THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

June 14, 2002 Volume 6, Number 11

INSIDE THIS ISSUE…

EDITOR'S NOTE: The announcement by the Bush Administration of a new department of Homeland Security sets the stage for one of largest reorganizations of government since the ending of World War II. Overall, the proposed plan call for the consolidation of more than 100 programs within the federal government, to be accomplished by the end of this year. NIH and CDC would contribute funds to the new agency, which will have a budget exceeding $38 billion. Public health can and should have an important focus within the reorganization, although it is too soon to say how that would be structured. Public health organizations now have their work cut out to ensure that public health continues to receive appropriate public health oversight as the new department is formed. Details about the proposed new department and the activities underway to establish it are included in this Washington Report.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Regulations cited can be accessed via http://www.gpo.gov

WHITE HOUSE ANNOUNCES ORGANIZATION OF THE DEPARTMENT OF HOMELAND SECURITY – The White House released the following statement regarding the creation of a cabinet level agency to oversee a comprehensive department.

“Terrorists today can strike at any place, at any time, and with virtually any weapon. This is a permanent condition and these new threats require our country to design a new homeland security structure.

“The United States faced an enormous threat during the Cold War. We created a national security strategy to deter and defeat the organized military forces of the Soviet bloc. We emerged victorious from this dangerous period in our history because we organized our national security institutions and prepared ourselves to meet the threat arrayed against us. The United States is under attack from a new kind of enemy – one that hopes to employ terror against innocent civilians to undermine their confidence in our institutions and our way of life. Once again we must organize and prepare ourselves to meet a new and dangerous threat.

“Careful study of the current structure – coupled with the experience gained since September 11 and new information we have learned about our enemies while fighting a war – has led the President to conclude that our nation needs a more robust and unified homeland security structure.

“Mission of the New Department

The mission of the Department of Homeland Security would be to:

* Prevent terrorist attacks within the United States;
* Reduce America’s vulnerability to terrorism; and
* Minimize the damage and recover from attacks that do occur.

“The Department of Homeland Security would mobilize and focus the resources of the federal government, state and local governments, the private sector, and the American people to accomplish its mission.

“Organization

The creation of the Department of Homeland Security would empower a single Cabinet official whose primary mission is to protect the American homeland from terrorism. The Department of Homeland Security would have a clear, efficient organizational structure with four divisions.

* Border and Transportation Security

* Emergency Preparedness and Response
* Chemical, Biological, Radiological, and Nuclear Countermeasures
* Information Analysis and Infrastructure Protection

“Even after creation of the new Department, homeland security will still involve the efforts of other Cabinet departments. The Department of Justice and the FBI, for

example, will remain the lead law enforcement agencies for preventing terrorist attacks. The Department of Defense will continue to play a crucial support role in the case of a catastrophic terrorist incident. The Department of Transportation will continue to be responsible for highway and rail safety, and air traffic control. The CIA will continue to gather and analyze overseas intelligence. Homeland security will continue to require interagency coordination, and the President will still need a close adviser on homeland security related issues. Accordingly, the President intends a strong continuing role for the White House Office of Homeland Security and the Homeland Security Council."

Analysis and Activities Update – The White House Homeland Security Department proposal, which is very sketchy, includes a transfer of all of HHS' current bioterrorism budget and 300 FTEs to the new department. This has appropriately aroused deep concern within the public health community which feels that public health terrorism preparedness activities should remain within the domain of public health agencies, namely CDC. The NIH portion of the transferred budget is expected to be contracted back – or passed through – to NIH for the actual conduct of the research activities. It is hoped that, at the very least, this kind of arrangement would be developed for CDC as well, but seasoned Congressional staff have difficulty envisioning how that would work, particularly for the state and local health department grants. Currently, the White House is preparing the legislative proposal for the new department and is expected to provide it to Congress as early as next week.

Congress, in turn, has already organized how it will structure its review of the legislation among the myriad Committees and Subcommittees with jurisdiction. The Senate will involve all of the relevant committees, with Government Affairs in the lead. Majority Leader Daschle said yesterday that the end result of the various Committee work on the White House proposal would be an amendment to Senator Lieberman's bill which passed the Government Affairs on a party line vote last month. The House will begin with Government Reform and all relevant committees doing their respective work on the White House proposal, but then their revisions will be reviewed, melded and "rationalized" by an overarching leadership select committee headed by Majority leader Dick Armey (R-TX). Both Houses are claiming to be done with Committee work by the August recess. The House has laid out a schedule of the Committees finishing in three weeks and the select committee finishing in two weeks with the bill on the House floor in early September.

