

Protection and Security: All Hazards Preparedness and Response



Program	FY 2016 Appropriation	FY 2017 President's Budget	FY 2017 ASTHO Recommendation
CDC			
Public Health Emergency Preparedness Cooperative Agreements	\$660,000,000	\$660,000,000	\$750,000,000
ASPR			
Hospital Preparedness Program	\$255,000,000	\$255,000,000	\$350,000,000

No state or community can ever be completely prepared to address the health and medical consequences of a major disaster, terrorist event, infectious disease outbreak, or pandemic. However, thanks to federal investments in preparedness and response initiatives, states have spent the last 15 years significantly improving and demonstrating their capacity to prevent, detect, respond to, recover from, and reduce the effects of a full range of threats and hazards. This is accomplished through planning, training and exercises, enhanced disease surveillance, laboratory testing, improving patient care surge and decontamination capacity, and making pharmaceutical and other medical supplies available for rapid deployment in communities.

State, Territorial, and Local Public Health Emergency Preparedness

Much like military, medical, and emergency personnel, public health responders must be properly equipped, trained, exercised, and able to respond quickly in time of disaster. Public health responders must also have and safely maintain stockpiles of life-saving medicines; sufficient personal protective equipment, such as gloves, masks, and respirators; and laboratory and communications equipment that is up to date and properly functioning.

Protecting the Public's Health Is a Matter of National Security

- Protecting and securing the nation's public health requires ongoing investment in a workforce of skilled public health professionals engaging in planning, drills, and training.
- Public health protection and security occurs every day, not just during large-scale events.
- Protection and security applies not only to our preparedness and response capacity, but also to the entire public health infrastructure.

CDC's Public Health Emergency Preparedness Cooperative Agreements

CDC's Public Health Emergency Preparedness (PHEP) program provides critical funding to maintain and improve state and local health departments' capabilities to prepare for and respond to a range of public health threats. The federal dollars delivered through PHEP are specifically targeted to develop emergency-ready public health departments that are flexible, adaptable, and resilient. It is vital that this funding continues in order to provide our nation's public health departments with the necessary tools to respond quickly and collaboratively to the public health emergencies that are inevitable in our communities.

ASPR's Hospital Preparedness Program

ASPR's Hospital Preparedness Program (HPP) provides critical funding to state and local health departments to enhance overall healthcare surge capacity in public health emergencies. The federal dollars delivered through HPP have strengthened the coordination of activities within the network of healthcare coalitions and capabilities of hospitals throughout the country, which require special resources to respond to numerous natural and manmade disasters. Coordinating the planning, training, and exercising efforts with hospital partners is an essential factor in preparing hospitals to assess and treat patients falling victim to mass casualty events or infectious diseases such as Ebola, pandemic influenza, and Zika. It is vital that this

funding continue to provide our nation's hospitals with the tools necessary to respond quickly and collaboratively to all public health emergencies.

Public Health Response to National Disasters and Infectious Diseases

State public health agencies respond to health threats every day. We must maintain the progress that has been made and continue to improve our state of readiness for all hazards. In the last year, public health agencies effectively responded to major events, including severe weather, a severe HIV outbreak in Indiana, highly pathogenic avian influenza, wildfires, active shooter events, preparations for national security events, and the onset of the Zika virus outbreak. Due to federal investments in public health preparedness, states were able to protect lives during these events and minimize health risks to these communities.

The important work of protecting the public's health and safety is not limited to high-profile events like those described above. State public health assists with less visible events every day, whether it's relocating nursing home residents due to a wildfire, investigating a foodborne disease outbreak, or responding to a norovirus outbreak in a school system.

The domestic response by state and local health agencies to the Ebola epidemic in West Africa demonstrated the critical need for a strong and ready public health preparedness and response infrastructure. The capabilities used for Ebola prevention, detection, and response also apply to many other public health hazards, including information sharing, risk communication, surveillance, epidemiological investigation, laboratory testing, and worker safety and health. The domestic response to Ebola further demonstrated the need to integrate the entire public health enterprise across federal, state, and local governments, public and private sectors, and diverse communities. Public health professionals from across the nation came together in a combined response to the Ebola outbreak, and these type of efforts may also be necessary for future responses.

Currently, state health agencies are mounting a response to the Zika virus that requires both traditional human surveillance and disease detection and vector surveillance and control activities. Emerging mosquito-borne disease threats like dengue fever, chikungunya, and now Zika send a strong signal for the need to revitalize and expand our country's vector control programs, especially in high risk areas.

Future responses to public health emergencies must include the ability to address new challenges and manage the consequences associated with extreme weather events, technological challenges surrounding cybersecurity, and violent extremism. However, we cannot ignore the fact that the nation's public health system will also face not-so-new public health threats like vector-borne (e.g. mosquitoes) and foodborne illnesses and environmental hazards that threaten the quality and safety of our water and air, which would also warrant a strong and effective public health action.

To maintain a robust system to plan for and respond to "everyday" and major health emergencies, PHEP and HPP funding streams are crucial and require a sustained, consistent commitment. This funding has eroded since 2006, and cannot be relied on to be replenished during emergencies. The resources, relationships, and capabilities developed and supported through PHEP and HPP programs that ensure the quality of these responses and saved lives cannot be developed overnight and must be maintained on a steady basis to truly achieve the desired state of readiness to protect our homeland.