



American Public Health Association

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June 23, 2006

The Honorable Richard Burr
Chairman
Bioterrorism and Public Health Preparedness
Subcommittee
Senate Committee on Health, Education,
Labor and Pensions
424 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Edward Kennedy
Ranking Member
Bioterrorism and Public Health Preparedness
Subcommittee
Senate Committee on Health, Education,
Labor and Pensions
113 Hart Senate Office Building
Washington, DC 20510

Dear Senators:

On behalf of the American Public Health Association (APHA), the oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans, their families and communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States, please accept the attached document as comments to the June 23 version of the Pandemic and All-Hazards Preparedness Act.

Thank you for your attention to and leadership on this important public health issue. We look forward to working with the Subcommittee as it discusses the national capacity to prepare for and respond to pandemic influenza and other all-hazards public health emergencies. If you have questions, or for additional information, please contact me or have your staff contact Courtney Perlino at (202) 777-2436 or courtney.perlino@apha.org.

Sincerely,

A handwritten signature in black ink that reads 'Georges C. Benjamin'.

Georges C. Benjamin, MD, FACP
Executive Director

The American Public Health Association (APHA) is the oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans, their families and communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States.

For over 130 years, APHA has been in the forefront of numerous efforts to prevent disease and promote health. The Association has affirmed the importance of immunizations as one of the most effective means of preventing infectious disease. Influenza presents a grave threat to the public's health, even in this pre-pandemic period, causing an average of 36,000 deaths and more than 200,000 hospitalizations per year. Preparing for an influenza pandemic on the local, state, national and international levels is essential to ensure the health and safety of the American people.

Increasing and Ensuring the Capacity of the Public Health Workforce

APHA is pleased with the progress that the Subcommittee has made since the feedback meetings that were held between the Subcommittee and relevant stakeholders. However, APHA is concerned that a major provision was removed from the previous draft that we believe cannot wait to be legislatively addressed at a later time. At a time when public health is being asked to do more, state public health systems are experiencing vacancy rates of twenty percent, and half of the federal and state public health workforces will be eligible for retirement in the next few years. As these workers that will become eligible for retirement make up a quarter of the entire public health workforce, something needs to be done now to ensure that there is an ample workforce to sufficiently respond to current and future threats. Without a change in the status quo, the 130,000 workers up for retirement will be replaced with qualified personnel at a turtle's pace, as the 36 accredited schools of public health graduate approximately 6,400 students each year. Without increased incentives to work in the public sector, these graduates will continuously turn to the private and not-for-profit sectors for employment. As local, state and federal public health systems are already being stretched too thin, the retirement of one quarter of the workforce in the next few years is alarming. How is the nation going to have sufficient capacity to prepare for and respond to pandemic influenza, a bioterrorism attack or another all-hazards public health emergency without these workers?

Therefore, APHA strongly stresses the need for Subcommittee to reconsider the removal of Subtitle B—Public Health Workforce under Title III—Public Health Security Preparedness. In order to ensure that there is an adequate pipeline of public health students graduating to fill in the vacancies left by retirement, there is a need to offer students scholarships so they choose to pursue a public health degree. To ensure that graduates with public health degrees enter the local, state and federal public health workforces, the creation of a federal loan repayment program is vital to ensure that despite lower salaries, the public sector is able to compete to attract qualified personnel. Specifically, APHA supports the incorporation of the language included in S. 506, the Public Health Preparedness Workforce Development Act of 2005, that would establish the Public Health Workforce Scholarship Program that would offer four-year scholarships to students in return for their commitment to be employed in federal, state, local or tribal public health agencies. Also, it would establish the Public Health Workforce Loan Repayment Program, which would provide for the repayment of student loans for individuals who work at such agencies for at least three years.

Ensuring Access to Care in the Event of a Public Health Emergency

The current draft of the Pandemic and All-Hazards Preparedness Act also needs to address how care will be provided during and after a public health emergency, especially to the uninsured.

Uninsured individuals will need to have access to appropriate countermeasures. Equally important, however, is that they are able to receive the medical care that they need. Without the creation of a standardized, emergency Medicaid designation before such an emergency occurs, these individuals will be less likely to receive care. If they do receive care, health providers, such as hospitals, will be increasingly financially strained due to uncompensated care. In the event of a flu pandemic, when millions could be hospitalized and be in need of medical care, this may mean that hospitals and other health providers will have to shut their doors.

