



Statement of Shelley Hearne, Executive Director of TFAH
Ready or Not? Protecting the Public's Health in the Age of Bioterrorism
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There has been strong word of mouth and anecdotal reports that the federal bioterrorism preparedness funding has been improving the fundamentals of our nation's public health system – to be better prepared for health emergencies. There has been, however, a lack of tangible, measurable ways of judging **if** and **what** progress has really taken place.

So, we undertook this year-long study – with the guidance of an advisory panel of public health experts – to come up with a series of ten indicators that would help us assess the preparedness of each state. The indicators focused on the status of funding, core infrastructure – such as laboratories and workforce, and “double duty” functions – meaning are the bioterror funds able to bolster readiness to respond to “all-hazards,” such as the current flu outbreak. The public health “system” is really a loosely affiliated network of federal, state and local health agencies. This report focused on evaluating preparedness at a state level, since they have primary jurisdiction to manage health emergencies within their borders.

Nearly 75 percent of the states only achieved five or fewer of the possible 10 indicators. The top score any state received was a seven out of 10 – four states reached this level – California, Florida, Maryland and Tennessee. Five states tied for last place, with two out of 10 scores – Arkansas, Kentucky, Mississippi, New Mexico and Wisconsin. Nearly two-thirds of the states have cut funding for public health services. So, at the same time the federal money is going to the states, a majority of them are reducing their own budgets. This is diluting the impact of the federal help. The report found disagreements between state and local health agencies over resource allocation, an impending shortage of trained professionals in the public health workforce, and bureaucratic obstacles in the states like hiring freezes that tie up the federal funds.

We also found that only two states (Florida and Illinois) are prepared to distribute pharmaceuticals and other medical supplies from the national stockpile in an emergency. Additionally, critical public health functions – things people often take for granted, such as restaurant inspections -- are really in jeopardy because of the funding cuts. Situations like the search for the cause of the Hepatitis A outbreak in Pittsburgh will become more strained due to a combination of budget cuts and the bioterrorism efforts supplanting attention from ongoing responsibilities.

To address these problems and ensure the nations is prepared, we recommend three specific actions.

1. New federal measures should be established to ensure that state and local health agencies are battle-ready for all hazards including SARS, and food-borne illness, not just bio-terrorism. Most of the same resources and capabilities are needed to respond to all of these wide ranging threats.
2. CDC has got to track expenditures and institute measurable preparedness standards for state and local health departments to ensure accountability and efficient distribution of funding.
3. The President, in consultation with Congress, should convene a national summit on the future of public health to develop a cohesive national approach to public health protection.

The \$2 billion in federal funds was an important first step. However, two years of increased funding cannot make up for two decades of underinvestment in our public health defenses. We need a sea change. The nation must get serious about developing a new approach to public health – one that will ensure we're ready for the full spectrum of threats we face. Our security depends on it.

