

Terror Attacks: Are We Prepared?

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Testimony

Good morning, Mr. Chairman and Members of the Committee. I am Tommy Thompson, Secretary of Health and Human Services. I welcome this opportunity to share with you information on some of the preparations that our Department has made for high profile events such as the upcoming Democratic and Republican National Conventions. As you undoubtedly know from the extensive media coverage over the last several weeks, the security that will be in place for these two National Special Security Events will be without precedent. The number of federal, state and local agencies as well as the sheer number of personnel involved in the planning and implementation of security measures for each of these events is unparalleled. While the Department of Homeland Security, acting through the Secret Service, is the lead agency for overseeing and coordinating all efforts related to the security of those who will be attending or working at the conventions, there are myriad other agencies that are tasked with specific areas of responsibility.

I am here today to share with you some of the plans that our Department has made and will be implementing prior to and during the course of these two high visibility events. For security reasons, I am not in a position to provide any specific details about these plans. However, I am able to speak about them in general terms to give you an idea of the extent and magnitude of our efforts.

For each National Special Security Event or NSSE, HHS develops a detailed concept of operations (CONOPS) plan, tailored to the event and the venue, which establishes a framework for managing federal public health and medical assets and coordinating with state and local governments in an emergency. This CONOPS plan, developed through extensive collaboration with federal, state and local public health, medical and emergency management officials in the host city, describes the array of actions that HHS is either taking or prepared to take to support the Secret Service. It outlines not only the visible activities but also the behind-the-scenes efforts that are critical to preparing for and responding to a public health emergency that takes place in the midst of a national high-profile event. The Special Events CONOPS plan is in turn supported by the HHS CONOPS Plan that spells out the responsibilities not only of my immediate office but also those of every relevant agency within HHS.

One of the key agencies in our planning for NSSEs is the Centers for Disease Control and Prevention. CDC's principal responsibility is to work with state and local public health officials to prepare for and respond to a potential bioterrorist attack. Over the past several months, CDC staff has been working with health officials in both Boston and New York City to expand or otherwise enhance the local syndromic surveillance systems to ensure close monitoring of uncommon symptoms as well as unusual patterns of common symptoms reported by hospital emergency departments and other outpatient clinics. Should a suspect case be detected, clinical samples will be collected and promptly transferred to a laboratory within the Laboratory Response Network (LRN) for identification and characterization. In the case of Boston and New York City, both local public health labs are members of the LRN, thus reducing the time consumed in transporting the samples to an appropriate lab. In fact, these two laboratories are fully equipped and staffed to diagnose the presence of organisms most likely to be used as a biological weapon.

To ensure that the requisite expertise is readily available, CDC's Bioterrorism Rapid Response and Advanced Technology (BRRAT) lab will provide on-site technical laboratory support and consultation. Additional laboratory equipment from CDC as well as LRN biothreat agent assays will be deployed along with the BRRAT Laboratory Director and other CDC staff who will assist in the on-site management of laboratory testing, data analysis, and any ensuing investigations. A CDC on-call response team will be on a "bags-packed" status, ready to mobilize if the need arises. Furthermore, a broad range of subject matter experts are on full, stand-by alert prior to and during the entire duration of the high profile event.

In Massachusetts, the state health department has collaborated with both the CDC and the Boston Emergency Medical Service in creating the Enhanced Surveillance Report form to capture information on patient visits to first-aid stations at the Democratic National Convention. In addition to manual collection methods, the state and city are currently researching information technology solutions to automate the daily collection of these completed forms. The state is also working closely with appropriate representatives of the Boston EMS and the Boston Public Health Commission Office of Environmental Health on a variety of emergency preparedness activities. Recently they have completed an updated provider registry identifying clinicians with radiological expertise and are now proceeding to identify clinicians knowledgeable about chemical agents.

In New York City, the public health department is implementing electronic clinical laboratory reporting at city hospital laboratories. For disease reports that appear to require urgent notification, this system has a feature to alert relevant health department staff on a 24/7 basis. Another system has been established to actively track outbreak response and ensure timely and complete investigations of all suspect outbreaks, whether detected by traditional or syndromic surveillance. The goal of this system is to implement investigations of urgent case and outbreak reports within 24 hours of receipt of such reports. As part of its effort to develop surge capacity for mass casualties, New York City has recruited approximately 2500 volunteers for its Medical Reserve Corps and a

protocol has been developed for rapid credentialing of these volunteers if the need should arise.

Through funds provided by the Health Resources and Services Administration, hospitals in both Boston and New York City have been able to secure personal protective equipment for medical and ancillary staff and train them in the use of such equipment. Efforts have been made to increase the isolation capacity of hospitals in the event of an intentional release of a biological agent that results in a deadly communicable disease. Hospitals in both of these cities have also expanded their capacity to decontaminate large numbers of victims should there be either a chemical, biological or radiological attack. Adequate amounts of pharmaceuticals are now in place at various hospitals in Boston and NYC to treat hospital staff and their family members during the first 72 hours following an attack prior to the arrival of federal stockpiles. Furthermore, equipment has been installed in hospital emergency departments to ensure rapid communications among hospitals, other first responder agencies and local Emergency Operations Centers.

