

Watchdogs Press for Further Bioterrorism Drug Preparations in U.S.

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The United States should increase its focus on preparing new drugs for use in responding to bioterrorist attacks, in part through "robust federal funding" of development and distribution activities, a public health watchdog organization said in a report issued on Wednesday.

Despite "significant progress" in bolstering medical response measures since the anthrax mailings of 2001, "we have found there are continued and persistent gaps in the country's ability" to address a wide range of potential medical crises, Trust for America's Health Executive Director Jeffrey Levi said in a telephone discussion with reporters.

Public health spending fell in 29 states between fiscal years 2011 and 2012, according to the report. Levi said the drop marked the second consecutive annual funding decrease for 23 of those states and the third such cut in more than half. The Centers for Disease Control and Prevention reduced its funding of state and local medical readiness efforts by 38 percent between fiscal years 2005 and 2012, the report says.

"This has a huge impact on public health preparedness," he said, noting that states and local jurisdictions have slashed more than 45,000 public health jobs in the last four years.

"Health departments really have done a remarkable job in coping with those cuts and in doing more with less," said Paul Kuehnert, the Robert Wood Johnson Foundation's public health team director. "But by and large, we're really beyond that point where efficiencies are going to be able to make it possible local health departments to cope with these kinds of issues."

The assessment emphasizes the importance of renewing a 10-year, multibillion funding tranche to finance private-sector development of vaccines and other medical treatments for use in emergencies. The Bioshield Special Reserve Fund would receive \$2.8 billion between fiscal years 2014 and 2018 under legislation to reauthorize the Pandemic and All-Hazards Preparedness Act.

The impending expiration of the 6-year-old law, which includes various additional measures to strengthen U.S. medical response capabilities, is the "equivalent of the 'fiscal cliff' that preparedness is about to go over," Levi said.

The report also urges additional funding for the federal Biomedical Advanced Research and Development Authority, which seeks to advance developmental WMD medical countermeasures from their initial experimentation phase to completion. The Obama administration requested a 31.7 percent increase in fiscal 2013 appropriations for the Health and Human Services Department office, but a short-term funding measure has held spending at levels from the prior spending plan into the budget year that began on Oct. 1.

The White House should clarify and coordinate "roles and responsibilities" concerning medical countermeasure preparations, according to the assessment. In a separate 2012 analysis cited by the study, Bush-era biodefense policy chief Robert Kadlec said financial support for WMD drug defenses has been "diluted" due in part to an insufficiently high-profile White House commitment to a "holistic" strategy against unconventional threats.

The Trust for America's Health and the Robert Wood Johnson Foundation pressed for additional detail to be made public on contracting decisions by Health and Human Services. Other priorities include measures to speed up procedures to fund drug preparations, including steps to establish "clear regulatory pathways" for licensing of new medicines by the Food and Drug Administration.

The document's authors called on Washington to establish an aim of bolstering "the development and procurement of pediatric medical countermeasures so that the right countermeasure, in the right dose and formulation, at the right time can be safely delivered to all children during an emergency."

The nation should establish "real-time, interoperable" capabilities for identifying and reacting to threats such as a deliberate or natural disease outbreak, according to the findings. However, Levi said the call does not imply an endorsement of proposed updates to a troubled network of biological-weapon agent sensors deployed in about 30 cities under the Biowatch program.

New Jersey, Pennsylvania and 11 other states lack a "surge capacity" to operate their medical laboratories with extended hours for six to eight weeks during a potential disease outbreak, the document says. Testing by such facilities "allows public health officials to gather enough information to track the pandemic and monitor any genetic mutations or changes," the report indicates.

Laboratory Response Network facilities in Massachusetts carried out cuts since last year to analytical capabilities intended to aid in responding to possible chemical strikes, the document adds. The nation's capital refused to specify whether it had carried out similar reductions.

Correction: An earlier version of this article inaccurately said the District of Columbia had since 2011 made funding cuts to analytical capabilities intended to aid in responding to possible chemical strikes. The D.C. government declined to state whether it had made such reductions, according to a private health watchdog organization.