ISSUE REPORT

Trust for America's Health

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Ready or Not?

PROTECTING THE PUBLIC'S HEALTH IN THE AGE OF BIOTERRORISM 2004

EXECUTIVE SUMMARY

This report examines -- three years after the September 11, 2001, and subsequent anthrax attacks -- the progress that has been made in the nation's ability to respond to public health emergencies, and the vulnerabilities that remain.

In December 2003, Trust for America's Health (TFAH) issued its first study of the nation's response to the bioterrorist threat. Ready or Not? Protecting the Public's Health in the Age of Bioterrorism found that that despite a surge in federal aid for state public health efforts, the effort "to comprehensively fix the nation's public health system is falling short."

The 2004 edition of Ready or Not? finds that one year later, **states across the country are still struggling to meet basic preparedness requirements and have inadequate resources to juggle the competing health priorities they face.** This report provides the answers to these questions: Over the past 12 months, have the states strengthened their public health systems? Are they better prepared today to protect their citizens from a potentially catastrophic bioterrorist attack?

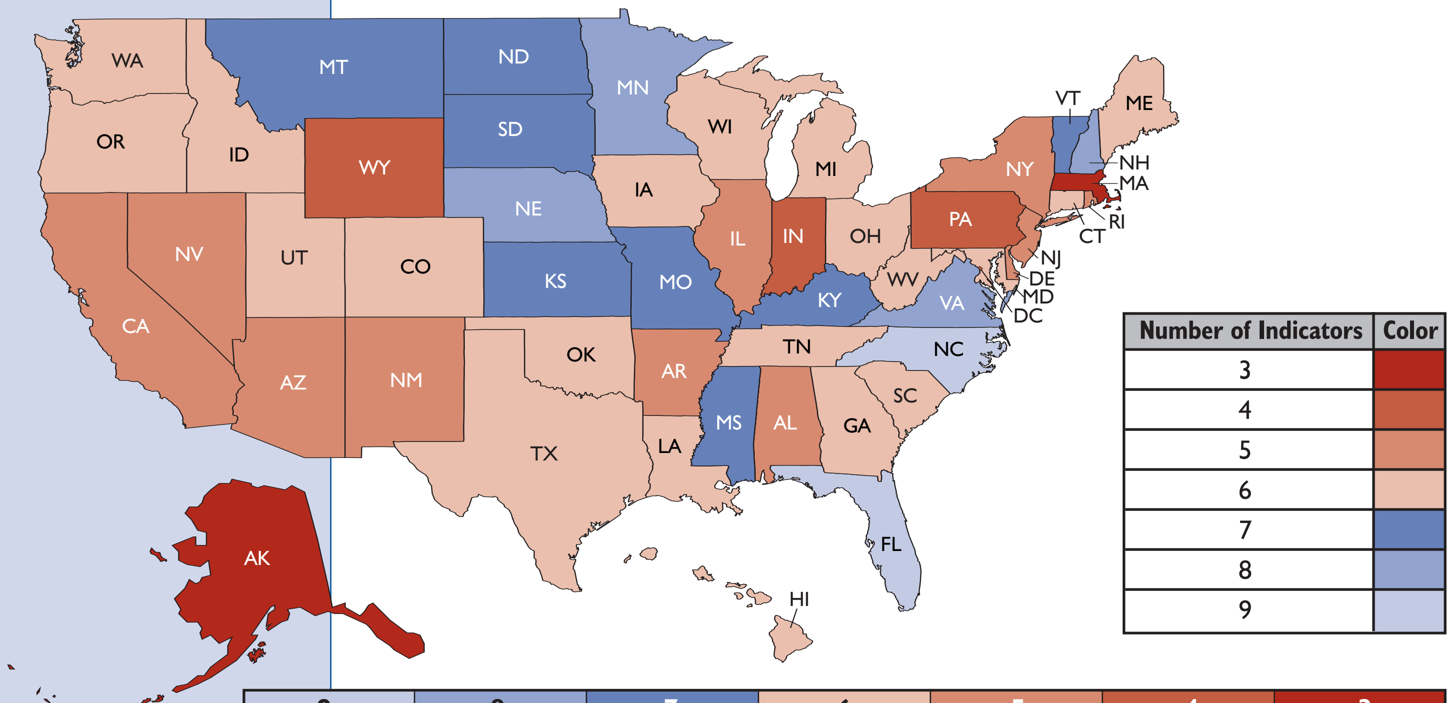
TFAH, with input from an advisory committee of public health experts, including state and local officials, developed 10 key indicators to assess the states' public health emergency preparedness capabilities. **These indicators, taken collectively, offer a composite snapshot of capabilities, including areas of improvement and vulnerability.** States received a score on a zero-to-10 point scale, depending on how many indicators they achieved.

- 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. 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.

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.

DECEMBER 2004

PREVENTING EPIDEMICS. PROTECTING PEOPLE.