Food safety and security will be the primary responsibility of the Food and Drug Administration during the upcoming political conventions. FDA has been working with state and local public health officials to prepare for and respond to a potential terrorist incident involving foods. In Boston, FDA will be providing coverage at the Fleet Center around the clock and will be monitoring retail food establishments, hotels and high-risk food producers/manufacturers. The FDA's Northeast Regional Laboratory (NRL), located in Jamaica, New York, is equipped to perform the full range of chemical and microbiological analyses on products regulated by FDA and will serve as a back up to the state and local public health labs. The NRL, certified as a Biosafety Level 3 laboratory, has the capability to rule out a broad range of biological agents, refer them to appropriate facilities, confirm the presence of a variety of select agents and toxins as well as screen for various poisons. FDA's Emergency Operations Center located in Rockville, Maryland will be operational during the entire course of both the Democratic and the Republican National Conventions.

In addition to these preparations, HHS will also be working closely with the Department of Homeland Security to monitor BioWatch air samplers in 31 cities, including Boston and New York City. The filters in these environmental samplers are collected daily and tested for air-borne pathogens by laboratories in the LRN that are supported by CDC.

One of the most important components of our preparations for NSSEs is the Strategic National Stockpile (SNS) Program. The SNS Program has pre-positioned Push Packs -- large caches of pharmaceuticals, vaccines, medical equipment and supplies -- in strategic locations across the country. From these locations, an SNS Push Pack can be transported to any affected area in less than 12 hours. If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies can be shipped to arrive within 24 to 36 hours. If the agent used in the attack has been identified, VMI contents can be tailored to provide the appropriate pharmaceuticals, supplies and other products. The Stockpile contains sufficient quantities of antibiotics at this time to provide a 60-day prophylaxis course to over 12 million individuals exposed

to anthrax. By the end of this fiscal year we will have acquired enough antibiotics to treat over 20 million people. These antibiotics also constitute appropriate prophylaxis or treatment for plague and tularemia. We have now acquired a sufficient volume of smallpox vaccine to immunize every man, woman and child in the United States. We also have adequate amounts of vaccinia immunoglobulin (VIG) to treat certain adverse reactions to the smallpox vaccine as well as quantities of antitoxins for treatment of botulism. Members of the SNS Program staff will, of course, be deployed to all NSSEs to coordinate issues in the field related to Stockpile assets.

For high-visibility events such as the political conventions, the SNS will also provide Special Events Packages that are configured with nerve agent antidotes and cyanide kits that will be forward deployed to appropriate locations in Boston and New York City. While a bioterrorist attack may not claim victims for days or even weeks, a chemical attack, particularly one involving nerve agents, can cause immediate nervous system failure. Consequently, response time is critical. Thus, in addition to the Special Events Packages, CHEMPACKs will also be available. The CHEMPACK Project, a voluntary program launched in September 2002, has been designed to provide state and local governments with pre-positioned repositories of nerve agent antidotes that would greatly enhance the ability of first responders to react quickly to treat victims of a large-scale nerve agent attack. By January of 2006, we hope to have forward deployed 2300 of these CHEMPACKs across the country.

To ensure that the contents of the Stockpile match the medical needs of the nation in the event of a terrorist incident involving mass casualties, HHS has underway an ambitious program to develop medical countermeasures -- the diagnostics, drugs, vaccines, antitoxins and other pharmaceuticals -- that are essential to our preparedness. For instance, we have embarked on a project to develop a safer smallpox vaccine that can be used with immunocompromised individuals. While we are working to acquire quantities of the currently licensed anthrax vaccine for delivery to the Stockpile under an agreement between the Department of Defense and the Department of Homeland Security, HHS will also be acquiring, under the Project BioShield program, a significant amount of the next-generation anthrax vaccine.

In addition to all these preparedness efforts, I will also be sending the Secretary's Emergency Response Team (SERT) to Boston and New York City. The SERT Team was created soon after the events of September 11, 2001 so that HHS can rapidly deploy a group of specially trained professionals to any locale in the country to assess the consequences of a disaster, whether naturally occurring or terrorist-triggered, and coordinate public health and medical services between the local or state incident management authorities and our Department. Representatives of various agencies within HHS serve on the SERT Team, depending on the types and array of technical expertise required. For example, the Food and Drug Administration (FDA) is able to provide food safety inspectors, and CDC can provide epidemiologists to investigate an infectious disease outbreak caused by the intentional release of a deadly pathogen.

During any high profile event, including the recent state funeral for President Reagan and

the G-8 Summit on Sea Island, the HHS Secretary's Command Center, which operates on a 24/7 basis, serves as the primary vehicle for communicating and coordinating with not only HHS personnel in the field but also relevant staff from the Department of Homeland Security, other federal agencies, and key state, local and event officials. HHS CONOPS plans for the political conventions identify specific coordination responsibilities with personnel from FEMA, the state's emergency management agency, the city's emergency management agency, the city health department, the state public health laboratory, the FBI, EPA and DOD, just to mention a few. During an NSSE, the Command Center's staff is augmented by additional personnel as well as incident management staff. Furthermore, ten members of the Public Health Service Commissioned Corps Readiness Force will also be on stand-by.

The activities that I have described represent some, but certainly not all, of the efforts that HHS has made to prepare for the high profile events that will take place in Boston and New York City in the next several weeks. We have made every effort to plan and be prepared for a broad range of contingencies. We have invested staff, resources and energy to coordinate with our federal, state and local partners and with the event planners to ensure, to the extent feasible, a rapid and effective response to any public health emergency that may occur. We will also take into consideration the needs of unique groups in our emergency planning efforts, including the needs of people with disabilities, people who are elderly, and children. All of us hope fervently that these two political conventions will be uneventful but, if they are not, we are prepared to respond.

Thank you. I will be glad to take any questions that you may have.