Despite the utilization of Medicaid waivers following Hurricane Katrina, waivers are not suitable mechanisms to ensure access to care for some of our nation's most vulnerable in the event of a public health emergency. This is especially true in response to such public health emergencies as pandemic flu, where the situation can change in a matter of hours and days resulting from its quick spread from person to person. Therefore, before such an event occurs, an emergency Medicaid designation needs to be created for low-income, uninsured individuals. Such a designation would be similar to what Senators Grassley and Baucus attempted following Hurricane Katrina with S. 1716, the Emergency Health Care Relief Act of 2005.

Additional Section by Section Comments

Title I—National Preparedness and Response, Leadership, Organization and Planning

Sec. 2801

APHA supports the Secretary of Health and Human Services as the lead on all federal public health and medical response to all-hazards public health emergencies. However, APHA believes that the Subcommittee should reconsider the roles of such agencies as HHS in the operationalization of that National Response Plan in response to pandemic influenza. It is unclear what the relationship between HHS and the Department of Homeland Security would be in this regard, as the expertise on this issue lies within HHS, yet DHS is named the agency responsible for coordinating the overall federal response of an influenza pandemic. The NRP also fails to acknowledge that the response to such public health emergencies as pandemic flu that are by name not related to public health or medicine really should follow HHS's lead in terms of responding. For example, transportation restrictions in the event of pandemic flu would be triggered by findings within HHS, not the Department of Transportation.

Sec. 2811

APHA believes that the relationship between the Assistant Secretary for Preparedness and Response at HHS and the Chief Medical Officer at the DHS needs to be clarified to avoid duplication and overlap in responsibilities.

Outside of that, APHA is extremely concerned with the transfer of authority of several programs and initiatives currently housed in the Centers for Disease Control and Prevention, the Health Resources and Services Administration and other agencies to the Assistant Secretary for Preparedness and Response at HHS. The expertise to manage these programs effectively and efficiently lies within these respective agencies, not within the new office. The agencies that have been administering the Hospital Cooperative Agreement Preparedness Program, the Strategic National Stockpile and the Cities Readiness Initiative have been successful in their efforts. The transfer of these programs to the Assistant Secretary, in an attempt to consolidate them under one roof, will likely undermine their success and effectiveness due to a lack of expertise, especially without the staff to support the program.

Title III—Public Health Security Preparedness

Sec. 301

APHA supports the provision of grants to states and other eligible entities to be able to annually test and exercise their public health and medical health emergency preparedness capabilities. These can be used to supplement what has been given out for pandemic influenza, and is a step in the right direction towards assuring that localities see and are able to use some of those dollars. If federal criteria are developed for pandemic influenza plans, APHA stresses that they need to be flexible enough to take into consideration the differences between states—it cannot be a one size fits all criteria.

Sec. 302

APHA supports the creation of a real-time electronic, nationwide public health situational system to enhance early detection of and rapid response to disease outbreaks and all-hazards public health emergencies. However, subsection (d)(3) Elements and subsequent subsections that mention the list of entities included in (d)(3) need to include public health laboratories, which are very different from public or private clinical laboratories. Local and state public health laboratories will be on the front-line in confirming cases of avian and pandemic flu.

Sec. 303

APHA supports a review of workplace standards to protect health care workers and first responders. This is especially relevant as the Occupational Safety and Health Administration has not issued a standard specifically relevant to infection control in an influenza pandemic.

Sec. 304

APHA supports the creation of a tracking system for vaccines and other countermeasures. Such a tracking system should be dual-use in nature, used both for seasonal AND for pandemic flu. Overall, APHA welcomes the term “influenza vaccine” as encompassing both seasonal and pandemic flu vaccines, not just the pandemic vaccine. A dual-use tracking system will be more effective than having two separate systems, as it would allow for the system to be perfected during the annual flu seasons leading up to an eventual pandemic. We already have problems reaching priority populations and ensuring they get the seasonal flu shot in a timely manner; this tracking system would hopefully improve the rates of these populations getting vaccinated. If we can become successful in reaching these populations during annual flu seasons, then there is a higher probability for success for us being able to reach populations most at risk during a pandemic.

Although tracking is a great step in the right direction, more needs to be done to ensure that individuals most at risk receive appropriate countermeasures. The public needs to be educated first about the importance of receiving a flu shot every year, which will make them more likely to be open to receiving a countermeasure in the event of a pandemic. If the national response to pandemic flu is going to include the mass distribution of vaccines, antivirals and other countermeasures, we need to have an educated public that knows what’s at stake. Language such as that included in S. 1828, the Influenza Vaccine Security Act of 2005, needs to be incorporated into this legislation.