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July 2, 2002

The Honorable Joseph Lieberman
United States Senate
Washington, D.C. 20510

RE: Department of Homeland Security

Dear Senator Lieberman:

The Council of State and Territorial Epidemiologists (CSTE) is pleased that the President's proposal for a new Department of Homeland Security recognizes that public health, at the federal, state and local level, has an important role to play in our national security. On behalf of our organization, I would like to offer comments for your consideration on the role of public health in bioterrorism prevention and response. While we support the efforts to assure better coordination of the many agencies currently involved in protecting our nation from terrorist attacks, we have some concerns about the respective roles for the new agency and the Department of Health and Human Services (HHS) and its agencies.

CSTE is a professional association representing the 57 states and territories and over 400 public health epidemiologists working in states, territories, local and federal health agencies. Public health epidemiologists work together to detect, prevent, and control conditions that impact the public's health.

In a terrorist event involving biological agents public health epidemiologists have been recognized as the first responders. They are critical to detecting an event early, and providing on-going information to contain, control and minimize the effects of an attack. A bioterrorist attack, unless announced, or revealed through some fortuitous means, will unfold like any naturally occurring outbreak of disease. The same epidemiologists experienced at detecting and investigating naturally occurring disease outbreaks are best prepared to detect and respond quickly to a deliberate attack. This dual-purpose system is the main protection that our country can have against a bioterrorist attack, and will only be successful if it is tightly integrated into the existing public health surveillance system, and staffed by public health surveillance experts with on-going responsibility for both bioterrorism and every-day public health emergencies.

Recently enacted legislation, *Public Health Threats and Emergencies Act of 2000* and the *Public Health Security and Bioterrorism Response Act of 2002*, fully recognizes that a strong public health infrastructure is essential for bioterrorism preparedness. This infrastructure must include adequate numbers of trained professionals available around the clock at all levels of government, active surveillance, good laboratory facilities, and redundant communications. Public health infrastructure and bioterrorism preparedness are so closely related that we believe the nation cannot have one without the other.

The relationships developed and nurtured among state and local health departments, and with the Centers for Disease Control and Prevention (CDC) as well as with medical, laboratory, and other essential partners in detecting and responding to health threats are the backbone of public health protection. Public health departments throughout the country and the CDC have a long history of working together on outbreak investigations and disease control surveillance that spans several decades, and responding to bioterrorist events will have many similarities to routine outbreak response.

The focus of the new Department will be national security. Bioterrorism is a national security issue, and should receive appropriate attention in the new agency. CSTE appreciates that federal bioterrorism activities need coordination and oversight, and supports establishing HHS/CDC coordination with the new Department of Homeland Security. However, the focus of bioterrorism preparedness activities must be building a strong public health infrastructure that can respond daily to public health threats, and when needed also to bioterrorism threats. Progress has been made in building the programs necessary to strengthen public health infrastructure for bioterrorism within this broader context. If these programs are moved into the new Department, this may create a disconnect between bioterrorism preparedness and other essential components of infectious disease response and control, compromising the ability of public health officials at the state and local level to work effectively. Such move could jeopardize the dual-purpose nature of bioterrorism preparedness activities that is so essential for a successful response strategy.

For these reasons, CSTE believes that the Department of Health and Human Services (HHS), and particularly the CDC, should continue to have direct responsibility for programs related to the public health infrastructure for infectious disease recognition, investigation and response, including bioterrorism.

Sincerely,

Gianfranco Pezzino, MD, MPH
President

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