Testimony
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HHS Efforts to Coordinate and Prepare for Bioterrorism

Statement of

Tommy G. Thompson

Secretary,
Department of Health and Human Services

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Mr. Chairman and Members of the Committee, thank you for inviting me here today, to update you on the Department of Health and Human Services' (HHS) ability to deal with the public health consequences of an attack of terrorism involving weapons of mass destruction. In particular, you asked that I address my Department's coordination and communication with public health agencies and law enforcement in the event of a terrorist attack that has public health implications; and the budgetary requirements of HHS to implement its homeland security measures. Finally, you asked that I discuss the recently initiated consolidation of the communications offices, including legislation liaison and public affairs offices, of all the agencies within the Department.

Protecting The United States From Terrorist Attacks

Under the Federal Response Plan, HHS is the lead agency within the federal government for addressing the medical and public health consequences of all manner of mass casualty events whether terrorist-induced, accidental, or naturally occurring.

HHS's preparedness and response to bioterrorist attacks includes a broad range of activities, including epidemic detection and response; maintaining and securing the National Pharmaceutical Stockpile; performing research to improve our methods, training, and health care service delivery; and assisting our state, local and other Federal partners in improving our capability to respond to an emergency. Our HHS- 24 hour-7 days-a-week Emergency Command Center, which I enacted after the events of September 11, includes experts from several HHS agencies and includes two army war college fellows.

We are working closely within the Administration with all our partners to improve Federal response. For example, since the intentional release of anthrax spores, one of the areas on which my Department's Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) have focused, is the identification and cleanup of contaminated facilities. To assess whether anthrax contamination had occurred, we have refined methods for environmental sampling of air and surfaces. CDC, along with HHS's Agency for Toxic Substance and Disease Registry (ATSDR), has issued recommendations on how to conduct environmental sampling and how laboratories should analyze those samples. In addition, recommendations have been made regarding environmental sampling strategies to characterize the extent of exposure in order to guide cleanup. During the anthrax outbreak, recommendations were distributed to protect first responders, investigators, and cleanup personnel. As contaminated buildings were identified, we provided technical input to EPA and others tasked with cleanup to determine where remediation was necessary. These recommendations have been widely disseminated to federal, state and local health and environmental agencies, and are available at CDC's bioterrorism website (http://www.bt.cdc.gov).

I take preparedness efforts very seriously. In fact, I have created the Office of Public Health Preparedness (OPHP) within the Office of the Secretary and recruited as its first Director Dr. Donald A. Henderson, an internationally acclaimed leader in public health. OPHP directs and coordinates HHS preparedness and response activities related to bioterrorism and other public health emergencies. In addition to the Office of Public Health Preparedness' role in improving the management and coordination of HHS's bioterrorism response, it has served as liaison with key organizations outside HHS (such as the Office of Homeland Security (OHS) and the academic and industrial communities).

Terrorism is both a National and local issue, and HHS is also working to coordinate planning, training, and consequence management actions at State and local levels. The recently awarded cooperative agreements will enhance the terrorism-relevant capabilities of state and local health departments and hospitals across the nation; emphasize state-wide and regional planning; and focus more efforts on training of health professionals and other responders. As work under the cooperative agreements progresses, HHS will collaborate with its state and municipal partners to identify exemplary practices in preparedness planning and encourage that common approaches be taken wherever appropriate. For example, in striving to help states and municipalities strengthen their information technology capabilities, HHS will place a high priority on achieving inter-connected communications systems and databases that can operate in harmony with one another.

The Emergency Supplemental funding HHS recently awarded to State and local health departments for bioterrorism preparedness planning and response includes guidelines which outline critical benchmarks and capacities that must be addressed in order to assure that communities are indeed prepared for any public health emergency. We will also be monitoring state activities closely to ensure accountability of the funding. For

example, we have recommended that in order to provide an effective response, working links need to be developed and strengthened between health department staff and law enforcement, by establishing designated points of contact; cross-training in each discipline; and joint sponsorship and attendance at conferences and other educational forums.

I, and HHS Senior staff, Dr. Henderson in particular, coordinate our anti-terrorism activities closely with the OHS. Dr. Henderson is in frequent contact with Governor Tom Ridge regarding inter-departmental activities as well as specific HHS initiatives. Dr. Henderson recently briefed OHS staff about the awarding of more than $1 billion to all 50 States, 4 selected major municipalities (the District of Columbia, Los Angeles County, Chicago, and New York City), and the 5 U.S. territories, for state and local preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. In addition, my Deputy Secretary, Claude Allen, participates routinely as a member of the Office of Homeland Security's Deputies Committee, which is the primary senior-level forum for inter-Departmental communication and coordination. Also, several other HHS senior staff participate in more specialized inter-Departmental groups, called Policy Coordinating Committees, that support the work of the Deputies' Committee.