9	8	7	6	5	4	3
Florida	Minnesota	Kansas	Colorado	Alabama	D.C.	Alaska
North Carolina	Nebraska	Kentucky	Connecticut	Arizona	Indiana	Massachusetts
	New Hampshire	Mississippi	Georgia	Arkansas	Pennsylvania	
	Virginia	Missouri	Hawaii	California	Wyoming	
		Montana	Idaho	Delaware		
		North Dakota	Iowa	Illinois		
		South Dakota	Louisiana	Nevada		
		Vermont	Maine	New Jersey		
			Maryland	New Mexico		
			Michigan	New York		
			Ohio	Rhode Island		
			Oklahoma			
			Oregon			
			South Carolina			
			Tennessee			
			Texas			
			Utah			
			Washington			
			West Virginia			
			Wisconsin			

Three years after 9/11, many basic bioterrorism detection, diagnosis, and response capabilities still are not in place. While progress has been made, for most states, there is a very long way to go to reach adequate preparedness.

The scores demonstrate that **bioterrorism preparedness policy is ill-defined and inconsistent.** There is no clear definition for what the public *should* expect as protection in the event of bioterrorist attack or public health emergency, and there are no real performance standards in place to assess how well the public *would* be protected in the event of such tragedies.

States have been left to manage shifting and competing priorities for limited public health resources, without enough support to focus on fixing the fundamental, tried-and-true basics that are the backbone of a well-functioning public health system.

Bioterrorism preparedness planning still lacks strategic direction, well-defined priorities, and appropriate levels of resources to match the needs. A review of the remaining gaps that exist, three years after improvement efforts began, leads to the conclusion that bioterrorism and public health preparedness have not been treated as serious, top national priorities.

PUBLIC HEALTH POST-9/11
Progress and Concerns from 2003 to 2004

PROGRESS

- Clear demonstration that federal bioterrorism funds are having a positive impact
- Initial plans and several critical benchmarks achieved
- Emergency communications systems improved
- Dramatic upgrades in public health laboratory capabilities
- Bolstered natural and accidental public health emergency response preparedness
- Improved flu vaccination and pandemic planning

CONCERNS

- Shifting federal priorities and programs are distracting from fixing fundamentals
- Insufficient accountability and coordination at the federal, state, and local levels
- Unprepared for vaccine and antidote stockpile distribution and administration
- Stalled upgrades for disease tracking and warning systems
- Impending severe workforce crisis impairing preparedness efforts
- Chemical terrorism preparedness is lagging
- Radiological and nuclear terrorism preparedness have not been adequately addressed
- Lack of adequate funds for many basic improvements

KEY 2004 FINDINGS

- Nearly one-third of states cut their public health budgets between FY 2003-2004 and federal bioterrorism funding decreased by over $1 million per state in 2004; states still do not have adequate resources to address their preparedness gaps.
- Only six state have achieved "green" status for the Strategic National Stockpile, which means being recognized as adequately prepared to administer and distribute vaccines and antidotes in the event of an emergency.
- Only five public health labs report capabilities (facilities, technology, equipment, and/or staffing) to adequately respond to a chemical terrorism threat, and only one-third of states report that they have sufficient bioterrorism lab response capabilities (facilities, technology, and/or equipment).
- Nearly 60 percent of states report that they do not have adequate numbers of laboratory scientists to manage tests for anthrax or the plague if there were to be a suspected outbreak.
- Two-thirds of the states do not electronically track disease outbreak information by national standards, causing serious delays in reporting and rendering rapid or early warning of disease threats difficult.
- Coordination among federal, state, and local health agencies is still strained, often due to competition for limited resources.
- The public health workforce is on the brink of an urgent "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.
- Although planning for a flu pandemic (often viewed as requiring a similar response to a bioterrorism attack) has improved, 20 states still do not have publicly available pandemic flu plans in place, and, based on model estimates, an outbreak would have dire consequences. According to estimates, a pandemic flu hitting the U.S. could result in 89,000 to 207,000 deaths and have an estimated economic impact between $71.3 and $166.5 billion, excluding disruptions to commerce and society.

TFAH'S Recommendations

While the federal funds for bioterrorism preparedness have resulted in rapid and substantial improvements, many striking gaps and vulnerabilities remain. TFAH is calling for an increased sustained, ongoing commitment to modernizing public health preparedness -- including the continuation and extension of federal, state, and local bioterrorism funds and programs -- to better protect the health and safety of all Americans.

1. **Build a better bio-game plan.** Develop consistent, measurable standards of improvement, and require states to demonstrate how they use federal funds to make tangible improvements. In anticipation of the reauthorization of the Public Health Security and Bioterrorism Preparedness Response Act of 2002 (Public Law 107-188), a systematic review of preparedness gaps should be conducted and target resources to "jump start" solutions.

2. **Get "Back to Basics."** Concentrate on building the fundamental components of a comprehensive public health system that is fully prepared to meet both emergency and ongoing challenges ranging from the flu to West Nile virus to cancer.

3. **Use practice drills to assess capabilities and vulnerabilities.** Conduct more drills based on hypothetical attacks or outbreaks. These help states and localities to understand their quarantine and isolation laws, improve coordination between public and private health care workers, and learn how to deliver services to at-risk populations.

4. **Limit liability to encourage vaccine development and protect health care workers.** Provide liability protection and expedited or temporary approvals for antidotes and vaccines; break the "double-bind" for vaccine manufacturers under current federal requirements to help build up stockpile inventory and vaccines; and make sure workers' compensation and liability issues are resolved in a way to protect health care workers who put themselves in harm's way.

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