New Report Finds Progress, But Basic Federal and State Bioterrorism Preparedness Capabilities Lacking Three Years After 9/11

Over Two-Thirds of States Score Low on Preparedness Indicators; Incremental Progress Achieved, But Serious Gaps Remain

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Washington, DC, December 14, 2004 – A report released today by Trust for America's Health (TFAH) found 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.

Ready or Not? Protecting the Public's Health in the Age of Bioterrorism -- 2004 examined 10 key indicators to gauge state preparedness and determine America's overall readiness to respond to bioterrorist attacks and other health emergencies. This is the second year in a row that TFAH conducted a review of bioterrorism and public health preparedness, while the federal government's efforts to release performance measures have stalled.

Over two-thirds of states and D.C. achieved a score of six or less. Florida and North Carolina scored the highest, achieving nine out of the possible 10 indicators, and Alaska and Massachusetts scored the lowest, at three out of 10. Although direct comparisons are difficult because the indicators were modified to reflect the changed expectations of additional time and funding, in this year's report, 34 states and D.C. obtained higher scores, nine scores remained the same, and seven scores declined.

The scores demonstrate continued incremental progress, however, preparedness is still lagging behind goals and expectations. With most states still in the middle range of the scale and no states meeting all of the indicators, there are still major areas of vulnerability that leave Americans at risk. Overall, the report found that many basic bioterrorism detection, diagnosis, and response capabilities are still not in place.

"This report found that more than three years after 9/11 and the anthrax tragedies, we've only made baby steps toward better bioterrorism preparedness, rather than the giant leaps required to adequately protect the American people," said Lowell Weicker, Jr., TFAH Board President and former three-term U.S. Senator and Governor of Connecticut. "The conclusions of this study demand an answer to the big question here: what will it take to make bioterrorism and public health preparedness a real national priority?"

Some of the report's major concerns include:

- Nearly one-third of states cut their public health budgets between Fiscal Year 2003 and 2004, and federal bioterrorism funding decreased by over $1 million per state in 2004;
- Shifting federal priorities and programs are distracting from improvement efforts, and there is little, if any, accountability to the public;

- Only six states -- Florida, Illinois, Louisiana, and three undisclosed states -- have 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;
- Only five public health labs report sufficient capabilities (facilities, technology, and/or equipment) to fully respond to a chemical terrorism threat, and only one-third of states report sufficient bioterrorism lab response capabilities;
- Nearly 60 percent of states do not have adequate numbers of laboratory scientists to test for anthrax or the plague if there were to be a suspected outbreak;
- Two-thirds of states do not electronically track disease outbreak information by national standards, causing serious delays in reporting making early warning of disease threats difficult;
- The public health workforce is on the brink of a "brain drain" as the baby boomers retire and next-generation recruitment efforts suffer;
- Concerns remain that states are unprepared to implement a quarantine, although every state except Alaska has adequate statutory authority to quarantine in response to a hypothetical bioterrorism attack scenario;
- Although planning for a flu pandemic, which is often viewed as requiring a similar response to a bioterror attack, has improved, 20 states still do not have publicly available response plans in place; and
- Based on model estimates, a pandemic flu hitting the U.S. could result in 89,000 to 207,000 deaths and could cost the economy between $71.3 and $166.5 billion. Sixteen states could face over 5,000 deaths and 33 states would face over 10,000 people hospitalized in the first wave of the disease hitting the U.S.

"Germs in the hands of terrorists is a frightening proposition. Americans deserve to know how their tax dollars are being used to better protect the homeland," said Shelley A. Hearne, DrPH, Executive Director of Trust for America's Health. "Sadly, what we found is that public health professionals have been left to juggle competing priorities with limited resources, and that flash is distracting from substance. We need to focus on fixing the fundamentals and get back to the tried-and-true basics."

During a news conference announcing his resignation earlier this month, departing HHS Secretary Tommy Thompson highlighted the importance of bioterrorism preparedness issues, saying "for the life of me, I cannot understand why the terrorists have not attacked our food supply, because it is so easy to do," and that a pandemic flu is "a really huge bomb out there that could adversely impact on the health care of the world."

To improve bioterrorism and public health preparedness, TFAH recommends the following:

- **Building a better bio-game plan**, with consistent, measurable standards for improvement that require demonstration of how funds were used to achieve progress. In anticipation of the reauthorization of the Public Health Security and Bioterrorism Response Act of 2002, a systematic review of preparedness gaps should be conducted;
- **Getting 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 and cancer;
- **Conducting practice drills to assess capabilities and vulnerabilities**, to help identify gaps and improve coordination of roles and responsibilities; and
- **Limiting liability to encourage vaccine development and protect health care workers.**

The report was supported by grants from The Robert Wood Johnson Foundation (RWJF), the Bauman Foundation, and the New York Community Trust. The report and state-specific information is available on TFAH's Web site at www.healthyamericans.org.

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