



Written Testimony of

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TOWARDS A NATIONAL BIODEFENSE STRATEGY

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Good afternoon. 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 Chairman Cox, Ranking Member Turner and the entire Select Committee on Homeland Security for holding this important and timely hearing. On behalf of Trust for America's Health, I appreciate the opportunity to testify about the role public health plays with respect to homeland security, particularly in the event of a biological, chemical or radiological terrorism event.

Since September 11, our nation has faced a series of dramatic wakeup calls with respect to the state of public health preparedness and we have repeatedly seen that the country is ill-prepared to respond to a large-scale health emergency. The 2001 anthrax crisis was a relatively minor event, yet it overwhelmed the nation's limited public health laboratory capacity, besieged epidemiology investigators, and revealed that no emergency pharmaceutical distribution system existed. In my home state of New Jersey, postal workers and others who were potentially exposed to anthrax were told to go visit their personal doctor to obtain the antibiotic Cipro, since the local health agencies did not have the ability to distribute emergency supplies. This was not the American public health system's finest hour.

The good news was that this strain of anthrax was not drug resistant and was treatable with a widely available antibiotic. However, having stockpiles of effective medicines or vaccines will not protect us without a functional public health system that includes disease tracking systems to quickly detect an attack, labs that can identify the biological or chemical agent, and a trained public health workforce that can rapidly respond.

As Americans we have long taken special pride that our nation has set the pace for disease prevention and control worldwide. But today, the nation's public health system is being stretched to the breaking point.

Congressional approval of \$5.6 billion for Project Bioshield represents one step forward toward better bioterrorism preparedness in America.

Smallpox is a good example of how important it is to have both effective countermeasures and a competent public health system. The Department of Health and Human Services (DHHS) invested wisely in expanding and enhancing the nation's smallpox vaccine supply. In the event of an outbreak, the strategy is to "ring inoculate." Executing this strategy requires astute clinicians to notify public health officials or disease surveillance systems capable of detecting a possible smallpox event, labs that are able to rapidly test and confirm smallpox cases, and deployment of rapid response teams who can deduce who has been exposed and inoculate anyone possibly exposed. If managed correctly, a smallpox event could be caught early and contained. The team work of pharmaceuticals and public health could prevent a global pandemic. But a team is only as good as its weakest player.

The Nation's Current State of Public Health Preparedness

Unfortunately, due to decades of neglect, America's public health system has been sitting on the bench. Following the terrorist attacks of 2001, the Administration and Congress recognized that significant gaps in public health made the nation vulnerable to attack and responded quickly and appropriately by investing nearly \$2 billion to help jump start our nation's bioterrorism preparedness efforts. The infusion of funds into the public health system was sorely needed and most welcome. Yet, two years of bioterror funding cannot make up for decades of underinvestment in the nation's public health system. While progress has been made in state and local preparedness for public health emergencies, much more remains to be done.

Six months ago, TFAH released a state-by-state report, assessing whether or not the nation was better prepared for another terrorist attack or other major health emergency given the \$2 billion federal bioterror investment over the last two years.

The short answer is: "not yet."

Our report, *Ready or Not? Protecting the Public's Health in the Age of Bioterrorism*, found that states are only moderately better prepared to respond to health emergencies than they were prior to September 11. We found that some good progress has been made in most states to improve communications with the public and between health agencies. Every state had at least an initial plan on paper of how to mobilize public health resources in the event of a terrorist attack.

However, the report also found that there is much room for improvement. The report examines 10 key indicators to assess areas of improvement and areas of ongoing vulnerability in our nation's effort to prepare against bioterrorism and other large-scale health crises. We found that nearly 75 percent of states earned positive marks for only half (five) or fewer of the 10 possible indicators.

Some of the most serious shortcomings include:

- In December 2003, only two states had achieved full readiness or "green" status with respect to receiving, distributing, and administering emergency vaccinations and antidotes from the Strategic National Stockpile. Since then, another state has joined their ranks. At the same time however, six states have reportedly regressed with respect to their stockpile status. Moreover, there is confusion and uncertainty about the roles and responsibilities of federal agencies, including the Departments of Homeland Security (DHS) and Veterans Affairs (DVA) and the Centers for Disease Control and Prevention (CDC).
- Only six states report that they have sufficient laboratory facilities should a major public health emergency occur, such as a mass mailing of anthrax, simultaneous release of sarin gas in U.S. subways, or even a potential

outbreak of plague. These findings build on those of an earlier TFAH report, *Public Health Laboratories: Unprepared and Overwhelmed*. This study found that even fewer state public health laboratories had the ability to detect chemical weapons in its citizenry. The Association of Public Health Laboratories (APHL), found that only eight state public health laboratories have a chemical terrorism emergency response plan in place. This observation is even more alarming in light of the ricin incident on Capitol Hill earlier this year.

