

Background

In 2012, 11 major natural disasters, including Superstorm Sandy and Hurricane Isaac, resulted in the loss of over 300 lives. Additionally, each of these 11 disasters surpassed \$1 billion in damages.¹ Tornadoes touched down across the Great Plains, Texas, the Southeast, and the Ohio Valley while wildfires raged in the West. New and emerging infectious diseases that threaten to become the newest pandemic in the footsteps of HIV/AIDS, H1N1, and SARS are also a constant public health concern. In addition, there remain determined individuals who would not hesitate to use biological, chemical, or radiological agents to harm our communities.

The Office of Public Health Preparedness and Response (PHPR) coordinates the Centers for Disease Control and Prevention's (CDC) public health-related emergency preparedness and response efforts. However, state and local health departments are the first responders in any public health incident and the first to detect threats and address the community's needs. CDC, in collaboration with our state and local partners, must work to enhance our capability to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk. CDC supports our state and local partners by providing funding, building capacity, offering technical assistance, and championing their role in protecting the public's health.

A secure and resilient nation requires a comprehensive approach to building and sustaining preparedness. CDC provides life-saving response to chemical, biological, radiological, and nuclear threats, as well as other public health emergencies – one of the few federal agencies providing surveillance and response 24 hours a day, 7 days a week, 365 days a year. The agency also provides funding and scientific expertise to state and local health departments to protect health and safety in the United States.

CDC's public health preparedness program takes an all-hazards approach to securing our nation's health. This includes building capacity in state and local health departments for both large and low-probability events (such as a hurricane or influenza pandemic), as well as addressing routine public health emergencies such as foodborne outbreaks. Key aspects of the agency's public health preparedness program include:

- working 24/7/365 to recognize and respond to emergencies;
- providing medical countermeasures;
- monitoring and securing some of the most dangerous pathogens in the world;
- funding and training states for planning and exercising; and
- supporting healthcare preparedness.

¹ National Oceanic and Atmospheric Administration, Preliminary Info on 2012 U.S. Billion-Dollar Extreme Weather/Climate Events. Accessed May 29, 2013 at URL <http://www.ncdc.noaa.gov/news/preliminary-info-2012-us-billion-dollar-extreme-weatherclimate-events>.



LOCAL, STATE, AND FEDERAL RESPONDERS TEAM UP AGAINST SUPERSTORM SANDY

On October 29, 2012, Superstorm Sandy made landfall just south of Atlantic City, New Jersey. The largest Atlantic tropical storm on record, Sandy was responsible for loss of life, record flooding, power outages, and the destruction of thousands of homes. Within five days, 24 states were impacted, causing more than \$70 billion dollars in damage.

The initial response to a disaster falls on the local government's emergency services, the state, and volunteer agencies. For a catastrophic disaster, the governor of a state can request federal resources, including a major disaster declaration from the President. This declaration puts into motion immediate response assistance as well as long-term federal recovery programs.

For Sandy, the President signed emergency declarations while the storm was still hundreds of miles away, allowing the states to request federal funding and other assistance in advance of the storm. This state of emergency brought together government agencies at the local, state, and federal levels, non-profit organizations, and for-profit businesses to meet the needs of the community and to respond. Local and county health officials played a critical role in setting up both local and medical-need shelters, ensuring food and water safety, and educating the public about mold removal, carbon monoxide poisoning, and how to be safe while doing recovery work.

To aid in recovery and response, HHS deployed more than 1,200 personnel to New York and New Jersey, providing public health and medical assistance following the devastation of Superstorm Sandy. At CDC, the Emergency Operations Center coordinated CDC's response with state and local health departments, and the Strategic National Stockpile (SNS) deployed personnel and seven Federal Medical Stations (FMS)² to locations in New Jersey and New York. In addition, a number of Commissioned Corps officers were deployed as part of Rapid Deployment Force teams staffing the FMS.

² FMS are rapidly deployable stations that provide resources to care for displaced persons with nonlife-threatening health needs or chronic conditions (such as respiratory illness or diabetes) that cannot be met in a general population shelter during an incident. The stations are stocked with beds and supplies to care for up to 250 patients for three days.

