



**FEDERAL HEALTH EMERGENCY PREPAREDNESS RECEIVES D+ IN NEW REPORT;
OVER HALF OF STATES RECEIVE 5 OR LESS ON 10 POINT SCALE OF INDICATORS**

Report Finds Preparedness Efforts Must Be Accelerated and Must Get Real

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WASHINGTON, December 6, 2005 – Trust for America’s Health (TFAH) today released the third annual “Ready or Not? Protecting the Public’s Health from Disease, Disasters, and Bioterrorism,” which found that both federal and state preparedness for major health emergencies must be accelerated in order to adequately protect the American people.

In the two-part report, the federal government received a grade of D+ for post-9/11 public health emergency preparedness, and over half of states garnered a score of 5 or less out of 10 possible points for key indicators of health emergency preparedness, such as capabilities to test for chemical and biological threats and hospital surge capacity to care for patients in a mass emergency.

“We need to stop shrugging our shoulders and start rolling up our sleeves,” said Lowell Weicker, Jr., TFAH Board President and former three-term U.S. Senator and Governor of Connecticut. “The response to Hurricane Katrina was a sharp indictment of America’s emergency response capabilities. This report provides further evidence of the major gap between response ‘plans’ and ‘realities.’ We need to get real in our planning for health emergencies.”

The grade of the federal government’s performance was based on a survey of 20 leading public health experts, who evaluated 12 different aspects of health emergency preparedness. Among the results:

- The Strategic National Stockpile received a **C+** grade.
- Federal initiatives including the Cities Readiness Initiative, BioSurveillance activities, pandemic flu planning, and overall management of federal funds and programs received **C-** grades.
- Coordination among federal agencies, the establishment of measurable goals and directions, BioWatch, and the federal health response to Hurricane Katrina received a grade of **D**.
- The Smallpox Vaccination Initiative received a **D-**.

For the assessment of states, Delaware, South Carolina and Virginia scored the highest, achieving eight of ten possible indicators. Alabama, Alaska, Iowa and New Hampshire scored the lowest, achieving only two indicators.

Other key findings included:

- Hospitals in nearly one-third of states and D.C. have not sufficiently planned **to care for a surge of extra patients** by using non-health facilities, such as community centers, sports arenas, or hotels.
- Hospitals in only two states have sufficient plans, incentives, or provisions to **encourage healthcare workers to continue to come to work** during a major infectious disease outbreak.
- Hospitals in nearly one-third of states lack sufficient capabilities **to consistently and rapidly consult with infection control experts** about possible or suspected disease outbreaks.

- Hospitals in nearly one-third of states have not sufficiently **prioritized distribution of vaccines or antiviral medications to hospital workers.**
- Only seven states and two cities have achieved “green” status for the **Strategic National Stockpile**, which means being recognized by the U.S. Centers for Disease Control and Prevention (CDC) as adequately prepared to administer and distribute vaccines and antidotes in the event an emergency.
- Only 10 state public health labs have adequate **chemical terrorism response capabilities.**
- Over one-quarter of states do not have sufficient **bioterrorism laboratory response capabilities.**
- Nearly half of states do not use national standards **to track disease outbreak information.**

The data for the public health indicators are from publicly available sources or public officials in 2005. The data for the hospital related indicators are based on a survey conducted in the summer of 2005 of over 1800 members of the Association of Professionals in Infection Control and Epidemiology (APIC), whose members are experts in infection prevention and serve a “watchdog” role for infectious disease issues in hospitals throughout the nation.

“Accelerated, immediate action must be taken to bridge the gap in our nation’s preparedness no matter the threat,” said Shelley A. Hearne, DrPH, Executive Director of TFAH. “The health community has worked tirelessly since 9/11 to make improvements, but serious vulnerabilities still remain. While there is no way to be 100 percent prepared, there are still basic achievable levels of preparedness we have yet to meet. Americans deserve – and must demand – better.”

“Hospitals and health care workers are at the front lines of protecting the country from infectious diseases and bioterrorism,” said Kathy L. Warye, Executive Director of APIC. “This report demonstrates that much more must be done to better equip and protect health care workers to prepare for major health emergencies.”

TFAH’s “Let’s Get Real” agenda for accelerated preparedness includes:

- **LEADERSHIP:** TFAH calls for increased leadership and oversight of U.S. bioterrorism and public health preparedness. There needs to be a single, accountable official at the U.S. Department of Health and Human Services responsible for bioterrorism and public health preparedness.
- **ACCOUNTABILITY:** It is inexcusable, four years after September 11, 2001, that there are no defined, standardized performance measures for bioterrorism preparedness from CDC or regular reports of progress and vulnerabilities to the American people and Congress. Steps must be taken immediately to establish clear performance standards, and increased measures must be taken to ensure state and local planning efforts match preparedness needs. Health Resources and Services Administration (HRSA) grants must also be better targeted to help states prepare for health emergencies.
- **WORKING WITH THE PUBLIC:** The public should be treated as more of a partner in preparedness planning. Anticipating the “real world” complications that will arise during an emergency event, planning must acknowledge that the media, general public, business community, and other audiences will not always conform to rigid planning procedures. The government should provide more consistent education and transparency to the public, so there will be greater understanding of roles and responsibilities during a difficult situation, such as during a vaccine shortage or quarantine situation. Heightened effort must also be taken to include the needs of vulnerable populations in emergency plans.
- **IMPROVING BASIC RESPONSE CAPABILITIES:** Protecting the public’s health requires having the tools, technology, training, and personnel to investigate and diagnose diseases, contain threats, and provide effective treatments. Surge capacity issues must be given a top priority and routine drills must be conducted to test preparedness progress and problems. Information

technology systems, emergency communications systems, and laboratory and other equipment all need to be modernized to meet current technology.

TFAH's report was supported by grants from the Robert Wood Johnson Foundation (RWJF), Bauman Foundation, and the Beldon Fund. TFAH's report and state-by-state materials are available at: www.healthyamericans.org

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.

The Robert Wood Johnson Foundation, one of the supporters of this report, focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 30 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. Helping Americans lead healthier lives and get the care they need—the Foundation expects to make a difference in our lifetime. For more information, visit www.rwjf.org.

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