Public Health groups (ASTHO, CSTE, APHL, NACCHO) are actively to formulate their joint message and rationale to the Administration, and Congress and deliver the message and deliver it as soon as possible. To view the White House proposal: http://www.whitehouse.gov To view Sen. Lieberman's bill: http://thomas.loc.gov/cgi-bin/query

HHS APPROVES STATE BIOTERRORISM PLANS SO BUILDING CAN BEGIN-- HHS Secretary Tommy G. Thompson June 6 approved comprehensive state plans to build stronger public health systems and better prepare for bioterrorism, marking the first time that federal, state and local governments have created a unified plan for responding to public health emergencies resulting from terrorism.

With full approval of their plans, states, territories and municipalities receive the remaining 80 percent of their share of nearly $1.1 billion in bioterrorism grants and can begin building stronger public health systems, covering the spectrum from stronger disease surveillance to better-prepared hospitals.

"This is the first time that federal, state and local governments have come together on a unified plan to strengthen our public health system and better prepare to respond to a terrorism attack," Secretary Thompson said. "With these plans, we can now more aggressively build our health systems, providing greater protection and care for our citizens. These plans will usher in a new era of cooperation between all levels of government when it comes to protecting the public's health."

President Bush signed into law in January a bioterrorism appropriations bill that sent $1.1 billion to 62 states, territories and three major cities (Chicago, Los Angeles and New York City) to strengthen local capabilities to deal with public health emergencies related to terrorism. The District of Columbia was counted as a state in the funding formula.
In releasing details of the grant program on Jan. 31, Secretary Thompson asked governors and the three mayors, in conjunction with their health departments, to develop comprehensive plans to use the grant money to strengthen preparedness. The secretary immediately released 20 percent of the money for each state or municipality, with the remaining 80 percent to be released upon approval of each plan. The same rules applied for the eight U.S. territories.

Over the past month, HHS experts have reviewed and approved the majority of each plan. Twenty-four states and two cities had their plans fully approved. Twenty-four states and one city most of their plans approved but had some funds withheld pending further review or refinement of a portion of the plan. And two states, Washington, D.C., and all eight U.S. territories were given an extension for their plans. Information on each state is available at http://www.hhs.gov/news/press/2002pres/20020606b.html. Information on benchmarks is available at http://www.hhs.gov/news/press/2002pres/20020606a.html. A chart is also available at http://www.hhs.gov/ophp/funding/.

Secretary Thompson praised governors, state public health departments and municipal leaders for developing their plans in such a short period of time. The states overall did a strong job of meeting the established benchmarks, which is reflected by the fact that states received all or most of their funds.

Secretary Thompson said HHS will now work with states, cities and territories on implementation of their plans, providing technical assistance and expertise. The department has asked states for progress reports on Oct. 1.

"It is impressive how quickly states and municipalities were able to put together these plans. It shows how serious states are taking the need for preparedness and their dedication to getting the job done," Secretary Thompson said. "Now that we have good plans, we need to get on with building. There's more work to do. We will continue to

work with states on implementing their plans and strengthening areas of their plans that need more work."

States and local governments will use grant money to further develop comprehensive bioterrorism preparedness plans, upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties, expand public health laboratory and communications capacities, and improve connectivity between hospitals and city, local and state health departments to enhance disease reporting.

The HHS preparedness funding is divided into two parts. HHS' Centers for Disease Control and Prevention is providing $918 million to support bioterrorism, infectious diseases, and public health emergency preparedness activities statewide. HHS' Health Resources and Services Administration is providing $125 million for states to create regional hospital plans to respond in the event of a terrorism attack. Hospitals play a critical role in both identifying and responding to any potential terrorism attack or disease outbreak. HHS experts have reviewed each state and municipal plan as to whether they have met benchmark criteria for these two areas.

Separately, HHS' Office of Emergency Preparedness will provide $15 million this year to local communities to further build and strengthen support of the Metropolitan Medical Response System (MMRS). The MMRS funding will add an additional 25 new cities to those which have already received funding in past years and will mean that 80 percent of the U.S. population will be covered by an MMRS plan. MMRS contracts are especially aimed at improving local jurisdictions' ability to respond to the possible release of a chemical or biological disease agent, but also serve to improve local response to any event involving mass casualties.

While bioterrorism preparedness is the impetus behind these grants and plans, Secretary Thompson said the ultimate benefit will be a stronger, more unified public health system that is better able to care for the public -- whether during the routine of the winter flu season or the stress of a terrorism attack.

"For too long, we've neglected our public health system in America," Secretary Thompson said. "Now we have resources to build it up and we must seize this opportunity. It will pay large dividends in our ability to care for our citizens."
A table showing state-by-state funding levels is available at http://www.hhs.gov/news/press/2002pres/states.html.
A table showing MMRS funding levels is available at http://www.hhs.gov/news/press/2002pres/mmrs.html.