TESTIMONY BEFORE THE BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES BY LAURA M. SEGAL DIRECTOR OF PUBLIC AFFAIRS TRUST FOR AMERICA'S HEALTH

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Good afternoon. I am Laura Segal, Director of Public Affairs 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 Chairman De La Torre 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 California'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 mudslides right here in California, which required protecting people from the spread of disease and the treatment of injuries.

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 similar in California. This state has been long recognized as a leader in protecting people's health, from groundbreaking medical schools to innovative biotech companies to progressive environmental and investigative health programs. However, that sentinel status is in jeopardy today. As is the case in much of the country, California 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Since September 11, the U.S. Congress has appropriated nearly $3 billion toward trying to fix and modernize the out-of-date public health system to prepare for the range of health threats we face.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, 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.

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

With most states, including California, in the middle range of the scale and no states meeting all of the indicators, there are still major areas of vulnerability. Overall, the report found that many basic bioterrorism detection, diagnosis, and response capabilities are still not in place.

California received points in the report for:

- Spending or obligating at least 90 percent of its fiscal year 2003 federal bioterrorism preparedness funds;
- Maintaining the state's public health spending level, even during a time of record deficits;
- Having legal authority in place to quarantine as necessary;
- Increasing the number of flu vaccinations for adults over 65 years old from 2002 to 2003; and
- 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, California could face 28,409 deaths and 127,442 people hospitalized in just the first wave of the disease hitting the U.S.

California failed to receive points 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;
- Having an electronic system in place to track disease outbreaks in a way that meets government standards. Failure to track this information can cause serious delays in

reporting, making early warning of disease threats difficult. In fact, California's basic computer system for managing public health is out-of-date.

- Having sufficient laboratory capabilities (that is facilities, technology, and/or equipment) to fully respond to a bioterrorism attack;
- Having enough trained expert lab scientists to test for an outbreak of anthrax or the plague; or
- Having more than 25 percent of the state's public health workforce is eligible to retire within five years. California 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.

California 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. California's budget for health programs is in the ball park of $36 billion, with most of those funds going to entitlement health care programs like Medicaid and only a small fraction of that going to public health. California only receives approximately $476 million from the Centers for Disease Control and Prevention (CDC), which ranks it 35th in the country. This equates to $14.06 on a per capita basis. Collectively, these issues place the health of Californians at risk.

However, it is still important to remember that public health has made tremendous strides toward improved preparedness despite the enormous challenges of California's size, complexity, and diversity. We can expect that with sufficient resources, public health will continue to fill the gaps and achieve greater efficiencies -- and more importantly turn its strengthened capacity to address daily threats to health like obesity, injuries, and asthma as well as threats of bioterrorism.

To help improve bioterrorism and public health preparedness, Trust for America's Health recommends that California 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 California's health leaders to convene a regional summit that will develop a concrete vision for a 21st 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 Californians from a wide range of health

threats. While every state has more to do with respect to terrorism preparedness, California's leadership on a number of other public health fronts from environmental health tracking to its birth defects registry program, puts it in good stead to lead a summit. 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 21st century.

Thank you for your time.