- There is a serious public health workforce crisis, including a shortage of epidemiologists and other trained experts. Rather than recruiting and training a new public health workforce, which requires a serious investment of time and money, many states had planned on mobilizing National Guard personnel in the event of a health emergency to deliver medicine and equipment from the Strategic National Stockpile. Yet, as we have recently seen, these troops may be deployed elsewhere, leaving millions of Americans vulnerable during a public health emergency. Alternative initiatives, such as using the U.S. Postal Service, are intriguing, but fail to address the dire need for more public health professionals. Decisions about pediatric doses, for instance, need to be made by a doctor, not the delivery man at the door.
- Nearly 66 percent of states, facing budget crises, have cut funding for public health activities. This seriously dilutes the impact of the federal government's investment in bioterror preparedness.

Since TFAH released its report in December, similar national investigations have confirmed our findings. In February 2004, the General Accounting Office (GAO) issued a report detailing the preparedness gaps nationally, including the discovery that no state had completed all CDC program requirements. Just days ago, the RAND Institute found that in California -- a state that TFAH had ranked as one of the best prepared in the nation -- there was enormous variability in city and local public health readiness.

What Can the U.S. Do Now to Better Prepare for a Bioterror or Chemical Terrorism Event?

The American public health community has a solid understanding of the many actions that should be taken to make our country more safe and secure. However, achieving a battle-ready public health defense at the federal, state and local levels will take years of sustained commitment, funding and oversight.

To stop the hemorrhaging of the nation's public health infrastructure and to achieve the optimum all-hazards approach to public health preparedness, TFAH recommends that Congress take the following actions:

- Despite a number of reports suggesting that states are only modestly better prepared to handle a terrorist attack, CDC funding for state and local

preparedness capacity is in danger. The Secretary of Health and Human Services has informed the House Labor Health and Human Service (LHHS) Appropriations Subcommittee that he intends to redirect \$55 million dollars, that had been allocated previously to state and local bioterrorism preparedness efforts, to support instead targeted improvements in 21 specific cities and the U.S Postal Service Strategic National Stockpile initiative. Under the proposal, almost every state will sustain a cut of over \$1 million.

To protect all Americans, TFAH believes that there is a need to increase funding to enhance the readiness of targeted cities, while maintaining key CDC bioterrorism preparedness programs. However, we do not believe that the Cities Preparedness Initiative should jeopardize the health and security of the rest of the nation, especially since report after report indicates the country is still underprepared. The House Appropriations Subcommittee on Homeland Security denied a similar request to reprogram FY 2004 funds away from the Department's Metropolitan Medical Response System (MMRS), and we hope that the House LHHS Appropriations Subcommittee will follow suit and continue to fund the state and local preparedness grants at their appropriated levels and find additional dollars to fund the CDC's Cities Readiness Initiative.

- In addition, the CDC's FY 2005 budget for state and local bioterrorism preparedness programs is slated to receive an 11 percent cut or a \$105 million reduction. Even in this tight fiscal year, Congress must restore the FY 2005 funding; otherwise further readiness efforts at the state and local levels will be derailed. TFAH recommends that Congress make a long-term investment in biosecurity and authorize an independent review to determine whether current expenditures are sufficient. Experts note that at a minimum, the nation requires a \$1 billion annual commitment for the next several years in order to achieve the appropriate level of biosecurity.

To assure that this investment is well-spent, CDC, in consultation with state and local health officials and outside experts, including those from other federal agencies like the Departments of Defense and Homeland Security, must define measurable standards for comprehensive preparedness that all state and major local health departments should meet.

- The Administration and Congress have addressed bioterrorism threats by developing and funding innovative programs such as Bio-Sense, BioShield and BioWatch. TFAH remains concerned that there is no overarching federal "BioGame Plan." We worry that there are overlapping jurisdictions, lack of coordination among various federal agencies, and no plan for intra- and inter-agency training or rapid deployment of resources in the event of an attack. Congress should identify a lead agency to develop and oversee a comprehensive BioGame Plan that clearly delineates the roles and responsibilities of each federal agency and its state and local counterparts.

- The President, in consultation with Congress, should convene a White House summit that will develop a concrete vision for the future of the American public health system and the resources needed to make it a reality. This summit should consider how our country can build a robust, integrated public health infrastructure. TFAH believes that such a summit could craft a blueprint for a public health system that is designed to meet both America's current and emerging health threats. The discussion must include how to develop a public health system for the 21st century -- the summit should address all aspects essential to public health, such as bioterrorism, chemical, and radiological preparedness, known and emerging infectious diseases and chronic disease prevention and control. At the same time, we believe the summit should foster a long-overdue dialogue about the resources required to implement needed changes and guarantee accountability at every level of the public health system.

Terrorism thrives on uncertainty. We don't know when or where the next attack might be launched or whether it will be smallpox, Sarin gas or a small nuclear device. While we must continue to invest in defensive programs like BioShield, we cannot expect to vaccinate Americans against all threats unless we have a nimble, highly-trained, well-equipped public health defense that can rapidly detect, contain and respond to all health emergencies. That is the team work the United States needs. That is the team work Americans deserve.

Once again, thank you for allowing Trust for America's Health the opportunity to contribute to the policy debate on homeland security and public health. I am happy to answer any questions.