

## Katrina reveals fatal weaknesses in US public health

The terrorist attacks that struck the USA on Sept 11, 4 years ago, obliterated the American people's trust in their intelligence services. Last week, Hurricane Katrina did the same for any illusions held by the people—or indeed the government—that the country was adequately prepared to cope with a large-scale public-health emergency.

Since 2001, fears for the future safety of the US population have focused on one thing alone: the potential dangers a bioterror attack could unleash. This obsession catapulted the issue of America's decaying public-health infrastructure from a state concern to a crisis that involved the entire nation. The worry was justified.

A damning report issued in 2002 by the Institute of Medicine claimed that governmental public-health agencies had long suffered "grave underfunding and political neglect". It criticised the country's "obsolete and inconsistent laws and regulations" governing public health, and derided the fragmentation of health responsibility, shared among officials at all levels of government. The uneven distribution of resources within the "increasingly fragile" health sector meant, the report claimed, that the health system would be unable to manage a large-scale emergency. Ironically, of only five cities visited by the authors during the report's preparation, one was New Orleans.

Hurricane Katrina's shattering intensity has ensured that concerns about the USA's health-response capacity are circulating once again. But, this time, the critics should have had fewer justifications. Significant boosts to funding for public-health infrastructure followed 9/11, along with plans to better coordinate emergency responses and improve communication between all levels of government. Crowning these efforts was a National Response Plan purporting to provide "the means to swiftly deliver federal support in response to catastrophic incidents". It was released in January this year, under the auspices of the Department of Homeland Security and its subsidiary the Federal Emergency Management Agency.

Last week marked the plan's first real test. It failed. The sheer scale of the devastation wrought by Hurricane Katrina and the subsequent floods certainly hindered relief activities. But for the response to have been so sparse and so late that thousands of people had to endure 6 parched and hungry days in the drowning city, the public-health authorities must have got things very badly wrong.

The problem with the National Response Plan is not

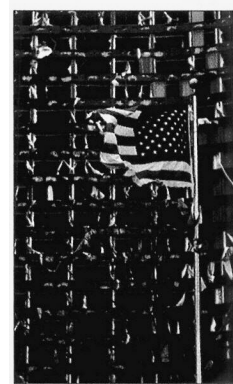
what it contains, but what has been omitted. While the central themes of the plan strongly emphasise fighting terrorism and national leadership, three key areas of administrative difficulty have been all but ignored. The first is that federal public-health recommendations lack the force of law. Because states have most authority over matters of public health, federal agencies cannot compel state health officials to implement national policies. Thus, while federal agencies aim for national coordination on preparedness, in reality they can do little more than advise.

The second unresolved issue is the necessity for security forces to negotiate with health experts for leadership in the event of a public-health emergency, wasting time and confusing lines of command. The reason behind this bureaucratic tangle is that health responsibilities are dispersed through numerous federal departments. Key emergency health responsibilities come under the jurisdiction of the Department for Homeland Security, rather than their perhaps more natural home at the Department for Health and Human Services.

The third, and perhaps most concerning issue, is the ongoing confusion over what public-health preparedness should be preparing for. Public-health officials are divided over whether to prioritise all-hazards preparedness or specific plans to counter a bioterror attack. Bioterrorism is clearly the government's priority, but this focus, and the funding bias that goes with it, limits states' flexibility to choose a broader approach to protecting public health. States also claim that if priorities are set nationally, their specific vulnerabilities will be ignored and responses will be slow and unwieldy. They are probably right.

Would Hurricane Katrina's aftermath have been less fraught had these issues been addressed? It is impossible to say. For not only did the USA shy away from a national priority list of public-health threats, it also failed to define what should constitute "prepared". Assessment criteria to test states' compliance with national obligations have been criticised as meaningless and impossible to measure.

A well functioning public-health system protects human life when disasters occur. Just how much the neglect of the US system hindered an effective response to Hurricane Katrina should weigh heavily on the shoulders of George W Bush, as he views images of stadia crammed with New Orleans' many homeless and hears the final counts of the dead. ■ *The Lancet*



See World Report page 881

See <http://www.nap.edu/catalog/10548.html>