Medical & Public Health Preparedness: Then & Now

“Cognitive Dissonance”
Military Misfortunes:
Failure to Anticipate, Adapt & Learn

29 July 1993
Ft Bragg, NC
To Major Bob Kadlec (M.D.)
For whom, I trust, this book will remain of purely theoretical interest.

Best wishes
Elliot Cohen
Preparedness Then & Now

Threats
Trends
Thoughts
Catastrophic Deliberate or Natural Events: Risk of “Black Swans”

“It's tough to make predictions, especially about the future.”

Black Swan criteria:
• The event is a surprise.
• The event has a major impact.
• After the fact, the event is rationalized by hindsight, as if it had been expected.

The main theme is not to attempt to predict Black Swan events, but to build robustness to the negative ones, while being able to exploit positive ones.

“The bottom line: be prepared! Narrow-minded prediction has an analgesic or therapeutic effect.”

Nassim Nicholas Taleb
Foundational Capabilities for Public Health

- Protecting the public in the event of an emergency or disaster, as well as responding to day-to-day challenges or threats, with a cross-trained workforce.
- Public Health Accreditation
Federal Government’s Obligations for Public Health “Provide for the Common Defense”

WHAT ARE THE FEDERAL GOVERNMENT’S PUBLIC HEALTH OBLIGATIONS?

In partnerships with states and localities, the federal government has an obligation to:

- Ensure the capacity of all levels of government to provide essential public health services;
- Act when health threats may span many states, regions, or the whole country;
- Act where the solution may be beyond the jurisdiction of individual states;
- Act to assist the states when they do not have the expertise or resources to mount an effective response in a public health emergency such as a natural disaster, bioterrorism, or an emerging disease;
- Facilitate the formulation of public health goals in collaboration with state and local governments and other relevant stakeholders;
- Be transparent and accountable for public health investments; and
- Disseminate innovation and best practices from state and local public health.

TFAH 2012 “Ready Or Not” Report

"Public health preparedness has improved leaps and bounds from where we were 10 years ago. But severe budget cuts at the federal, state and local levels threaten to undermine that progress. We must establish a baseline of ‘better safe than sorry' preparedness that should not be crossed."

Paul Kuehnert, MS, RN
Director of the Public Health Team
Robert Wood Johnson Foundation
Double Whammy: Decreases in Both Federal & State Funding

• **Inadequate Federal Funding:**
  • Federal funding for public health has remained at a relatively flat.
  • CDC’s budget has decreased from a high of $7.31 billion in 2005 to $6.13 billion in 2012.

• **Cuts in State and Local Funding:**
  • State and local levels public health budgets have been drastically cut.
  • 29 states decreased their public health budgets from FY 2010-11 to FY 2011-12.
  • Budgets in 23 states decreased for two or more years in a row, and budgets in 14 states decreased for three or more years in a row.
  • Cumulative state cuts represents more than $1.15 billion which would be $1.9 billion adjusted for inflation.
A COMPLACENCY CURVE

HHS PUBLIC HEALTH PREPAREDNESS STATE AND LOCAL ALLOCATIONS

Expenditures (in millions) per year; 2015 HHS Budget


Also, prior articles in the series: Federal Funding for Biosecurity
The Cavalry Ain’t Coming in Time
Don’t Let a Crisis Go Wasted
President Obama:
Ebola a U.S. “National Security Priority”
H7N9 Influenza and North Korean Missiles
A tale of two emerging threats – April 2013

“heightened belligerent rhetoric from Pyongyang in early 2013 prompted the Pentagon to shift U.S. BMD assets to the region”
North Korean Missile Threat
April 2013

Delivery Vehicles

Source

Defensive Measures
Relative Preparedness Costs
DOD BMDS Spending

US Government Investments in National Security

The Missile Defense Agency is developing a number of systems that offer multiple opportunities to defeat limited ballistic missile attacks. These systems are not designed to shield against large-scale nuclear attacks from Russia and China. MDA has spent approximately $90 billion on missile defense systems since 2002, and plans to spend roughly $8 billion per year through 2017—or approximately 2 percent of the Pentagon’s baseline budget.

http://www.cfr.org/missile-defense/us-ballistic-missile-defense/p30607
H7N9 Influenza Threat
April 2013

Source

Delivery Vehicles

Defensive Measures
Some Thoughts
Tangibles of Preparedness: “Blocking & Tackling”

• “Soylent Green” Principle: It’s the people.....
• Training: Not “sexy” or expensive
• Planning: The active of not the book
• Exercises: Learn through experience & mistakes
Some Further Thoughts
Intangibles of Preparedness: Force Multipliers

Leadership
Advocacy
Persistence
One Last Thought

“Nobody ever made a lasting contribution to government by one visit to Washington. What really bends the process of government is continuous, sustained and intense effort.”

McGeorge Bundy
National Security Advisor to Presidents Kennedy & Johnson