

**Congress of the United States**  
**Washington, DC 20515**

January 19, 2006

The Honorable David M. Walker  
Comptroller General of the United States  
Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Mr. Walker:

On November 1, 2005, the Bush administration made an emergency request that Congress appropriate \$7.1 billion to prepare our nation in the event of a pandemic influenza outbreak. President Bush stated in his request that the funds are necessary in order, "to detect and contain outbreaks before they spread across the world, to protect the American people by stockpiling vaccines and antiviral drugs and accelerating the development of new vaccine technologies, and to ensure that Federal, State, and local communities are prepared for potential domestic outbreaks." We are requesting that the Government Accountability Office (GAO) evaluate prior public health preparedness programs such as the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and determine how these programs are being leveraged in support of the avian flu preparedness activities announced by the President in November.

As you know, the administration's request was not the first time that Congress and the Bush administration have attempted to prepare our country for a major public health crisis. Following the anthrax attacks of 2001, Congress and the Bush administration began to take steps to improve public health system preparedness. In 2002, Congress passed, and President Bush signed into law, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002" (P.L. 107-188). This was a 5-year authorization intended to help state and local health departments and hospitals to improve planning and preparedness activities, enhance laboratory capacity, educate and train health care personnel, upgrade and renovate CDC's facilities and expand the national stockpile of medicine and medical supplies to meet the nation's health security needs.

In October, 2003, and January, 2004, GAO reported to Congress on progress towards the goal of improving state and local preparedness to respond to bioterrorist events and other public health emergencies (GAO-04-152 and GAO-04-360R).

In January, 2004, GAO concluded that "Although states' progress fell short of 2002 program goals, CDC's and HRSA's cooperative agreement programs have enabled states to make much needed improvements in the public health and health care capacities

critical for preparedness. States are more prepared now than they were prior to these programs, but much remains to be accomplished” (GAO-04-360R).

Six months later, in July, 2004 President Bush signed “The Project BioShield Act of 2004” (P.L. 108-276) into law. This bill relaxed procedures for bioterrorism-related procurement, hiring, and awarding research grants, guaranteed a federal government market for new biomedical countermeasures and permitted emergency use of unapproved countermeasures. It also authorized up to a total of \$5.593 billion for FY2004 to FY2013 to purchase countermeasures and encourage research into countermeasures.

Although much of the media attention that focused on the threat of bioterrorism has shifted to the potential for a pandemic influenza outbreak, funds that were authorized and appropriated under both P.L. 107-188 and P.L. 108-276 were intended to increase the ability of the public health system to respond to a major public health event *regardless of whether the event was an act of bioterrorism or an act of nature*. Therefore, we believe that it is important to evaluate the successes and failures of these programs in the years since GAO last analyzed them, assess the progress that has been made since implementation, examine the current barriers to full implementation and determine the best options for building on the current structure. While we may need to implement some measures that are specific to preparing for the event of a pandemic influenza, it is also important to evaluate the overall readiness of the public health system and build on existing programs that have proven successful in increasing overall “all-hazards” preparedness.

To this end, we respectfully request that the GAO issue a report that examines issues such as:

1. To what extent are investments already made in federal programs designed to assist national public health preparedness efforts at the federal, state and local levels being used to ensure preparedness in the event of a pandemic influenza?
2. What are the limitations of the existing programs in terms of preparing for a pandemic influenza? What additional programs and/or resources need to be put in place in order to prepare the national public health system for pandemic influenza?
3. What is the overall U.S. public health preparedness with regard to the focus areas identified by the CDC, and the progress (or lack of progress) that has been made in these areas since the GAO report in January, 2004? Specifically, in:
  - a. Preparedness Planning and Readiness Assessment
  - b. Surveillance and Epidemiology
  - c. Laboratories (Biologic Agents)
  - d. Health Alert Network/Communications and Information Technology
  - e. Risk Communication and Health Information Dissemination
  - f. Education and Training
4. What is the nation’s overall hospital preparedness and surge capacity with regard to the priority areas identified by the HRSA and the progress (or lack of progress)

that has been made in these areas since the GAO report in January, 2004?

Specifically, in:

- a. Medications and Vaccines (stockpile receipt and distribution)
  - b. Personal Protection (for health care workers and patients), quarantine, and decontamination
  - c. Communications
  - d. Biological Disaster Drills
  - e. Personnel (i.e., hospital and emergency medical services)
  - f. Training
  - g. Patient Transfer
5. In January, 2004, GAO found that all states reported progress in developing the capacities CDC considers critical for public health preparedness. However, no state completed all requirements. Please assess the status of the states' progress towards meeting the CDC's 16 critical capacities for preparedness and the states' progress towards meeting the CDC's 74 requirements. Have all the states continued to progress towards developing those capacities? Have any of the states completed all of the requirements? Have any of the states capacities deteriorated since 2004?
  6. Have all of the states conducted needs assessments, met the critical benchmarks as defined by HRSA and addressed priority issues as required by HRSA? If not, which states have yet to meet which requirements?
  7. Please evaluate the effectiveness of CDC's and HRSA's cooperative agreement programs in enabling states to make improvements in the public health and health care capacities critical for preparedness. What recommendations does GAO suggest for improving the capacity of CDC, HRSA and other agencies to assist the states in their preparedness activities?
  8. In January, 2004, GAO found that hospital representatives cited two factors that hindered efforts to implement the cooperative agreements 1.) The redirection of resources to the National Smallpox Vaccination Program and 2.) Delays caused by lengthy contracting processes for distributing funds from the states to hospitals. What has been done since the last GAO report to eliminate these barriers? To what extent do these barriers still impede implementation of the cooperative agreements?
  9. In its January 2004 report, GAO found that state officials were concerned that HRSA funding was insufficient to accomplish the 2002 goals of the cooperative agreement program. What has been done since the last GAO report to ensure that states have adequate resources? To what extent has lack of resources impeded the states' ability to ensure public health preparedness? What programs need more resources in order to ensure public health preparedness?
  10. In the January 2004 report, GAO found that state officials were concerned that HRSA funds were spread thinly across many hospitals and other health care entities. What has been done since the last GAO report to ensure that hospitals have adequate federal resources? To what extent has lack of federal resources impeded the hospitals' ability to ensure public health preparedness?

The Honorable David M. Walker

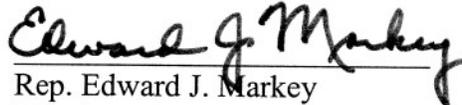
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11. In January, 2004, GAO found that state and local budget deficits led to hiring freezes and reductions in public health personnel. To what extent are state and local budget deficits limiting the states' abilities to hire adequate public health personnel?
12. Have the investments made in Project Bioshield contributed to increased public health preparedness for a pandemic influenza? If so, how? If not, please explain how the investments have increased general public health preparedness.

Thank you very much for your consideration of this request. If you have any questions please do not hesitate to contact Kate Reinhalter or Mark Bayer with Rep. Markey at 202-225-2836 or Chris Beck with Rep. Thompson at 202-226-2616.

Sincerely,

  
Rep. Edward J. Markey  
Member of Congress

  
Rep. Bennie Thompson  
Member of Congress