



TFAH SUPPORTS DEVELOPMENT OF NATIONAL PLANNING SCENARIOS, ESTABLISHMENT OF CLEAR BENCHMARKS FOR IMPROVED PREPAREDNESS FOR A RANGE OF TERRORIST AND NATURAL HAZARDS

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WASHINGTON, March 15, 2005 -- Trust for America's Health (TFAH) supports the U.S. Department of Homeland Security (DHS) effort to develop National Planning Scenarios, as reported on in today's *New York Times*.

"Preparedness is not just a process, it is also a destination. These concrete scenarios will help the U.S. plan for a range of hazards we may face and measure our specific progress toward better preparedness," said Shelley A. Hearne, DrPH, Executive Director of TFAH. "Planning for these 15 scenarios will go a long way to ensuring that we'll be ready even if a 16th possible scenario strikes."

The document outlines 15 potential mass-casualty scenarios against which state and local jurisdictions can develop responses, including both terrorist and natural disaster emergencies.

"Including both natural disasters and terrorist attack responses is a prudent, all-hazards approach," Hearne said. "For instance, thinking about preparedness for a deadly pandemic flu outbreak and a bioterrorist release of the pneumonic plague will help leverage resources to better protect Americans from the range of potential threats we face."

According today's *New York Times*, DHS plans to require state and local health departments to submit detailed plans for dealing with each of the outlined scenarios. Regional collaboration between jurisdictions will be encouraged to prepare for certain scenarios and federal funding will eventually be tied to the priority of the risk and the adequacy of the jurisdiction's outlined response. The importance of coordination between jurisdictions was illustrated during the false anthrax scare on March 15, 2005, in which Pentagon officials apparently lagged in notifying other federal departments like Health and Human Services and local emergency responders about the detection of anthrax in the building's mail processing center in Arlington, VA according to an article in today's *Washington Post*. Had the incident not been a false positive, the delay in coordination could have adversely impacted the response and containment at the Fairfax County, VA site that later reported a separate incident of a potential biological agent.

"A plan is only as effective as its on-the-ground implementation," said Hearne. "Better collaboration between jurisdictions and improved real-time readiness requires ongoing attention to basic public health preparedness goals. Securing our nation's health and well-being should be the top priority of the President and Congress, which will require a sustained and ongoing commitment of resources."

TFAH has criticized the President's FY 2006 budget for proposed cuts to health and bioterrorist preparedness programs, including an overall cut of nearly half a billion dollars to the Centers for Disease Control and Prevention (CDC) and a 12.6 percent cut to CDC's bioterrorism preparedness fund, representing nearly \$147 million, despite repeated reports that indicate that the country is still not adequately ready to respond to a biological or chemical terror attack.

TFAH's December, 2004 study, "Ready or Not? Protecting the Public's Health in the Age of Bioterrorism," outlined the challenges faced by the federal government in ongoing preparedness efforts. The report found that despite incremental progress, three years after September 11, 2001, there is still a long way to go to protect the American people from a bioterror attack.

Over two-thirds of states received a score of six or less of the possible ten indicators. California received a five. Florida and North Carolina scored the highest, achieving nine out of 10, and Alaska and Massachusetts scored the lowest, at three out of 10. The report also found that the Centers for Disease Control and Prevention (CDC) had not yet released its bioterrorism grant performance measures to states.

In order to improve preparedness, TFAH recommends the following actions:

- **Development of stringent accountability standards for continuous improvement:** State and local governments should be required to demonstrate how they have used federal funds to make tangible improvements based on developed standards and show that they have assured a "maintenance of effort," to show they are not building bioterrorism preparedness while undercutting other state public health services.
- **Establishment of feedback mechanisms:** To allow for commentary and response from the state and local on-the-ground enactors of the plan, communication channels must stay active between jurisdictions and regions.
- **More practice drills** to assess capabilities and vulnerabilities, to help identify gaps and improve coordination of roles and responsibilities.
- **Improved Stockpile Development, Distribution, and Administration Systems:** In the event of a major outbreak or emergency, most of the nation would have to scramble to distribute and administer vaccines and antidotes. A prioritized national goal should be required for all states to achieve "green" status under the Strategic National Stockpile program; a level currently assigned to only six states;
- **Limited Liability to Encourage Vaccine Development and Protect Workers:** Liability protections and additional incentives are needed to encourage private industry to invest in crucial research and development for vaccines and to provide protection for both public health and private health care workers who could be putting themselves in harm's way. Many manufacturers also cite insufficient market size and extensive financial and production times as reasons to stay away from vaccine development. TFAH recommends the creation of a bi-partisan panel of experts to explore the complications of vaccine policy and to help encourage research, development, and delivery;

- **Workforce development:** Legislation and incentives to guard against a staffing shortage at a time when public health's role in our national security has never been more important. TFAH supports the recently introduced Public Health Preparedness Development Workforce Act of 2005.

Trust for America's Health is 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.