



**PREPARED STATEMENT BY DR. SHELLEY HEARNE, EXECUTIVE
DIRECTOR OF TFAH, ON GAPS IN U.S. BIOTERROR PREPAREDNESS**

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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 Senator Lieberman for the opportunity to comment on the importance of developing a 21st century public health system that is capable of responding to all health threats.

The tragedies of September 11 and the subsequent anthrax attacks shook the nation -- and highlighted in the most dramatic way possible that our country was not ready to respond to large-scale health crises.

Even before the threats of bio- and chemical terrorism, the nation's state and local health agencies were already stretched too thin trying to manage everything from West Nile virus to containing the flu outbreak, with too few resources.

The Administration and Congress responded to the urgent need by providing nearly \$2 billion to fill the critical gaps in our health defenses. The infusion of funds into the public health system was sorely needed after decades of neglect. Lawmakers and Administration officials are to be commended for a timely and appropriate response. However, two years of increased funding cannot make up for two decades of underinvestment in our public health defenses. That is why we are extremely concerned that the proposed 11 percent cut to state and local preparedness efforts puts all of us unnecessarily at risk. We are equally concerned that the Centers for Disease Control and Prevention (CDC) is facing an overall three percent budget reduction, just at a time when we need the nation's lead public health agency to be stronger.

The American public agrees. 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. The same poll also found that 78% of Americans want the federal government to spend more to protect the nation's health against major diseases and emerging bio-threats.

Last year, TFAH conducted a state-by-state study to find out whether or not, after 2 years and nearly \$2 billion of federal bioterror money, the nation was ready for another attack -- or other major health emergency.

The short answer is "not."

The report, *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism*, finds that states are only modestly better prepared to respond to health emergencies than they were prior to

9/11. We found that some good progress has been made to develop initial response plans, to expand the health emergency communications alert network and to make some upgrades to public health laboratories.

However, we still have a very long way to go. Some of the specific problems we found include:

- Nearly two-thirds of the states have cut funding for public health services. So, at the same time the federal money is going to the states, a majority of them are reducing their own budgets. This is diluting the impact of the federal help.
- Additionally, critical public health functions -- things people often take for granted, like restaurant inspections -- are really in jeopardy because of the funding cuts. Situations like the search for the cause of the Hepatitis A outbreak in Pittsburgh will become more strained due to a combination of budget cuts and the bioterrorism efforts diverting staff time from ongoing responsibilities.
- There is a serious workforce crisis, including a shortage of trained public health specialists and epidemiologists.
- Only six states report that they have sufficient laboratory facilities should a major health emergency occur.

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.

Most importantly, in the short-term, Congress must restore the proposed \$105 million cut to state and local public health preparedness activities in FY 2005. These funds are critical to the sustained restoration of the nation's public health system, which the CDC itself has determined is "still structurally weak in nearly every area."

Let me add that the TFAH appreciates the Administration's increased attention to bioterror threats and its efforts to upgrade and better coordinate the nation's bioterrorism response. However, this focus must not come at the expense of funding for state and local preparedness initiatives, which are proposed to be cut by \$105 million in FY 2005. These are our front line troops, who are still lacking sufficient tools, training and a rapid response capability.

To achieve the optimum all-hazards approach to public health preparedness in the long-term, TFAH also recommends that:

- 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, oversight and sufficient funding to ensure that 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.
- The President, in consultation with Congress, should convene a national summit on the future of public health to develop a cohesive national approach to public health protection.

In short, we need a sea change. The nation must get serious about developing a new approach to public health -- one that will ensure we're ready for the full spectrum of threats we face. Our security depends on it.

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.

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