



Preparing for the Next Public Health Crisis

Establishing a Public Health Response Plan to Address
Threats Such as the Gulf Oil Disaster

Ellen-Marie Whelan and Lesley Russell July 2010

Introduction and summary

We've all seen pictures of the dreadful and continuing aftermath of the explosion on the Deepwater Horizon oil well in the Gulf of Mexico. The environmental cleanup and the economic consequences of this will last far into the future, and it's hard to imagine that the time will come when fumes from oil, chemicals, and burning no longer pollute the air, oceans aren't covered with sheets of oil, beaches aren't stained with tar, and marshes aren't clogged with residues. But with hard work that will eventually be the case. At that point the Unified Command—which was established under U.S. Coast Guard leadership to manage the response to this disaster—will fold, the cleanup workers will go home, and the raft of workers brought in from diverse agencies as part of the emergency response will be pulled back to deal with other more urgent tasks.

But health threats from the oil spill may linger unseen, perhaps for more than a generation. And we will not be fully prepared to address the public health problems that arise in the future unless there is an effective and coordinated handover of responsibilities for protecting public health from the emergency response agencies to agencies with the capability and capacity for long-term monitoring and management. Federal agencies have been pulled in as needed in the gulf spill response, but it's not clear that the Health and Human Services response has been synchronized from the top to ensure effective delivery and coordination.

In short, the spill reiterates why we need to better manage the short- and long-term responses required to address the public health threats such disasters pose whether they are manmade or due to natural causes.

No systematic long-term monitoring and oversight was put in place with the Exxon Valdez spill in 1989, and now we wonder what we missed. Several studies following the Prestige oil spill off the coast of Spain in 2002 indicate that some respiratory problems in cleanup workers didn't show up until years after the spill.¹ Additionally, evidence suggests DNA damage occurred to these workers that could lead to cancers and alterations in hormone status.²

The responsibility for both the immediate and long-term responses can only be led by the administration from the highest levels. This is not an appropriate role for corporations, which cannot be trusted to put the long-term interests and needs of the affected communities ahead of their business concerns. The BP oil spill is a clear example of why we cannot allow the very corporation that caused the problem in the first place to be trusted with monitoring its potential health effects. The protection of public health has always been a key responsibility of the federal government, and we have previously called for the federal government to takeover this responsibility with respect to the gulf oil spill.³

This is not the first time the nation has faced such a crisis, and it won't be the last. We have faced public health threats from the World Trade Center attack on 9/11, Hurricane Katrina, and the Exxon Valdez oil spill, and from infectious agents such as SARS, Avian flu, and H1N1 flu that fortunately did not reach crisis proportions but could have. The responses, while effective, have not been always been well coordinated. The Government Accountability Office in 2008 identified important lessons from the WTC response that could help develop responder health programs in the event of a future disaster, but the GAO recommendations have not been fully addressed.⁴

The gulf oil crisis reminds us that it is essential to have a response plan that is activated early and can continue into the future for as long as needed. We need to establish an architecture complete with clear lines of responsibilities and acknowledged trigger points for action. It should facilitate the involvement of the appropriate federal health agencies in addressing a potential public health emergency—from watchful waiting to emergency response to long-term monitoring and management.

We do not need a new entity to put this system in place. Government has the expertise among the many HHS agencies to handle any given public health emergency, but different players may be called on at different times depending on the event. This transfer of responsibilities will occur mostly between HHS agencies, but it may also involve nonhealth agencies as well. Obviously this is now the case with the gulf oil crisis, but it could occur with other incidents as well. With a large-scale infectious agent attack, for example, medication may need to be delivered to the homes of many affected Americans, and it has been suggested that the U.S. Postal Service could fill this role since they know how to get parcels to nearly every U.S. home.

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We propose that a single, high-ranking HHS official be designated to launch and oversee the coordinated response plan implemented whenever a situation arises that can threaten public health. We recommend this leadership role go to the assistant secretary for health, or ASH. The ASH should have responsibility for determining when and how the response to a public health threat moves into the initial emergency phase and when it transitions to a long-term monitoring and management phase. The ASH would have responsibility for ensuring—in conjunction with other federal, state, and local agencies, academics, and the private sector—that needed services are delivered and information is collected, and that data, information, and resources are transferred to the responsible HHS agency or agencies.

This approach does not require new agencies or significant new authorities. But it will require the following:

- Clarification of roles and responsibilities of all agencies and offices involved
- Robust surveillance systems with standardized data that can analyze information collected from a variety of sources
- Sufficient financial resources and the appropriate workforce to develop capacity and maintain long-term monitoring systems
- Mechanisms in place to address ongoing medical needs for individuals affected by the crisis
- A financial infrastructure to assure funding is available for immediate and longer-term health needs

This paper looks at the issues that must be addressed in the immediate (emergency) response situation to facilitate the eventual handover to a long-term monitoring and management system, what that system should incorporate, how to trigger the emergency response and the long-term monitoring phase, and how the different agencies should work together in a seamless fashion. But first, it examines how our current system lacks an overall plan to maximize the contribution of all available agencies and organize the strongest possible public health response.

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