop the hemorrhaging of the nation's public health infrastructure, TFAH is recommending a series of "fixes" to move us toward a modernized public health system that is prepared to combat a multitude of hazards. Whether it's anthrax or avian flu, America's public health defenses must be fortified, not forfeited. To do otherwise would guarantee only chaos and a staggering loss of life when a major public health emergency eventually occurs.

The Nation's State of Preparedness

Over the course of the last year, TFAH conducted a state-by-state assessment of public health improvements and remaining vulnerabilities. We examined 10 key indicators in three general categories: funding; public health infrastructure; and “double duty” indicators that reflected the status of states’ traditional public health programs, like responding to annual flu epidemics or ensuring food safety.

We found that the funds provided by Congress over the past two years have been crucial to help jump start some very important improvements. Our report found that progress has been made in most states to improve communications with the public and between health agencies. Every state had at least an initial plan on paper of how to mobilize public health resources in the event of a terrorist attack. Additionally, several states have been able to make preliminary upgrades to laboratory equipment and facilities, and hire the necessary staff to operate the advanced equipment.

Yet, the report found that there is much room for improvement. For example, only six states report that they have sufficient laboratory facilities should a major public health emergency occur. These findings build on those of an earlier TFAH report, *Public Health Laboratories: Unprepared and Overwhelmed*. Our review of state public health laboratories found that there is a pervasive lack of clear direction on planning and protocols needed to deal with a chemical weapon attack. According to Scott Becker, the Executive Director of The Association of Public Health Laboratories (APHL), “Only eight state public health laboratories have a chemical terrorism emergency response plan in place. We do not have testing methods or a lead agency for many of the laboratory activities that will be needed when a crisis occurs.” This observation is even more alarming in light of the recent ricin incident.

Additionally, TFAH identified other serious vulnerabilities and areas requiring significant improvement. While the federal funds were going to the states, we found that nearly 66 percent of states, facing budget crises, had cut their public health funds over the same time period. TFAH also found that there is a serious workforce crisis including a shortage of trained public health specialists and epidemiologists. According to the Health Resources and Services Administration (HRSA), currently fewer than 50 percent of the nation’s 500,000 public health professionals have had formal, academic training in public health. Further, CDC data shows that 78 percent of all local health department executives do not have graduate degrees in public health.

Another major concern was our finding that only Florida and Illinois are fully prepared to distribute and administer emergency vaccinations or antidotes from the national stockpile. This situation is complicated by the fact that many states had planned to rely on the National Guard to help with stockpile distribution, but many National Guard units have now been called to duty overseas. The report also showed that states’ readiness for other health emergencies, such as major infectious disease outbreaks like severe acute respiratory syndrome (SARS) is seriously inadequate.

I should point out that the TFAH's December 2003 study employed a set of 10 key indicators to measure progress, which were selected with an advisory committee of state and local health officials and public health experts. These indicators offer a snapshot of the public health readiness. TFAH is not suggesting that the indicators present a complete picture of preparedness. Instead we believe they represent a framework policymakers can use to hold federally funded public health programs accountable. TFAH believes that, in the final analysis, the CDC, in consultation with state and local health officials and outside specialists must define measurable standards for preparedness for hazards ranging from anthrax, to ricin, to influenza.

What Can the U.S. Do Now to Better Prepare for the Flu, Bioterror, and a Full Array of Health Hazards

The American public health community has a solid understanding of many actions that should be taken to make our country more safe and secure. However, achieving a battle-ready public health defense at the federal, state and local levels will take years of sustained commitment, funding and oversight.

TFAH believes that rather than concentrating solely on bioterrorism or responding to each "disease du jour" crisis individually, public health preparedness efforts must be focused on an "all-hazards" approach. We can and should maximize and leverage our investments in public health at the federal, state, and local levels.

