

STATES STAND TO LOSE \$55 MILLION IN BIOTERRORISM FUNDS TO 21 CITIES UNDER NEW FEDERAL GOVERNMENT PROPOSAL

Cuts Would Jeopardize Improvement Possibilities, When States Are Still Only Moderately
Better Prepared than Before September 11, 2001

Contacts: Laura Segal (202) 223-9870 x 278 or lsegal@tfah.org or Michael Earls (202) 223-9870 x 273 or mearls@tfah.org

Washington, DC, May 24, 2004 – The U.S. Department of Health and Human Services has proposed to redirect \$55 million that had been allocated to states for bioterrorism preparedness efforts to instead support targeted improvements in 21 specific cities and federal quarantine and Biosense initiatives. Under the proposal almost every state will receive a cut of over \$1 million. Congress has until May 29, 2004 to respond to this proposal.

In response, Trust for America's Health (TFAH) raised concerns that this could jeopardize needed improvements in states, while acknowledging that the readiness of targeted cities and key Centers for Disease Control and Prevention (CDC) bioterrorism preparedness programs also need increased support to be effective.

"Funding bioterrorism preparedness at the federal, state, and local levels should not be viewed as an 'either/or' proposition," said Shelley A. Hearne, DrPH, Executive Director of Trust for America's Health (TFAH). "The truth is that our critical programs vital to protecting citizens are vulnerable at all levels. While we can't be sure when or how a terrorist may strike, we do know that by shifting money around rather than properly investing in strong bioterror defense across the board we are leaving huge areas unprotected and vulnerable."

A December 2003 report by TFAH, "Ready or Not? Protecting the Public's Health in the Age of Bioterrorism," found that states are only modestly better prepared to respond to health emergencies than they were prior to September 11, 2001. The report examined 10 key indicators to assess areas of improvement and areas of ongoing vulnerability in the nation's effort to prepare against bioterrorism and other large-scale health emergencies. Nearly 75 percent of states earned positive marks for only half (five) or fewer of the 10 possible indicators. California, Florida, Maryland and Tennessee scored the highest, earning seven of the 10 possible indicators. Arkansas, Kentucky, Mississippi, New Mexico and Wisconsin scored the lowest, meeting just two of the indicators.

The reduction in funds to states puts at-risk many of the preparedness activities states are working to improve, such as:

- Hiring trained epidemiologists, public health nurses, and other professionals needed to diagnose and treat victims;
- Purchasing laboratory equipment and retaining scientists needed to identify biological or chemical agents used in an attack;
- Creating surveillance systems to track new outbreaks;

- Maintaining emergency alert communications systems to inform the public of risks and ways to protect themselves; and Monitoring food and water safety.

HHS Reallocation of \$54.9 million in State Emergency
Preparedness Funds for FY 2004

State	Dollar Amount of Cut to State	Redirected \$ for Cities Readiness Initiative		TFAH BT Score, (1-10)
Alabama	-\$1,085,000			6
Alaska	-\$1,085,000			3
Arizona	-\$1,085,000	Phoenix	\$1,280,000	5
Arkansas	-\$1,085,000			2
California	-\$1,085,000	Los Angeles	\$2,670,000	7
		San Diego	\$1,220,000	
		San Francisco	\$940,000	
Colorado	-\$1,085,000	Denver	\$820,000	5
Connecticut	-\$1,085,000			4
Delaware	-\$1,085,000			5
District of Columbia	No Cut to DC	DC	\$830,000	3
Florida	-\$1,085,000	Miami	\$710,000	7
Georgia	-\$1,085,000	Atlanta	\$740,000	3
Hawaii	-\$1,085,000			4
Idaho	-\$1,085,000			3
Illinois	-\$1,085,000	Chicago	\$2,150,000	5
Indiana	-\$1,085,000			4
Iowa	-\$1,085,000			3
Kansas	-\$1,085,000			3
Kentucky	-\$1,085,000			2
Louisiana	-\$1,085,000			5
Maine	-\$1,085,000			3
Maryland	-\$1,085,000			7
Massachusetts	-\$1,085,000	Boston	\$840,000	5
Michigan	-\$1,085,000	Detroit	\$1,030,000	3
Minnesota	-\$1,085,000	Minneapolis	\$710,000	5
Mississippi	-\$1,085,000			2
Missouri	-\$1,085,000	St. Louis	\$690,000	4
Montana	-\$1,085,000			3
Nebraska	-\$1,085,000			6
Nevada	-\$1,085,000	Las Vegas	\$790,000	5
New Hampshire	-\$1,085,000	J		5
New Jersey	-\$1,085,000			5
New Mexico	-\$1,085,000			2

New York	-\$1,085,000	NYC	\$5,100,000	6
North Carolina	-\$1,085,000			5
North Dakota	-\$1,085,000			5
Ohio	-\$1,085,000	Cleveland	\$770,000	4
Oklahoma	-\$1,085,000			3
Oregon	-\$1,085,000			3
Pennsylvania	-\$1,085,000	Philadelphia	\$1,350,000	3
		Pittsburgh	\$690,000	
Rhode Island	-\$1,085,000			6
South Carolina	-\$1,085,000			4
South Dakota	-\$1,085,000			4
Tennessee	-\$1,085,000			7
Texas	-\$1,085,000	Houston	\$1,650,000	4
		Dallas	\$1,190,000	
Utah	-\$1,085,000			4
Vermont	-\$1,085,000			3
Virginia	-\$1,085,000			5
Washington	-\$1,085,000	Seattle	\$830,000	6
West Virginia	-\$1,085,000			4
Wisconsin	-\$1,085,000			2
Wyoming	-\$1,085,000			4

^{**}Source: TFAH's 12/03 Report, "Ready or Not? Protecting the Public's Health in the Age of Bioterrorism"

http://healthyamericans.org/state/bioterror/Bioterror.pdf

###

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. www.healthyamericans.org