



September 2, 2011

Federal Emergency Management Agency
U.S. Department of Homeland Security
500 C Street SW, Washington, D.C. 20472

RE: Presidential Preparedness Directive 8: Draft National Preparedness Goal

To Whom It May Concern:

On behalf of Trust for America's Health (TFAH), we thank you for the opportunity to comment on the draft National Preparedness Goal (NPG), released as part of Presidential Preparedness Directive 8 (PPD-8). The NPG represents an important step in helping achieve a more coordinated federal approach to disaster preparedness and response. We look forward to more detail as implementation of the NPG moves forward.

We agree with the Goal (p. 1, lines 20-23), the guiding principles (p. 2, lines 10-29), and the hazards (p. 5, table 1) defined in the draft. Because the National Preparedness Report will serve to inform the President's budget (p. 15, line 4), we hope future Budget Requests will reflect the resources necessary to achieve the objectives described in the draft document. We are concerned that the FY2012 proposed budget, for example, included significant cuts to the Public Health Emergency Preparedness (PHEP) cooperative agreement, which builds both core capabilities and specialized skills at the front lines of disaster response, as well as nearly eliminated academic research into public health preparedness. These proposed cuts are at direct contrast with the NPG's guiding principles.

In addition, as you move forward with development of the NPG and National Preparedness Report, we urge you to cross-check the objectives and performance measures with existing federal plans, such as the National Health Security Strategy (NHSS) and its recently released Biennial Implementation Plan. The NPG includes overlapping objectives with the NHSS, such as community resilience and situational awareness, and these documents should dovetail into a coordinated federal strategy.

We also recommend the following:

- The discussion of Prevention (p. 8 line 18 – p. 9 line 15) focuses entirely on terrorism. Federal preparedness efforts currently take an all-hazards approach, with operations preparing the nation for terrorism, infectious diseases, natural disasters, and other unforeseen emergencies. A focus only on terrorism would unnecessarily limit the scope and impact of the National Preparedness Goal.
- Mitigation (p. 11, lines 3-31 and p. 56) should explicitly include public health interventions. While public health and medical services are vital to the response phase, they have a significant mitigation role. For example, public health and medical systems



help control an infectious disease outbreak through mass vaccination or contain a foodborne outbreak through early detection and tracing the source. Public health systems have a vital role in other performance objectives mentioned in this section, including risk assessment, public information, and community resilience facilitation.

- As you develop the National Preparedness System description (p. 14), we urge you to specify which federal entities will be responsible for each objective. We also hope the ensuing strategies include specifics of how performance objectives (Appendix A) will be measured.
- Performance objectives for Protective Screening and Detection (p. 23, row 11) should contain integration of biosurveillance systems at the federal level, including incorporating data gathered from health information technology. Currently, biosurveillance systems exist at multiple federal agencies, without clear coordination between departments, an individual to oversee the system, or a national strategy to achieve integration. It is our understanding that the White House is currently reviewing our national biosurveillance systems, and the NPG should acknowledge this process. This objective can be included in the Protective Screening and Detection capabilities throughout appendix A.

We applaud the release of this draft and your active engagement of stakeholders as you develop the final product. We look forward to working with you to move these documents from concept to practice. If you have any questions, please contact Dara Lieberman, Government Relations Manager, at (202) 223-9870 ext. 20 or via email at dliberman@tfah.org.

Sincerely,



Jeffrey Levi, PhD
Executive Director

CC: Nicole Lurie, Assistant Secretary for Preparedness and Response
Lisa Kaplowitz, Deputy Assistant Secretary for Policy and Planning
Ali Khan, Assistant Surgeon General and Director, Office of Public Health Preparedness and Response, CDC