Within hours of the September 11 attacks, American warplanes were patrolling the skies with orders to shoot down any aircraft that appeared to threaten U.S. cities. Within weeks, National Guard troops were patrolling airports. In less than a month, in an attempt to find and punish the terrorists the U.S. was bombing Afghanistan, a country on the other side of the globe. Just over two months after the attacks, most of Afghanistan had been wrested from the control of the Taliban, and U.S. and British Special Forces were scouring the Afghan countryside in the hunt for Osama bin Laden.

Compare this to the federal government’s response to the anthrax attacks perpetrated via the U.S. mail. During the first week, Health and Human Services Secretary Tommy Thompson speculated on national television that the first (and at that point, the only) victim to be infected with anthrax may have contracted the disease by drinking from a stream—although no human had ever been shown to have contracted the disease in that manner before. Soon, other cases were reported in Florida and New York, and a letter laced with anthrax was opened on Capitol Hill. By the end of the attacks, five people were dead (one of them 24 hours after having been examined by a physician and then sent home).

Although the nation’s defense and intelligence community had not been successful in preventing the September 11 hijackings, the military and defense apparatus was able to mount a credible response. The country’s public health system, in contrast, appeared unequal to the task of responding to the bioterrorist threat.

What is public health?

According to the Institute of Medicine, public health is “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort.” Health care, on the other hand, is the delivery of professional medical treatment to cure disease and illness. Ideally, our public health system should be equipped to prevent outbreaks of disease and, in the event of an outbreak, to control its spread.

Over the past 250 years, the public health system in the U.S. is credited with vastly increasing life expectancies and improving the health of the population overall. But since the 1960s, the relative amount of resources devoted to public health as compared to health care has fallen.

For calendar year 2001, U.S. public and private expenditures for everything related to human health—including health care, medical research, medicines, and public health—were projected to total $1.424 trillion. That’s a whopping 14% of the country’s gross domestic product (GDP), more than the percentage spent by any other industrialized nation.

While the federal government had been projected to spend $243 billion on Medicare, the entitlement program that pays for health care for the elderly, and $216.2 billion for Medicaid, which pays for health care for the poor, the nation’s lead federal public health agency, the Centers for Disease Control and Prevention, was allotted only $3.5 billion. To be fair, since public health needs are mainly addressed by state and local governments, a more accurate measure of how much the country actually devotes to public health should include their expenditures as well. Adding state and local expenditures into the equation, public health spending in 2001 was projected to total $48.5 billion. This represents only 3.4% of the total amount spent on human health in the U.S.

At a recent Capitol Hill workshop on bioterrorism Patricia Quinlisk, medical director and state epidemiologist for the Iowa Department of Public Health, argued that the disparity in funding between health care and public health must be addressed aggressively and quickly if we are to better cope with future acts of bioterrorism. She noted that a robust public health system is a necessary precondition to effective application of the advanced technologies and extensive resources that the nation’s health care system can bring to bear.
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According to the U.S. Public Health Service, of the 186 hospitals in the Northwest, fewer than 20% have developed plans for responding to a chemical or biological weapons attack. Only one in 16 is prepared to treat people exposed to sarin, the nerve gas used against commuters in 1995 in the Tokyo subway. All the hospitals in the Northwest, however, devote tremendous resources to collecting the Medicare payments which make up, on average, 49% of their revenues. Adept at bill collection, they are ill prepared to respond to the consequences of a large-scale terrorist attack.

One of the people who died of anthrax in the Washington, D.C., area was examined by a physician at a suburban Maryland hospital and then released only 24 hours before he died. In a public health crisis, physicians may in fact be only as good as the public health early warning system. Yet Quinlisk reported that some local health departments do not even have e-mail.

We find ourselves in this situation because Congress and Administrations since World War II have felt compelled to spend more money on health care than on public health. Why? As public health achieved many widely heralded successes, winning well-publicized battles against diseases such as polio and measles, its role became less visible.

Scientific research, since its benefits are not usually immediately apparent, has fallen victim to the same type of neglect. To look at it another way, wouldn’t most of us prefer to take a pill to lower our cholesterol (health care) than to exercise, diet, and control our weight (public health)? In this case there appears to be no doubt that our democratic government did what the voters wanted. It may not, however, have been what the voters needed.

As a nation we have neglected public health because it did not seem to matter in our daily lives. Yet as we go forward, it seems our survival may depend on an effective public health system—and this at a time when decades of neglect have taken their toll. Today, the government must make a series of tough economic choices, as the economy contracts, tax receipts plummet, and the population ages, creating greater demands on Medicare. We cannot neglect our public health system any longer, but now we have fewer resources to work with.

References
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