The Department has actively participated on several Homeland Security Council Policy Coordinating Committees which have relevance to both national security and public health. Outcomes of discussions held during committee meetings have contributed to consensus on strengthening information sharing among law enforcement, the intelligence community, and HHS.

Such activities have challenged HHS and other Federal agencies but ultimately have led to better coordination of the complex functions of incident command and consequence management during a terrorism incident, when both epidemiologic and criminal investigations may be vital to an effective response. Ongoing discussions have led to a better working relationship between our Departments, and I believe will foster timely and effective communication during both assessments of potential threats and during actual times of crisis.

I also want to emphasize that there have been multiple points of collaboration between HHS and law enforcement. For example, early in the anthrax investigations last fall, the CDC detailed personnel to work with FBI staff, in order to foster better understanding and appreciation of the working culture and criteria involved in criminal investigation, and to enable better understanding of inter-agency protocols and priorities. Since the anthrax attacks, HHS, the FBI, and DOD have developed a shared research agenda, and we have provided assistance to the FBI in the genetic sequence analysis of the anthrax samples collected from the envelopes sent through the mail.

The reality of bioterrorism has made us realize that we must rise to the challenge to work together effectively in the most difficult of circumstances. There are going to be communication and coordination challenges between Federal, state, and local governments. In a time of crisis, all need to work together to get out accurate and timely information to the public, send medicine where needed, and mobilize the medical and rescue personnel needed to respond. We continue to make significant progress in this area.

Costs of Counter-terrorism Efforts

Earlier, Mr. Chairman, I alluded to some of the current year funding Congress provided to HHS for its terrorism preparedness activities. The FY 2003 budget request for HHS is $4.3 billion, an increase of $1.3 billion, or 45 percent, above FY 2002 and more than triples the FY 02 levels excluding funds from the Emergency Response Fund Supplemental. This budget supports a variety of activities to prevent, identify, and respond to incidents of bioterrorism. These activities are administered through the CDC, the National Institutes of Health (NIH), the Office of Emergency Preparedness (OEP), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the Agency for Healthcare Research and Quality (AHRQ), and the Food and Drug Administration (FDA). And, as previously mentioned, these agencies will coordinate with the newly established Office of Public Health Preparedness (OPHP).

In order to create a blanket of preparation against bioterrorism, the FY 2003 budget provides funding to State and local organizations to improve laboratory capacity, enhance epidemiological expertise in the identification and control of diseases caused by bioterrorism, provide for better electronic communication and distance learning, and support a newly expanded focus on cooperative training between public health agencies and local hospitals. This will continue the unprecedented infusion of funds provided this year for State and local health departments and their partners to equip and train themselves to respond to potential acts of terrorism.

The Department has recently received from most States their plans on how they propose to use over $1 billion awarded at the beginning of this year. States have had access to up to 20% of these funds for immediate

needs, and for developing their bioterrorism response plans. **Within thirty working days after the a State plan is received,** the Department, with the aid of its host of public health and emergency response experts, will have reviewed these plans, negotiated any needed changes with States and have approved the release of the remaining 80% of funds. States can use these resources for enhancements to labs, communication and surveillance systems, hospital preparedness and emergency response. The FY 2003 budget would provide resources to develop these vital components further, with a specific focus on medical and hospital response, including funding for infrastructure improvements such as infectious disease containment facilities.

Funding for the Laboratory Response Network enhances a system of over 80 public health labs specifically developed for identifying pathogens that could be used for bioterrorism. Funding will also support the Health Alert Network, CDC's electronic communications system that provides Internet connectivity to public health departments in ninety percent of our nations' counties. Funding will be used to support epidemiological response and outbreak control, which includes funding for the training of public health and hospital staff. This increased focus on local and state preparedness serves to provide funding where it best serves the interests of the nation.

An important part of the war against terrorism is the need to develop vaccines and maintain a National Pharmaceutical Stockpile. The National Pharmaceutical Stockpile is purchasing enough antibiotics to be able to treat up to 20 million individuals in a year for exposure to anthrax. The Department is purchasing sufficient smallpox vaccines for all Americans in FY 2002. The FY 2003 budget proposes $650 million for the National Pharmaceutical Stockpile and costs related to stockpiling of smallpox vaccines, and next-generation anthrax vaccines currently under development.

Another important aspect of preparedness is the response capacity of our nations hospitals. Our FY 2003 budget provides $518 million for hospital preparedness and infrastructure to enhance biological and chemical preparedness plans focused on hospitals. The FY 2003 budget will provide funding to upgrade the capacity of hospitals, outpatient facilities, emergency medical services systems and poison control centers to care for victims of bioterrorism. In addition, CDC and FDA will provide support for a series of exercises to train public health and hospital workers to work together to treat and control bioterrorist outbreaks.

