

**TESTIMONY BEFORE THE SENATE PUBLIC HEALTH &  
WELFARE COMMITTEE  
BY SHELLEY HEARNE, DR.PH  
EXECUTIVE DIRECTOR  
TRUST FOR AMERICA'S HEALTH**

**MARCH 22, 2005**

Good morning. I am Shelley Hearne, Executive Director of Trust for America's Health (TFAH), a national 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 Jake Corman, Chairman, and the entire Subcommittee for holding this important and timely hearing. On behalf of Trust for America's Health, I appreciate the opportunity to testify about Pennsylvania's preparedness for bioterrorism and other public health emergencies.

The attacks of September 11, 2001 and the subsequent anthrax tragedies, alerted Americans across the country to the danger we face from terrorists armed with biological, chemical, or radiological weapons.

In the past few years, we have also seen the resurgence of infectious diseases, ranging from SARS to West Nile virus to the impending threat of the Avian flu spreading to America. Natural disasters have occurred, such as the tsunami in Southeast Asia and the Hepatitis outbreak in western PA, which required rapid response tracking and identifying the source of the virus to protect people from the spread of this life-threatening disease.

Preventing, and combating, these and other health hazards are the unique responsibilities of the public health system. As Americans, we have long taken pride in the fact that our nation sets the pace for disease prevention and control worldwide. However, today, America's public health system is being stretched to the breaking point. The story is worse in Pennsylvania. Let me blunt – for years, this state has neglected its public health agency and now lags the rest of the nation in its ability to protect its citizens from health threats. From SARS to smallpox to STDs.

As is the case in much of the country, Pennsylvania public health officials are being asked to do more with less money and resources.

Since September 11, the U.S. Congress has appropriated nearly \$3 billion toward trying to fix and modernize the out-of-date public health system to prepare for the range of health threats we face. Most of the money was directed to states and a few major cities, such as Los Angeles, through grants, since public health is primarily considered a state and local function. However, there was no corresponding federal guidance to states about priority setting. Nor were standardized performance measures provided to help state public health officials know how the federal dollars

should help them achieve their bioterrorism preparedness goals. Three years after 9-11, there is still no basic definition of “what is preparedness” and no guidelines to judge what it is to “be prepared.”

To help fill the void of preparedness assessments and to provide baseline comparisons among states, Trust for America’s Health conducted a study entitled, “Ready or Not? Protecting the Public’s Health in the Age of Bioterrorism.” With the input of public health experts, we developed 10 key indicators to assess a snapshot review of each states’ public health emergency preparedness. Together, the indicators provide a composite view of preparedness capabilities and trends. This is the second consecutive year that we’ve conducted the study.

What we found is that despite incremental progress, 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. Pennsylvania received a four. Only five states scored as poorly or worse. Florida and North Carolina scored the highest, achieving nine out of 10.

Although direct comparisons are difficult because the indicators were modified to reflect additional time and funding, in the 2003 version of the study, Pennsylvania achieved a three out of 10.

The bottom line is we’ve only made baby steps toward better bioterrorism preparedness, rather than the giant leaps required to adequately protect the American people. Indeed, the report found that many basic bioterrorism detection, diagnosis, and response capabilities are still not in place.

Pennsylvania received points in the report for:

- Having local officials concur with the state’s bioterror preparedness plan, according to a survey by the National Association of County and City Health Officials. This may be misleading since PA has so few local health departments and fails to cover many portions of the state;
- Having a disease tracking system in place on a day-to-day basis that is monitored via the internet;
- Having legal authority in place to quarantine as necessary though concerns remain;
- Having a publicly available pandemic flu plan in place, which from an all-hazards approach can serve to provide a similarly adequate response to a bioterror attack. According to these estimates, Pennsylvania could face 12,686 deaths and 52,573 people hospitalized in just the first wave of the disease hitting the U.S.