Legislative Authority

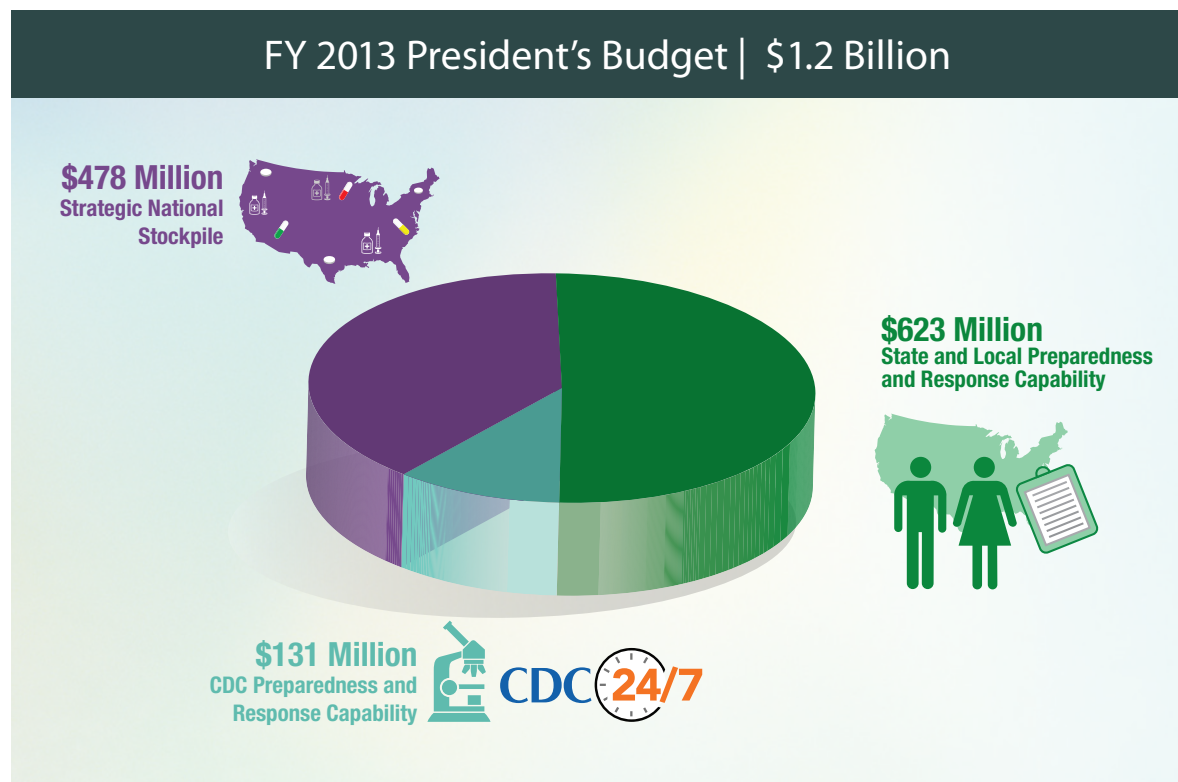
When states are prepared to respond, communities are better protected and more resilient in the face of threats. Multiple components of the U.S. Department of Health and Human Services (HHS) provide guidance, support, coordination, and resources to states and localities to strengthen their public health preparedness and response activities.

Under the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), HHS is the lead agency for the National Response Framework (NRF) Emergency Support Function 8 (ESF 8). The NRF guides how the United States conducts all-hazards response. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters. ESF 8 is the emergency support function that outlines federal actions to supplement state, local, and tribal resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, or developing health and medical emergencies.

National public health preparedness is a shared responsibility. HHS public health preparedness and response activities are coordinated by the Assistant Secretary for Preparedness and Response (ASPR), the principal advisor to the HHS Secretary on all matters related to public health emergencies. ASPR leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning, response, and recovery; building federal emergency medical operational capabilities; countermeasures research, advance development, and procurement; establishing healthcare coalitions; and funding grants to strengthen the capabilities of hospitals and healthcare systems in public health emergencies and medical disasters. Through the National Disaster Medical System, ASPR provides federal support, including medical professionals, to augment state and local capabilities during an emergency or disaster. ASPR also leads the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), a coordinated federal effort to enhance chemical, biological, radiological, and nuclear threats and emerging infectious diseases preparedness from a medical countermeasure perspective. CDC is a key HHS partner in PHEMCE, as are the Food and Drug Administration and the National Institutes of Health.

