

# Northwest **PUBLIC HEALTH**

## **Viewpoint: American Public Health Association on Bioterrorism Preparedness**

**Keep our Eyes on the Prize, by Brian Saylor and Mohammad N. Akhter**

Our public health workforce must constantly remember that bioterrorism is only one threat to the health and welfare of the public. We must resist playing to popular concern that diverts our attention from the basics of public health practice to an exclusive focus on bioterrorism. We must remain committed to those philosophies and services that our history and science have shown us can yield the greatest benefit to the most people. We must keep our eyes on the prize of public health.

The September 11 attacks on the World Trade Center and the Pentagon showed us how vulnerable we are as a nation. The brave efforts of the passengers of United Flight 93 showed us that we can counter terrorist activities before they result in additional military and civilian casualties.

The appearance of anthrax in the U.S. Postal system, however, emphasized the lack of preparedness of our public health system in dealing with bioterrorist activities. The National Association of County and City Health Officials found that 80 percent of the nation's health departments did not have comprehensive bioterrorism response plans in place. Clearly, some major improvements are called for.

The public, too, recognizes the need for enhanced public health infrastructure. A recent study by Research America found that 80 percent of Americans supported increased federal funding for public health infrastructure that helps prepare for and respond to bioterrorism and chemical attacks.

A great day in the life of a public health worker is watching nothing happen. With advocacy from APHA and its coalition partners, both the House and the Senate passed comprehensive legislation to bolster bioterrorism prevention preparedness and response efforts. The Bush administration requested an additional \$1.5 billion from Congress to strengthen our public health systems' ability to respond to bioterrorism.

The emphasis on bioterrorism has generated unprecedented public attention on the public health infrastructure. It is crucial that public health professionals take advantage of this attention to place bioterrorism within the context of their larger mission: to protect and promote the public's health and welfare.

Another major threat to the public health mission is the budgetary deficit currently being experienced by 46 states. Some of the governors and state legislators are looking to cut the budgets of health promotion and disease prevention programs in their states in order to help deal with these deficits.


Most of us recall the old public health joke: "A great day in the life of a public health worker is watching nothing happen." This joke gives us a strong sense of the importance of prevention in public health. The public health community tries to improve community health by reducing exposure to numerous threats to the public's health and welfare. Most of these threats are not caused by bioterrorists. They are threats to the quality of the air we breathe, not just spores from anthrax-contaminated envelopes. They are threats from contamination of the water we drink from aquifers tainted by superfund effluent, not just from a terrorists' poisons. They are threats to our young people from preventable motor vehicle crashes on our roadways, not

just from terrorists' attacks.

The current emphasis on bioterrorism preparedness has consumed untold amounts of time and energy of senior administrators, planners, and public health professionals. It is important to take advantage of the current emphasis on bioterrorism preparedness, but it must not rechannel or reallocate our efforts to address the larger public health agenda. The protection of individual and community health will be met by preparedness for the numerous threats to health and welfare not just those from external sources.

We must keep our eyes on the prize of protecting the public's health by building a system that not only can deal with bioterrorism but can also manage naturally occurring diseases, such as asthma, influenza, and diabetes and large-scale emergencies, such as earthquakes and chemical spills. Until we have a strong, general public health infrastructure, we will not succeed in effectively dealing with bioterrorism.

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