Pennsylvania was found lacking in 6 critical areas:

- The state cut its public health budgets again between Fiscal Year 2003 and 2004, and federal bioterrorism funding decreased by over \$1 million per state in 2004; The state had already cut funding the previous year, just at a time public health was needed more than ever.
- The state did not make full use of its federal dollars – Byzantine contractual processes; lack of expedited efforts to beat bureaucratic red tape and limited local partners caused the health department to be 50<sup>th</sup> in federal dollars spent or obligated.

- There are insufficient laboratory capabilities (that is facilities, technology, and/or equipment) to fully respond to a bioterrorism attack. Pennsylvania reports it does not have enough lab scientists available to run anthrax or plague tests in the event of such an outbreak; ;
- More than 25 percent of the state’s public health workforce is eligible to retire within five years. Pennsylvania is one of many states on the verge of a shocking “brain drain” in its public health workforce -- as baby boomers retire and the next-generation recruitment efforts suffer, largely due to uncompetitive salaries with the private sector and the imposing burden of being asked to take on so many responsibilities without the resources to match them.
- The state did not maintain or increase its flu shot coverage to senior from 2002-2003. This is important indicator that the states vaccine management and outreach systems are inadequate. In the event of a smallpox outbreak, it raises serious questions about the state’s ability to inoculate the entire population within ten days.

In addition, Pennsylvania is not one of the six states that has achieved “green” status for the Strategic National Stockpile, which means that they are recognized as being adequately prepared to distribute vaccines and antidotes in an emergency;

Pennsylvania is one of many states struggling to meet basic preparedness levels, while being asked to juggle competing health priorities with limited resources. The states also have to contend with shifting federal priorities and programs that distract from many fundamental improvement efforts. And most of the resources to support public health in the state rely on state financing.

Public health in Pennsylvania has been the forgotten stepchild. Basic needs, such as a birth defect and asthma tracking system don’t exist, despite these being the leading cause of death for infants and number one cause of schoolhood absenteeism in the nation, respectively. Great portions of the state are not covered by local health authorities who could ensure basic standards of health quality. As the next speaker will discuss, there are few public health front line workers than any other state, on a per capita basis. As health care costs continue to escalate in this state, one of the prescriptions is having a public health system that works effectively to prevent disease and keep people out of the emergency room. But Pennsylvania needs to step up and make public health a priority.

With sufficient resources, leadership and commitment, PA could achieve a modern public health system. The state has exceptional resources in its two schools and programs in public health. The University of Pittsburgh Medical Center is the nation’s leader in bioterrorism response. If a biologic event happened in this country, I would want to be in Pittsburgh. Or a remote tropical island wouldn’t be bad either. The bottom line, this state could become a leader for all its citizen in smart health protection, making it prepared for all threats, from anthrax to asthma, from smallpox to STDs.

To help improve bioterrorism and public health preparedness, Trust for America’s Health recommends that Pennsylvania public health officials:

- Build a better bio-game plan, by working with the federal government to develop consistent, measurable standards for bioterrorism readiness, and then use those standards to gauge progress;

- Get “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 or even cancer. This means examining workforce issues, modernizing disease surveillance systems, expanding basic laboratory capacities and developing an integrated communications plan that can be rolled out in the event of an emergency;
- Conduct practice drills to assess capabilities and vulnerabilities, to help identify gaps and improve coordination of roles and responsibilities among state and local officials and private providers;
- Additionally, Trust for America’s Health encourages Pennsylvania health leaders to convene a regional summit that will develop a concrete vision for a 21<sup>st</sup> century public health system and determine the resources -- federal, state, local, and private -- needed to make it a reality. This summit should consider how to build a robust, integrated public health infrastructure capable of protecting all Pennsylvanians from a wide range of health threats. Trust for America’s Health would welcome the opportunity to work with the state on such a summit, which also would foster a long-overdue dialogue about how to best ensure accountability, efficiency, and collaboration at every level of the public health system.

Trust for America’s Health hopes that this summit would help spur similar discussions in other regions, ultimately leading to a new national blueprint for a public health system that is designed to meet both America’s current and emerging health threats in the 21<sup>st</sup> century.

Thank you for your time.