At CDC, PHEMCE works around the clock to provide strategic direction, support, and coordination for public health response activities. This includes working with other offices across CDC as well as with local, state, tribal, national, territorial, and international public health partners. CDC staff monitor and respond to emergencies, conduct research and implement programs to bolster the nation's preparedness, and provide technical assistance to ensure state and local partners are ready to respond to events that threaten public health security. CDC's Emergency Management Program, operated out of the Emergency Operations Center (EOC), serves as a command center during emergencies. The EOC coordinates CDC expertise for efficient information exchange with state partners and deploys CDC staff and equipment to the emergency site. CDC's Strategic National Stockpile is also ready to deliver medicines and medical supplies to states when local supplies run out or are unavailable commercially.

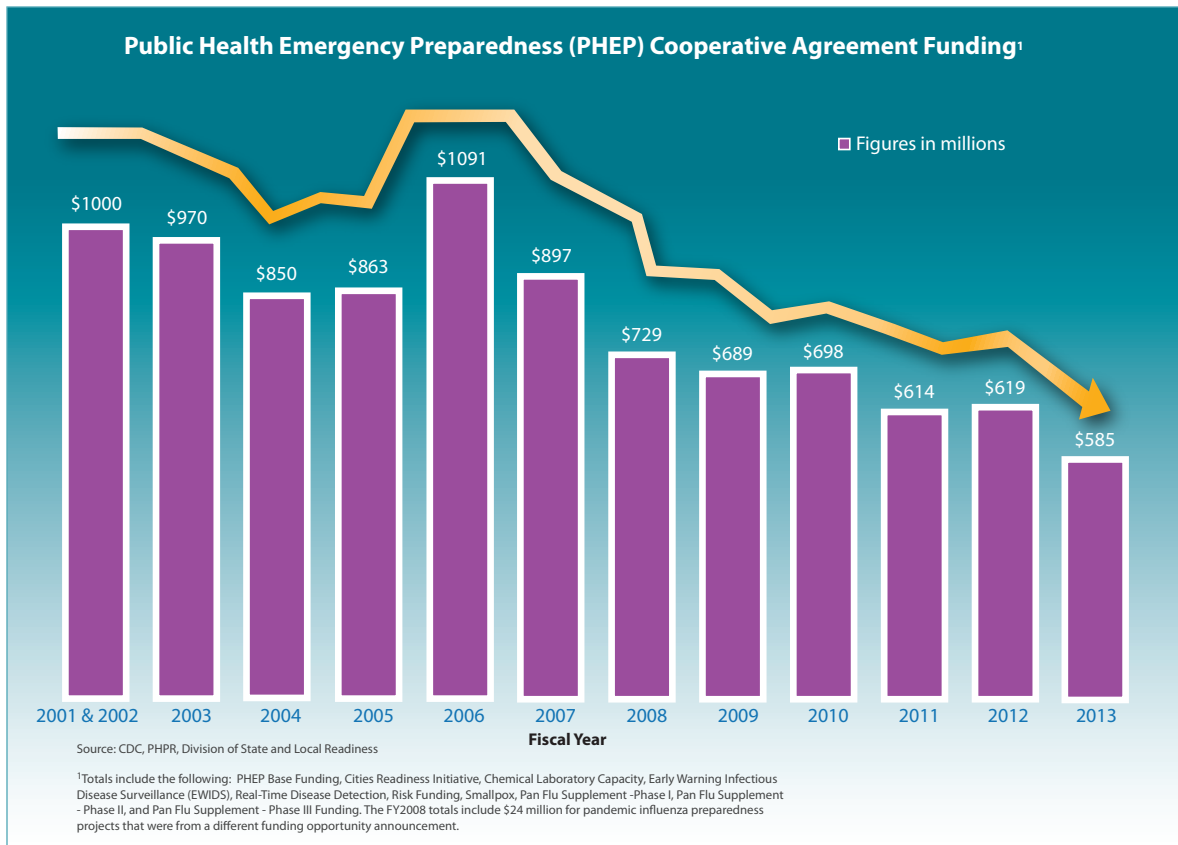
Through strategic investments in public health preparedness, CDC improves the ability of federal, state, and local public health authorities to prepare for and respond to all types of public health threats. In fiscal year 2013, Congress appropriated approximately \$1.2 billion to CDC's PPHR for these activities.^{3, 4}



