April 2003

BIOTERRORISM

Preparedness Varied across State and Local Jurisdictions

GAO Highlights

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Highlights of GAO-03-373, a report to the Senate Committee on Health, Education, Labor, and Pensions; the Senate and House Committees on Appropriations; and the House Committee on Energy and Commerce

Why GAO Did This Study

Much of the response to a bioterrorist attack would occur at the local level. Many local areas and their supporting state agencies, however, may not be adequately prepared to respond to such an attack. In the Public Health Improvement Act that was passed in 2000, Congress directed GAO to examine state and local preparedness for a bioterrorist attack. In this report GAO provides information on state and local preparedness and state and local concerns regarding the federal role in funding and improving preparedness. To gather this information, GAO visited seven cities and their respective state governments, reviewed documents, and interviewed officials. Cities are not identified because of the sensitive nature of this issue.

What GAO Recommends

GAO recommends that the Department of Health and Human Services (HHS), in consultation with the Department of Homeland Security,

- develop specific benchmarks that define adequate preparedness for a bioterrorist attack and can be used by jurisdictions to guide their preparedness efforts; and
- develop a mechanism for evaluating and sharing useful solutions to problems among jurisdictions.

HHS and the Department of Homeland Security concurred with the recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-03-373.

To view the full report, including the scope and methodology, click on the link above. For more information, contact Janet Heinrich at (202) 512-7119.

What GAO Found

State and local officials reported varying levels of preparedness to respond to a bioterrorist attack. Officials reported deficiencies in capacity, communication, and coordination elements essential to preparedness and response, such as workforce shortages, inadequacies in disease surveillance and laboratory systems, and a lack of regional coordination and compatible communications systems. Some elements, such as those involving coordination efforts and communication systems, were being addressed more readily, whereas others, such as infrastructure and workforce issues, were more resource-intensive and therefore more difficult to address. Cities with more experience in dealing with public health emergencies were generally better prepared for a bioterrorist attack than other cities, although deficiencies remain in every city.

State and local officials reported a lack of adequate guidance from the federal government on what it means to be prepared for bioterrorism. They said they needed specific standards (such as how large an area a response team should be responsible for) to indicate what they should be doing to be adequately prepared. The need for federal guidance has continued to be an issue as states have proceeded in their planning and preparedness activities with funding from HHS. For example, in their progress reports to HHS in late 2002 two states reported that they were seeking guidance from HHS on assessing vulnerabilities for foodborne or waterborne diseases and preparedness steps they should take for these hazards. One of these states has declared that it could not make further efforts on testing for these types of diseases until it receives more guidance.

State officials also expressed a desire for more sharing of best practices. Officials stated that, while each jurisdiction might need to adapt procedures to its own circumstances, time could be saved and needless duplication of effort avoided if there were better mechanisms for sharing strategies across jurisdictions. They stated that HHS was better positioned to know about different strategies that states were pursuing and they want information on the best practices.