

Northwest PUBLIC HEALTH

Viewpoint: The Public Health Threats and Emergencies Act

Addressing Public Health Preparedness, by Mary C. Selecky

One of the most important issues facing me as Secretary of Health for Washington State is assessing the level of "preparedness" of our public health system. Are we ready, in the event of an emergency? Are we organized, prepared, and equipped to respond to an event that threatens the health of our residents?

A terrorist was apprehended at our border in 1999, carrying bomb-making materials. Would we have been ready if he had instead slipped through the border with a biological weapon?

Our responsibility to be prepared, every minute of every day, was brought home dramatically on February 28, at 10:45 A.M., when the Nisqually earthquake hit. Throughout the aftermath, my ever-present thought was: This could have been so much worse in terms of injuries, deaths, and damage to key systems, such as our drinking water supplies. I thought of all our health departments, hospitals, first responders, and laboratories. Would we have been ready?

One tool to address that concern is a piece of landmark legislation that recognizes that many communities are not prepared to respond effectively to threats to the public's health, including new and resurgent infectious disease, the emergence of pathogens resistant to antibiotics, the potential for terrorist attack with biological weapons, and natural disasters.

The *Public Health Threats and Emergencies Act* was signed into law by President Bill Clinton, November 13, 2000. Commonly referred to as "Frist-Kennedy," in recognition of its key sponsors Senator William Frist and Senator Edward Kennedy, the act passed with strong bipartisan support.

As Senator Frist explained, "Our nation faces alarming risks from a number of potential public health threats.... It is vital that we take steps to address current inadequacies and ensure that our public health infrastructure is prepared to meet the challenge of any public health crisis."

To protect our health into the 21st century, the country must build a reliable, strong infrastructure for public health, including:

- A public health workforce that is well trained and ready to respond to biological and environmental threats
- Information systems and technology to guarantee rapid detection and transmission of critical data
- Health departments, laboratories, and health facilities that are fully prepared and have the resources needed to protect our health at all times

As a first step, the *Public Health Threats and Emergencies Act* authorized funds for four specific areas: public health capacity (\$99 million), antimicrobial resistance (\$40 million), bioterrorism (\$215 million), and CDC facilities/ laboratories (\$180 million). These funds were not appropriated in the budget, but could be provided in the federal budget in future years.

I am especially excited by the potential of the public health capacity provisions of the act. For the first time,

our nation could undertake a systematic analysis of where we have gaps in our ability to respond to public health threats and then, armed with that knowledge, begin to fill those gaps. This is an effective and sensible process that is tailored to unique state and local needs.

- The assessment section authorizes \$45 million for grants to state and local agencies to assess and inventory specific needs in public health infrastructure. This work would also help us identify the performance standards we need to measure our level of preparedness.
- The improvement section authorizes \$50 million to address demonstrated needs in areas such as developing electronic information networks, training public health personnel, enhancing local and state laboratory capacity, and developing detailed, coordinated emergency response plans for such events as bioterrorism, natural disasters, and significant outbreaks of communicable disease.

I look forward to working to support the intent of this act with our partners in ASTHO, NACCHO, CDC, and HRSA to improve our ability to respond, across a system with 3,000 local health departments, 50 states, and many federal agencies. I like the way this was described in CDC's report to Congress: "*Every health department fully prepared; every community better protected.*"

Public health protection is a high priority issue among the general public. I know that my colleagues throughout federal, state, and local government, and among health care providers and health facility administrators, all share my concern about our responsibility for public health preparedness.

Mary C. Selecky is secretary of health for the Washington State Department of Health.