Today, the United States has one of the world's safest food supplies. However, since the September 11 attacks, the American people have a heightened awareness about protecting the nation's food imports and food supply at home. The FY 2003 budget supports a substantial increase in the number of safety inspections for FDA-regulated products that are imported into the country and a corresponding increase in laboratory capability to support increased inspections. Physical examinations of food imports will double in FY 2002 over the previous year, and double again in FY 2003. We anticipate further progress as new staff becomes fully productive.

The FY 2003 budget also includes $184 million to construct, repair and secure facilities at the CDC. Priorities include the construction of an infectious disease/bioterrorism laboratory in Fort Collins, Colorado, and the completion of a second infectious disease laboratory, an environmental laboratory, and a communication and training facility in Atlanta. This funding will enable the CDC to handle the most highly infectious and lethal pathogens, including potential agents of bioterrorism. Within the funds requested, $12 million will be used to equip the Environmental Toxicology Lab, which provides core lab space for testing environmental samples for chemical terrorism. Funding will also be allocated to the ongoing maintenance of existing laboratories and support structures.

Efficiency Initiative - HHS Consolidation Efforts

Finally, permit me to briefly address an HHS initiative aimed at greater efficiency in the operation of our Department. A key objective of the President's Management Agenda is a more responsive, more "citizen-centered" federal government. In few federal agencies is the need for organizational reform more acute than at HHS, where a long history of decentralized decision-making has produced a Department with 13 operating divisions, functioning with relative autonomy. As a result, a complex web of ever-proliferating offices has distanced HHS from the citizens it serves and has produced a patchwork of uncoordinated and duplicative management practices that hinder its efforts to accomplish its mission efficiently. This Administration supports and is committed to solving this problem through my "One Department" initiative, which will eliminate unnecessary layers of bureaucracy and consolidate duplicative functions into unified offices. Streamlining efforts in 2003 will focus on HHS' human resources, public affairs, legislative affairs, and building and facilities management functions.

- *Public Affairs and Legislative Affairs*

The Department has initiated consolidations in the Public Affairs and Legislative Offices as a part of the overall workforce restructuring in HHS. The goal is to improve the accuracy of information to Congress and the public, and improve management efficiencies.

Currently, there are more than fifty public affairs offices and more than 20 legislative offices spread throughout thirteen Operating Divisions. In Fiscal Year 2003, this structure will be streamlined to create one consolidated office for all HHS public affairs, and one for all legislative affairs. Unnecessary layers of bureaucracy will be eliminated, and duplicative functions will be consolidated into unified operations.

HHS is in the process of developing a detailed plan for executing these consolidations. This effort entails working closely with each Operating Division to determine the positions involved, the job duties involved, and how best to restructure the operations within each agency into a coordinated effort. The Assistant Secretaries of Public Affairs and Legislation are currently meeting with the respective directors in each division to gather the necessary information and generate ideas for the transition. Also, the Office of Secretary Executive Office (OSEO) is providing technical assistance on administrative and human resources issues.

While public affairs and legislative affairs functions will be consolidated in the Office of the Secretary, staff associated with these functions will continue to work in the programs in which they have expertise. The goal is to create a cohesive structure that supports the development and execution of clear, timely, and fact-based communication with Congress and the public. I am confident that these efforts will improve the Department's ability to response to any potential terrorism or other crises in the future.

- *Buildings and Facilities Management.*

HHS agencies seek to make certain the nation's biomedical research and health care services are conducted in safe labs and hospitals. In the past, NIH, CDC, and HRSA each administered their own building maintenance and construction projects.

HHS' performance in building construction can be improved. One of our challenges as a Department is uneven project planning and oversight. HHS does not have a department-wide performance measure that articulates national priorities for health care facilities. As a result, construction projects often get selected for reasons other than merit, including congressional earmarks. The President's Budget addresses this challenge by:

1) Concentrating leadership, programmatic expertise, and project oversight in the HHS Office of the Secretary;
2) Instituting a comprehensive framework that prioritizes all capital projects across HHS; and
3) Implementing a department-wide measure linked to program outcomes.

The budget consolidates facilities construction and maintenance activities for NIH, CDC, and HRSA in the Office of the Secretary so that HHS can manage buildings competitively across the Department. In 2004, FDA and IHS will be included in this consolidation. This consolidation will give HHS tremendous flexibility in allocating funding to the highest priority projects and is fully in line with my vision for a unified HHS.

<u>Conclusion</u>

The Department of Health and Human Services is committed to working with other federal agencies, the law enforcement community, and our state and local public health partners to ensure the health and medical well-being of our citizens. These efforts also allow us to work toward integrating our respective initiatives into a government-wide framework. Our ongoing relationships with state and local governments have been reinforced in recent years as a result of the investments we have made in bioterrorism preparedness. Without their engagement in this undertaking, we would not be seeing the advances that have been made in recent years.

We have made substantial progress to date in enhancing the nation's capability to respond to biological or chemical acts of terrorism. But there is more we can do - - and will do - - to strengthen the response.

Mr. Chairman, that concludes my prepared remarks. I would be pleased to answer any questions you or members of the Committee may have.