Statement of

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Representing

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(ASTHO)

Mr. Chairman and distinguished members of the Subcommittee, my name is Mary C. Selecky. I am the Secretary of the Washington State Department of Health, and I am honored to be testifying before you today as the President of the Association of State and Territorial Health Officials (ASTHO). I would like to thank the Chair and subcommittee members for convening this hearing on one of the most challenging issues facing the public's health and those charged with protecting it -- emerging infectious diseases, and specifically severe acute respiratory syndrome or SARS.

Not a day goes by that the public is not reading or listening to a news report or warning about SARS. While public concern mounts, federal, state, and local public health agencies working with their international counterparts and other partners are aggressively responding to SARS. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), in particular, are to be commended for their prompt attention to this worldwide health emergency.

In my remarks today, I would like to make four points:

1. Substantial Congressional investments in preparedness funding have enabled states to respond more effectively to emerging infectious diseases such as SARS.
2. Great progress has been made in enhancing public health capacity, much more needs to be done, and sustained support is essential
3. Federal, state and local public health agencies in collaboration with their international counterparts and other key partners are working cooperatively to address this serious public health concern.

4. The greatest obstacle to our efforts to combat SARS and future threats like it is the serious workforce shortage facing health agencies at the local, state, and federal levels. That shortage must be addressed if we hope to quickly, efficiently and effectively respond to emerging infectious diseases.

For the past two years, Congress has appropriated significant amounts of funding for public health preparedness activities at the federal, state, and local levels. There is no doubt that these resources have improved our ability to respond to SARS. They are particularly critical when dealing with a new disease such as SARS, and when the case count is growing. In Washington we currently have 26 suspect and two probable SARS cases. Public health preparedness funds have added four epidemiologists to our state communicable disease epidemiology unit, providing us with critical extra capacity to respond to all the SARS questions and to assist local health agencies and clinicians. These same funds have been used to organize nine public health emergency preparedness regions among our state's 35 local health agencies. The regional leads have also hired additional epidemiologists, and are providing leadership and support in the response to SARS as well as in emergency preparedness. Washington State, like most other states, is using the national Health Alert Network to disseminate official messages from the Centers for Disease Control and Prevention (CDC) across the public health system, and through local health agencies to physicians. Timely and accurate communications are absolutely essential when dealing with an infectious disease outbreak.

Cooperation and collaboration among public health agencies and other key partners has been critical to our SARS activities. Our colleagues at the CDC have done a terrific job in identifying and tracking the epidemic. Through numerous conference calls, videoconference broadcasts,

and HAN advisories, CDC has provided us with the latest information on SARS spread, infection control guidelines, and other information critical to combating the outbreak. They have sought and received our input and that of local health officials in the development of guidelines and public health measures. We have used similar mechanisms to rapidly convey all SARS information to our local health partners and clinicians.

As a former health officer for the Northeast Tri-County Health District in rural eastern Washington State, I know first hand about the importance of the capabilities that must be in place to assure that all citizens are protected. Local, state and federal health agencies each have a distinct and important role to play.

As a state that borders another country, and serves as a major port of entry, Washington must coordinate and collaborate with international health officials and with port agencies. We have always had good communication and coordination with health officials in British Columbia, and have increased that communication regarding SARS. We have also, with the local health agency responsible for King County, begun meeting with port officials for Seattle Tacoma International Airport to help them refine their entry processes, and to assure they know what to do should they receive a passenger who is suspected of having a communicable disease.

Let me give one example, drawn from my own experience. On March 22, a container ship arrived in Tacoma, Washington, after visiting Singapore, Hong Kong, and Taiwan. Several of the 26 crewmembers developed non-specific upper respiratory symptoms that may have fit the evolving SARS case definition. As the ship approached our state, my staff worked closely with the Tacoma-Pierce County Health Department and the CDC's Division of Global Migration and

Quarantine to plan a response. We had questions about whether the crew's symptoms were consistent with SARS, what authority we had to board and investigate, and who had authority to issue isolation or quarantine orders should it become necessary. We also worked with the port of Tacoma on actions they could take to limit public contact with the ship. The owner of the ship gave us full cooperation as we made our plans.

While CDC's Division of Global Migration and Quarantine was helpful, their resource limitations made it difficult to respond to all of the questions and calls for assistance pouring in from around the country. They also were not clear about various agencies' authority to manage potential international cases of the disease. By the time the ship approached Seattle, however, we had clarified responsibilities and developed a course of action. My staff boarded the ship, accompanied by staff of the local health agency and the Division of Global Migration and Quarantine. Together they examined the crew and determined that, since all were recovering from their illness, they did not present a threat to the public. Continuing, ongoing interaction with the Division of Global Migration and Quarantine was necessary as the ship departed Tacoma for ports in California and Hawaii. We worked with the CDC to make sure that state health officials in those jurisdictions were notified and could monitor the ship and its crew. We were able to deal effectively with this episode because public health leaders at all levels of government and their key partners worked together.

Stories like that one are the good news. The bad news is that local and state health departments face a serious shortage of trained public health professionals. According to a National Association of State Personnel Executives report, states are facing up to a 40% loss in employees due to retirements in the next 5 years, and the health workforce is the area in which the resulting

shortages will be most severe. We can have all of the sophisticated equipment and tests in the world, but without trained professionals to gather, analyze, interpret and disseminate data, our public health system will falter. We need to address workforce issues at the same time we address hardware, communications capabilities, bricks and mortar, and other aspects of our infrastructure.

SARS has highlighted some of our workforce concerns. The same public health workers who work on communicable diseases at the state or local level are expected to respond to emergencies -- most recently smallpox vaccinations, anthrax, and West Nile Virus. The public health nurses, disease investigators, environmental health specialists and other public health officials who are dealing with these other issues must also conduct investigations of suspected or probable SARS patients, ensure the proper retrieval of specimens, and help institute control measures. Above all, we must maintain active communication with the public. We can and do mobilize in times of crisis and can borrow staff from other areas of public health - but doing this stresses the entire system and is only possible for short periods. And the strains are not only felt at the state and local levels. CDC also needs additional manpower to cope with ever-mounting threats and challenges.

The last point I want to make is that despite the recent progress we have made in strengthening our public health infrastructure to deal with diseases such as SARS and other emerging threats to the public health, much more needs to be done. To date Washington State has investigated 28 suspect or probable SARS cases. What if we faced a situation like the one that has engulfed Toronto and that number suddenly increased to a few hundred? We would need many more epidemiologists to investigate all the cases and to take preventative actions. We would need

additional communications staff to handle media and public concerns. We would need laboratorians, public health nurses and many more specialists. Would we have the surge capacity to handle that number and for what period of time? Summer is fast approaching and West Nile Virus is already on our radar screen. Can we handle SARS, West Nile Virus **and** the usual food borne outbreaks at the same time? We hope so; but we recognize – and you need to recognize -- that limited resources hamper our ability to deal quickly and effectively with the vast array of public health challenges that face us daily.

In closing, I wish to thank Congress for the preparedness funding it has provided in the last two years. It was a critical beginning, but this cannot be seen as a "two shot" effort. Decades of neglect of our nation's public health infrastructure make continued federal investments essential. The public health community stands ready and willing to tackle SARS and other public health concerns. We look to you to help ensure that we have the necessary resources to do our job.

Thank you for this opportunity. I would be pleased to answer any questions you may have.