The Strategic National Stockpile received a total of \$478 million for procuring, storing, and maintaining medical countermeasure assets; CDC Preparedness and Response Capability received a total of \$131 million; and State and Local Preparedness and Response Capability received \$623 million. Most of the latter category is utilized for the Public Health Emergency Preparedness (PHEP) cooperative agreement that provides funding and technical assistance to 62 "awardees"—the 50 states, 4 localities, and 8 insular areas (consisting of territories and freely associated states). Annual funding for CDC's public health preparedness and response activities is \$1 billion lower for fiscal year 2013 than for 2002, the first funding year after the terror attacks of September 11, 2001 and the anthrax attacks that followed.

³ The federal fiscal year begins on October 1 and ends on September 30 of the following year. Fiscal year 2013 began October 1, 2012, and ended on September 30, 2013.

⁴ PPHR's FY 2013 continuing resolution includes a reduction of \$65 million mandated by the Budget and Control Act of 2011 and the elimination of a \$30 million transfer from the Public Health and Social Services Emergency Fund. The funding levels shown do not include the Business Services Support realignment that is proposed for FY 2014.



As demonstrated in the PHEP funding chart above, CDC continues to work with reduced financial resources, which similarly affects state, local, and insular area public health departments. These and other funding decreases have resulted in more than 45,700 job losses at state and local health departments since 2008.⁵ These losses make it difficult for state and local health departments to continue to expand their preparedness capabilities, instead forcing them to focus on maintaining their current capabilities.

To achieve the greatest health impact, CDC focuses on three key priorities that are used as guideposts in this report. PHPR’s roadmap for meeting these priorities is the National Strategic Plan for Public Health Preparedness and Response (NSP). Aligned with the National Health Security Strategy, the purpose of the NSP is (1) to demonstrate CDC’s vision for public health preparedness for policy makers and national leadership and (2) to guide the agency’s national health security preparedness work.⁶ Within the NSP are eight objectives that align with CDC’s three priorities and will help lead to a stronger, more ready public health system to protect the nation’s health.

⁵ The Association of State and Territorial Health Officials, Budget Cuts Continue to Affect the Health of Americans: Update August 2012. Accessed on July 10, 2013 at URL [http://www.astho.org/Research/Data-and-Analysis/ASTHO-Budget-Cuts-Impact-Research-Brief-Update-\(August-2012\)/](http://www.astho.org/Research/Data-and-Analysis/ASTHO-Budget-Cuts-Impact-Research-Brief-Update-(August-2012)/).

⁶ The National Health Security Strategy is a comprehensive strategy focusing specifically on protecting people’s health in the case of an emergency.

The three priorities and the objectives that align to each are listed below.

1. Improving health security at home and around the world
 - Prevent and/or mitigate threats to the public's health
 - Promote resilient individuals and communities
 - Enhance stewardship of public health preparedness funds
2. Better preventing the leading causes of illness, injury, disability and death
 - Advance surveillance, epidemiology, laboratory science and service practice
 - Increase the application of science to preparedness and response practice
 - Strengthen public health preparedness and response infrastructure
 - Improve the ability of the public health workforce to respond to health threats
3. Strengthening public health-healthcare collaboration
 - Integrate public health, the healthcare system, and emergency management

The NSP is also a tool for increasing accountability of CDC's public health preparedness activities and investments. Specifically, PHPR uses the NSP to guide improvements in measurement and evaluation, which in turn demonstrates progress and identifies gaps in preparedness.

