

# Flu Commentary

## 2009-2010 Flu Season – Ready or not, here it comes

In their May 5 AC360° piece, “Get Ready for Pandemic,” Drs. Flynn and Redlener outline measures that should take place to prepare the nation for an influenza pandemic. We wholeheartedly agree with their conclusions, but believe the suggestions offered do not go far enough.

The nexus of healthcare is and should remain state and local governments. Given a federal presence and the dynamics of 56 states and territories, the result is likely to be evocative of the famous Heinz pickle tag line – 57 varieties.

The urgency of need to prepare for a pandemic, Mexican Swine Flu or otherwise, calls for dramatic, coordinated efforts. In his 1938 book *The Fight for Life*, microbiologist Paul de Kruif likened the threat of disease to that of foreign armies and navies, advocating that such threat against the security of the nation demanded nothing less than a coordinated, substantial federal effort – different from but on a scope and intensity similar to the military. This remains applicable today. Regardless of one’s political persuasion, there are matters that demand a federal response. The defense of the nation is constitutionally identified as one. The defense of the nation against disease deserves examination as another.

Public health staffing and training is essential, but available resources are scarce. The Institute of Medicine and others have documented significant and increasing shortages; from 1980 to 2000 the number of public health workers dropped by 28 percent. When increased presence and coordination are needed, qualified professionals will be least available. There is a model for increased standardization and effective response, however, in the organization of and relationship between the standing military and the National Guard. Much as the defense of the nation is allocated between a strong federal presence and a state-based militia, the defense against disease should be so structured.

To this end, we propose the following.

- Significantly expand the uniformed Public Health Service (PHS) to a size commensurate with national and global needs after careful needs and resource assessments. Modify Title 42, US Code to allow for active and reserve components, the latter receiving regular training and subject to presidential mobilization during a health crisis. This would allow integration – in a reserve status – of state and territory public health directors, epidemiologists, and laboratory staff, plus create a recognized and desirable career path based on a larger population supported by scholarships and loan repayment. More importantly, it would open a direct funding mechanism between the federal and state functions and foster regular and standardized training across all jurisdictions and disciplines.
- Expand the PHS to include broader representation of administrators, planners, and ancillary specialists such as veterinarians, sanitarians, mental health, industrial hygienists, and experts in special needs populations. Include in this expansion technical experts who would be the equivalent of the military’s enlistee and noncommissioned officer ranks.
- Increase PHS personnel in state, territory, and major city agencies, and more robustly in federal agencies such as FEMA, Customs and Border Patrol, and throughout the Departments of Defense and State. Precedence exists in active duty military personnel assigned to state National Guard headquarters and functional specialist assigned at embassies. This fosters a common lexicon, enhanced career paths, and cross-fertilization among agencies, essential to maintaining a sufficient public health workforce.

- Reaffirm the position of Surgeon General: strengthen the divide between the civilian leadership (the secretariat) and the uniformed service chief and foster scientific independence by direct line authority to the Secretary of Health and Human Services and the President, similar to the reporting relationships of DoD's combatant commanders under Goldwater-Nichols.
- Institute common training venues and curricula, coordinated with the Uniformed Services University of the Health Sciences and across all federal medical communities.

Based on preliminary estimates, the combined active and reserve National Health Service could number as many as 30,000. While this may appear a huge number, it would barely cover all the public health missions possible according to immediate past Surgeon General, Richard Carmona.

George Bernard Shaw said "We learn from history that we learn nothing from history." Today's monumental health threats are not unprecedented. The price of preparation pales in comparison to the cost of neglect. These actions would enhance the present system of local and state capabilities and autonomy and will provide multi-jurisdictional coordination and professional standards.

The health of the nation cannot be divorced from that of its people. National and global preparedness is inextricably tied to the nation's health. A significant health crisis is inevitable, and prevention is more effective, economical, and desirable than cure. We can prepare or we can await the alternative: another landmark report on what went wrong.