

Feds Get D+ for Emergency Preparedness Plans

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Contributing Writer

Hospitals in only two states have adequate plans to encourage health professionals to report to work during a major infectious disease outbreak, according to a report from the Trust for America's Health.

Hospitals in Rhode Island and South Dakota provide incentives such as health care workforce priority for vaccines and

medicines and extra compensation for workers during emergencies, Shelley Hearne, Dr.PH., executive director of the Trust for America's Health (TFAH), said at a press briefing to release the organization's 2005 report card of all-hazard preparedness in the U.S. public health system.

TFAH gave the federal government a D+ overall for levels of preparedness. The grade includes preparations for the Strategic National Stockpile (C+); federal initiatives including cities readiness, biosur-

veillance, pandemic flu planning, and oversight and management of federal funds and programs (C-); and coordination among agencies (D).

"While considerable progress has been achieved in improving America's post-September 11 health emergency preparedness, the nation is still not adequately prepared for the range of serious threats we face," the report said. It added that the response to Hurricane Katrina provided many valuable lessons in preparedness.

"Hurricane Katrina provided a sharp indictment of America's emergency response capabilities as the gaps between 'plans' and 'realities' became strikingly evident," the report said.

"Parts of the public health system did not work, and while many did work as intended, those functions were often too limited and divorced from other response activities to match the real needs in a timely way."

The group calls for full funding of public health and bioterrorism preparedness legislation and for congressional passage of the \$7.1 billion pandemic influenza preparedness request made earlier this year by President Bush.

The federal government also should provide \$1 billion annually in medical/hospital surge capacity grants to states, TFAH said. In addition, Congress should fund \$950 million annually in public health bioterrorism preparedness grants to states, \$230 million annually to bolster workforce capacity, \$70 million annually to improve stockpile distribution capabilities, and \$200 million for modernizing laboratory capabilities.

The federal government also should provide \$100 million to improve disease tracking capabilities.

TFAH noted that experts have widely recognized that the nation's public health system is "chronically underfunded" and that sustained effort is needed for improvements. "This all costs money," said Lowell Weicker Jr., TFAH board president.

Such funds should be new money, not funds appropriated from other health programs, Dr. Hearne added.

The group called for increased leadership and oversight of bioterrorism and public health preparedness. It also recommended performance standards and increased measures to ensure state and local planning efforts, as well as public involvement with planning and heightened efforts to include the needs of vulnerable populations in emergency plans. Dr. Hearne also cited the need for increased transparency in preparedness efforts.

On the state level, the group scored Delaware, South Carolina, and Virginia as the most prepared states, meeting 8 out of 10 preparedness indicators. Sixteen states met 5 of 10 indicators. Worst prepared were Alabama, Alaska, Iowa, and New Hampshire, which met only two indicators.

States were measured on indicators representing capabilities of state and local health departments and reflecting the use of bioterrorism and public health grants received through the Centers for Disease Control and Prevention.

Indicators measured laboratory response capabilities, numbers of lab scientists, chemical response capabilities, and standards to track disease outbreak information.

The Trust for America's Health is a nonprofit, nonpartisan health advocacy organization. ■

"Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism 2005" is available at www.healthamericans.org.

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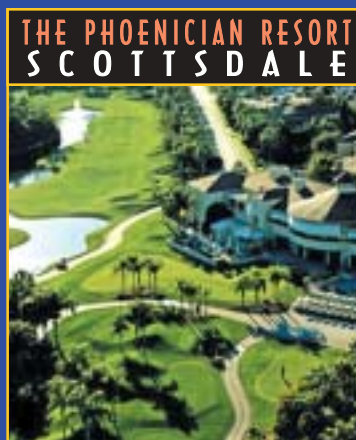
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