

STATEMENT BY SHELLEY A. HEARNE, DrPH,
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ON "READY OR NOT? PROTECTING THE PUBLIC'S HEALTH
IN THE AGE OF BIOTERRORISM -- 2004"

December 14, 2004, 10 am

- Thank you, Governor Weicker, and thanks to everyone who is joining us today for the release of our report.
- This has been a year-long study. As we undertook this project, we found that there is a general lack of concrete and measurable information of publicly available information about the performance of public health and bioterrorism readiness.
- So, with input from a committee of public health experts, we developed 10 key indicators to assess the states' public health emergency preparedness capabilities.
- Our data comes primarily from different publicly available sources, that viewed collectively provide a composite snapshot of capabilities, improvement and gaps.
- Over two-thirds of states received a score of six or less of the possible 10 points. Although the indicators were modified from last year, to reflect changed expectations given it's been another year and more money has been invested, in our 2003 report, nearly 95 percent of states received a six or less. In this year's report, 34 states and D.C. obtained higher scores, nine states remained the same, and seven declined.
- Florida and North Carolina received the highest scores, achieving nine out of the possible ten indicators. Alaska and Massachusetts got the lowest scores, at three out of 10. On our Web site, we have the individual state scores posted and which indicators the states' achieved. The Web address is www.healthyamericans.org.
- Some of the specific problems we found include:

- Nearly one-third of states cut their public health budgets between Fiscal Year 2003 and 2004, and federal bioterrorism funding decreased by over \$1 million per state in 2004.
- Only six states have achieved “green” status as being adequately prepared to distribute and administer vaccines and antidotes from the Strategic National Stockpile in the event of an emergency.
- Only five public health labs report having sufficient capabilities (facilities, technology, and equipment) to respond to a chemical terrorism threat, and only one-third of states report they have sufficient bioterrorism lab response capabilities.
- Nearly 60 percent of states do not have adequate numbers of laboratory scientists to manage tests for anthrax or the plague if there were to be a suspected outbreak.
- Two-thirds of states do not electronically track disease outbreak information by national standards, causing serious delays in reporting and rendering rapid or early warning of disease threats difficult.
- The public health workforce is on the brink of a “brain drain” as the baby boomers retire and next-generation recruitment efforts suffer.
- Concerns remain that states are unprepared to implement a quarantine, although every state except Alaska has adequate statutory authority to quarantine in response to a hypothetical scenario we examined.
- And, lastly, we looked at preparedness for a flu pandemic, which is often viewed as requiring a similar response to a bioterrorism attack. While planning for a pandemic has improved, 20 states still do not have publicly available plans in place, and based on model estimates, an outbreak would have dire consequences. According to estimates, a pandemic flu hitting the U.S. could result in 89,000 to 207,000 deaths and have an estimated economic impact between \$71.3 and \$166.5 billion, excluding disruptions to commerce and society.

- Our Web site contains information about estimates for potential pandemic flu death and hospitalization rates per state based on this model projection.
- Overall, we were disappointed to have found that bioterrorism preparedness policy is ill-defined and inconsistent. Planning still lacks strategic direction, clear priorities, and appropriate levels of resources to match the needs.
- Our review of the remaining gaps that exist, three years after such startling national tragedies, begs the conclusion that bioterrorism and public health preparedness have not been treated as serious, top national priorities.
- So, I'm sure you are thinking to yourself, does this mean we should panic? Is this a lost cause or can something be done to fix this problem?
- The good news is that there are achievable things that can be done to improve readiness -- however, they will require sustained commitment to modernizing public health preparedness, including the continuation and expansion of the federal, state, and local bioterrorism funds and programs.
 - First, Trust for America's Health is calling for building a better bio-game plan, with consistent, measurable standards for improvement that require demonstration of how funds were used for progress. In anticipation of the reauthorization of the Public Health Security and Bioterrorism Response Act of 2002 (Public Law 107-188), a systematic review of preparedness gaps should be conducted.
 - Second, getting back-to-basics, by building on fundamental components of a comprehensive public health system that is fully prepared to meet both emergency and ongoing challenges from threats of terrorism to the flu to cancer.
 - Third, making it a priority to conduct practice drills to assess capabilities and vulnerabilities, to help identify gaps and improve coordination of roles and responsibilities.

- And finally, limiting liability to encourage vaccine development and protect health care workers.
- Additional details about the recommendations can be found in our report -- which, again, is available at our Web site www.healthyamericans.org, and just to remind everyone state-specific information is also available there.
- Thanks to everyone for joining us today, and we will be happy to answer questions.

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