To achieve the optimum all-hazards approach to public health preparedness, TFAH's specific recommendations include:

- CDC must formally authorize states to use federal preparedness funds to support an "all-hazards" approach to preparedness that simultaneously addresses the potential for biological, chemical, radiological and natural disease outbreaks.
- CDC, in consultation with state and local health officials and outside experts, must define measurable standards for comprehensive preparedness that all states and major local health departments should meet.
- Congress should provide long-term commitment and oversight toward ensuring the nation achieves adequate and sustainable public health security. As such, Congress should authorize an independent review to assess whether current expenditures -- at the federal, state and local levels -- are sufficient.
- Health security requirements must be established, including mandates and accountability measures to ensure all citizens are adequately protected.
- CDC must be required to track state and local funding and expenditures on critical public health functions, particularly those involving federal support. Unfortunately, there is mounting evidence to indicate that severe state budget cuts dilute the impact of the federal preparedness investment. Concerned that federal

dollars should supplement -- and not supplant -- state and local funding streams, Congress urged the Health and Human Services Secretary to guard against such actions, but this “maintenance of effort” needs to be enforced.

- CDC should independently verify that health emergency performance standards are being met at the federal, state and local levels.

PUBLIC HEALTH: RETURN ON INVESTMENT

Nothing is more sacred than protecting the health and safety of all Americans. In this regard, Congress should continue its commitment to bolstering our public health defenses. Given the wide range of health threats facing the United States, now is not the time to cut funding for public health, nor is it time to divert funds allocated to CDC’s state and local preparedness capacity-building grants to new initiatives.

Specifically, while TFAH supports the President’s Bio-Sense Initiative and expanding and upgrading the BioWatch program, we do not believe it should come at the expense of funding for state public health preparedness initiatives. An effective public health system is vital to our national security and, if they are looked at as an integral part of the public health defense, Bio-Sense and BioWatch have the potential to help thwart attacks and save lives. Accordingly, TFAH maintains that the \$130 million allocated to CDC’s Bio-Sense Initiative should be added to, not taken from, the capacity building line items in the CDC budget.

Moreover, as the nation’s leader for disease control and prevention, every health department looks to the CDC for guidance on health concerns ranging from Alzheimer’s to West Nile virus. Underfunding this vital agency seriously compromises our nation’s health defenses and homeland security. TFAH is deeply concerned about the proposed cuts, totaling nearly three percent of the agency’s total budget.

Over the course of the last year alone, local, state, and federal health officials have responded -- and contained -- the SARS, monkeypox, flu, and West Nile virus outbreaks, and the recent ricin incident in the Senate, while simultaneously struggling to address the everyday health needs of all Americans. It is imperative to enhance, not reduce CDC’s budget.

For this reason TFAH endorses the efforts of the Campaign to Increase Function 550: a coalition of over 370 organizations, urging Congress to increase the discretionary programs of Function 550 (the Public Health Service) by 12%. At a time when U.S. health care spending averages \$1.7 trillion annually, TFAH believes that funding public health programs that prevent, control and treat disease is essential to reducing America’s health care bill. For this reason, TFAH believes that bioterrorism preparedness efforts should complement, and not compete with the other national health priorities such as battling cancer and heart disease.

What's more, the American public agrees. Our January 2004 poll revealed that more than three in four Americans say the government needs to spend more on health priorities and as stated earlier, a majority of respondents felt that public health spending was vital to improving homeland security.

CONCLUSION

The current effort to improve America's ability to respond to a public health emergency represents a major organizational challenge. Whatever the threat, an effective response depends on the functioning of a patchwork of state and local public health agencies, whose funding sources, structure and responsibilities can vary significantly from state to state and even county to county.

It is clear that the U.S. needs a more cohesive public health system. Though we are not suggesting that state and local agencies be subsumed by a new national body, we do believe public health officials at all levels should initiate a process that leads toward common goals and a clear understanding of the role of each entity in reaching them.

The President, in consultation with Congress, should convene a White House summit that will develop a concrete vision for the future of the American public health system and the resources needed to make it a reality. This summit would consider how our country can build a robust, integrated public health infrastructure. TFAH believes that such a summit could craft a blueprint for a public health system that is designed to meet both America's current and emerging health threats. The discussion must include how to develop a public health system for the 21st century – the summit should address all aspects essential to public health, such as bioterrorism, chemical, and radiological preparedness, known and emerging infectious diseases and chronic disease prevention and control. At the same time, we believe it could foster a long-overdue dialogue about the resources required to implement needed changes and guarantee accountability at every level of the public health system.

Once again, thank you for allowing TFAH the opportunity to contribute to the policy debate on public health preparedness. I am happy to answer any questions.