

## **Terror Attacks: Are We Prepared?**

### **Bill Number:**

**Hearing Date:** July 22, 2004, 10:00 am

**Location:** SD-430

### **Witness:**

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### **Testimony**

Good morning. My name is Dr. George Thibault and I am the Vice President of Clinical Affairs for Partners HealthCare, which is a non-profit, integrated system of health care providers in Massachusetts that includes two major Harvard teaching hospitals, the Massachusetts General Hospital and Brigham and Women's Hospital in Boston; four community hospitals; a psychiatric teaching hospital; a rehabilitation teaching hospital; non-acute services; and several community health centers. I am also representing the Conference of Boston Teaching Hospitals.

On behalf of our physicians, nurses and other caregivers, and the patients we serve each day, I want to thank the Chairman of the Committee, Senator Judd Gregg (R-NH), the ranking member, Senator Ted Kennedy (D-MA), and the members of this committee for inviting us to testify today on our Emergency Preparedness efforts and our readiness to respond to a terrorist event in Massachusetts.

I appreciate the opportunity to inform you of the kinds of efforts our medical and other staff have undertaken throughout our hospitals since September 11, 2001, and to illustrate the ongoing resource needs of our hospitals.

#### Hospital Commitment to Emergency Preparedness

Partners founding hospitals, Massachusetts General Hospital and Brigham and Women's Hospital in Boston, as well as our community and specialty hospitals have undertaken significant emergency planning initiatives since September 11, 2001. Indeed, we and the other Boston teaching hospitals have been fortunate to build on a long history of effective collaboration with Boston's other first responder agencies.

Emergency preparedness for catastrophic events such as infectious disease outbreaks, mass-casualty accidents, storms and chemical disasters have always been an essential aspect of Boston's hospital readiness planning.

Since September 11, 2001, however, hospitals have been preparing for potential incidents and emergencies that are unprecedented in their magnitude and potentially impacting

much greater numbers of victims. The threat of terrorism and the use of weapons of mass destruction like chemical and biological weapons and nuclear disasters require hospitals to be prepared to manage previously unthinkable scenarios which have impacted every aspect of emergency planning and hospital operations.

Our hospitals have responded.

Back on September 11th, Massachusetts hospitals cleared hundreds of beds in anticipation of receiving victims from the September 11th disaster. In the aftermath of the devastating Rhode Island fire in February of 2003, the Emergency Departments and the physicians and nurses of Massachusetts General Hospital and Brigham and Women's Hospital, along with Shriners' Hospital in Boston, provided essential support to the relief effort of Rhode Island's hospitals and we provided burn care to victims as the only verified burn centers in Massachusetts.

Our medical staff was privileged to care for these patients and to work with them and their families in the face of extraordinary challenges.

#### Partners Investments

Since September 11th, 2001, we have reformed and enhanced our management and operational responses to emergency planning and responded effectively to a new set of challenges.

We have invested significant resources in every facet of our hospital operations and infrastructure. Since September 11, 2001, we have invested over \$6 million in preparing for an expanded array of catastrophic public health emergencies. In 2004, we received our first and, to date, our only award of federal HRSA funding for emergency preparedness -- approximately \$230 thousand dollars across all of our hospitals.

Areas in which we have invested include:

1. Communication Systems (including development of alternative communications systems in the event of failure or overload)
2. Disease Surveillance Efforts (including systems to facilitate disease reporting and access to experts; improved patient tracking systems; radiation detection; and tests for detection of chemical agents and identification of biologic agents)
3. Protective Equipment for medical staff
4. Hospital facility infrastructure for lockdown and protection of patients and staff
5. Drug and Pharmaceutical supplies for protection against biologic, chemical and nuclear attacks
6. Training and Drills for our Medical personnel
7. Vaccination Efforts against Smallpox  
and
8. Managing the mental health needs of patients and staff during a crisis.

Examples of our efforts include:

- Completely revamping our emergency preparedness management infrastructure across all of our hospitals;
- Extensively training and drilling thousands of staff under an all-hazards emergency command system designed to link closely with the command structure of Police, Fire, and EMS organizations in each community;
- Retooling our hospital and supporting facilities' infrastructure, such as:
  - o Bolstering lockdown and security to protect patients and staff and shelter-in-place until other federal or state resources arrive;
  - o Improving access control and security screening at our hospitals;
  - o Improving our power supplies and storage of fossil fuels for uninterrupted power in the event of a disaster;
  - o Building and equipping specialized rooms for patient isolation;
  - o Installing specialized filters and ventilation systems to manage biological disasters;
  - o Increasing large water volume capability through water purification equipment in order to protect our water supply;
- Additional pharmaceuticals for biological, chemical and nuclear response;
- Preparing a smallpox vaccination program across the network that established a core group of vaccinated staff committed to rapid post-event response; and
- Participating in and leading region-wide emergency preparedness efforts in organizations across eastern Massachusetts.

#### Preparing for the Democratic National Convention

In recent months, the Boston teaching hospitals have been particularly focused on preparedness for the Democratic National Convention, the increase in visitors to Massachusetts during that time, and the possibility of a large-scale emergency. Our medical and professional staffs have been training and drilling for every type of emergency response, and have undertaken two full surge capacity drills involving all of our hospitals as well as other providers whose facilities would be used for offloading patients in the event of large-scale need.

#### Conclusion

Our hospitals and medical staff remain deeply committed to maintaining and enhancing our preparedness efforts as events dictate. In hospital fiscal year 2005 and beyond, Partners hospitals alone expect to spend approximately \$3 million a year to maintain our response capabilities.

Our local public health agency (Massachusetts DPH) has played an important role in setting up a regional planning structure for the state, and the Boston Public Health Commission has been an indispensable partner in working with the Boston teaching hospitals to design a dependable disaster response system that meets the needs of our institutions and our community.

While we are grateful for the work they have done and the tremendous support we've received from Senator Kennedy and our Congressional delegation, greater resource

support is needed to maintain and enhance our ability to care for the victims of chemical, biological and other potential terrorist attacks and to train and protect our own staffs to meet the demands of this post-9/11 world.

An informal survey of the Boston area teaching hospitals determined that we have invested, conservatively speaking, more than \$10 million in Emergency Preparedness since 2001. To date, those responding to the survey have received approximately \$300 thousand (\$287K) toward those investments.

In the meantime, our fundamental responsibilities to train the next generation of physicians, to identify and implement new medical treatments and cures, and to care for patients continues.

Hospitals are first responders and will play an essential role in any disaster. Maintaining or enhancing our ability to care for emergency victims will be critically dependent on having adequate financial resources to maintain the state of preparedness that we must achieve and sustain for our future.

Again, thank you for the opportunity to testify. We look forward to working with you in the future.