

## TESTIMONY

### **Federal Efforts to Coordinate and Prepare for Bioterrorism: The HHS Role**

#### **Statement of**

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Mr. Chairman and Members of the Committee, thank you for inviting me here today to discuss the Department of Health and Human Services (HHS) role in federal government efforts to coordinate, prepare for and respond to acts of terrorism, particularly those involving biological or chemical agents.

The Federal Emergency Management Agency (FEMA), as overall lead federal agency for consequence management efforts, has designated the Department of Health and Human Services (HHS) as the lead agency to coordinate medical assistance in national emergencies, be they natural disasters or acts of terrorism. When FEMA determines a federal response is warranted, this agency deploys medical personnel, equipment, and drugs to assist victims of a major disaster, emergency, or terrorist attack. Given our critical medical role in any biological, chemical, radiological or nuclear attack, I take HHS preparedness efforts most seriously.

We are working very closely within the Administration to make sure our resource needs are adequately and accurately developed. Areas we have particularly focused on include:

Accelerating development and procurement of vaccines and pharmaceuticals to control and treat critical biological threats, including smallpox and anthrax.

Protecting our food supply by increasing inspections of food imports, and providing the Food and Drug Administration (FDA) more of the modern equipment needed to detect select agents.

Working with cities to ensure that their Metropolitan Medical Response System units have the equipment and training to respond to bioterrorist events and other disasters.

Working with States to ensure they have comprehensive response plans, and increasing their capacity to detect and respond to threats. This includes:

expanding the number of State labs with rapid testing capability;

improving coordination with local response plans, and  
expanding the Health Alert Network.

Implementing a new hospital preparedness effort to ensure that our health facilities plan for the equipment and training to respond to mass casualty incidents.

Recent events involving anthrax have highlighted the collaboration between state and local health and law enforcement officials, HHS's Centers for Disease Control and Prevention (CDC) and the Federal Bureau of Investigation (FBI). We are continuing to conduct investigations related to anthrax exposures in Florida, New York, Nevada, and our Nation's Capitol complex. CDC and state and local health officials continue to work closely with medical professionals nationwide to monitor hospitals and out-patient clinics for any possible additional anthrax cases. During this heightened surveillance, cases of illness that may reasonably resemble symptoms of anthrax will be thoroughly reviewed until anthrax can be ruled out.

The public health and medical community continue to be on a heightened level of disease monitoring. This is an example of the disease monitoring system in action, and that system is working.

#### ***Coordinated Preparedness Efforts***

As you know, much of the initial burden and responsibility for providing an effective response by medical and public health professionals to a terrorist attack rests with local governments. If the disease outbreak reaches any significant magnitude, however, local and state resources will be overwhelmed and the federal government will be required to provide protective and responsive measures for the affected populations.

HHS agencies that play a key role in our Department's overall terrorism preparedness include the CDC, the FDA, the Office of Emergency Preparedness (OEP), and the National Institutes of Health (NIH).

The Department has always valued the cooperation that it has received from its federal, state, and local government partners. We work closely with all of the agency signatories of the Federal Response Plan and have had a particularly close working relationship with FEMA, the Department of Defense (DOD), the Department of Justice (DOJ), the Department of State (DOS), the Department of Veterans Affairs (VA), the U.S. Department of Agriculture (USDA), the Department of Energy (DOE), and the Environmental Protection Agency (EPA).

I will focus the remainder of my testimony on a few examples of HHS's terrorism preparedness efforts conducted in collaboration with our federal, state, and local partners.

#### ***National Disaster Medical System***

The National Disaster Medical System (NDMS) is the vehicle for

providing resources for meeting the medical, mental health, and forensic service requirements in response to major emergencies, federally declared disasters, and terrorist acts. Begun in 1984, NDMS is a partnership among HHS, VA, DoD, FEMA, state and local governments, and the private sector. The System has three components: direct medical care; patient evacuation; and the non-federal hospital bed system. NDMS was created as a nationwide medical response system to supplement state and local medical resources during disasters and emergencies, to provide back-up medical support to the military and VA health care systems during an overseas conventional conflict, and to promote development of community-based disaster medical systems. The availability of beds in over 2,000 civilian hospitals is coordinated by VA and DoD Federal Coordinating Centers. The NDMS medical response component is comprised of over 7,000 private sector medical and support personnel organized into approximately 70 Disaster Medical Assistance Teams, Disaster Mortuary Operational Response Teams, and speciality teams across the Nation.

When there is a disaster, FEMA, as the Nation's consequence management and response coordinator, tasks HHS to provide critical services, such as health and medical care; preventive health services; mental health care; veterinary services; mortuary activities; and any other public health or medical service that may be needed in the affected area. HHS's Office of Emergency Preparedness directs NDMS, the Public Health Service's Commissioned Corps Readiness Force, and other federal resources, to assist in providing the needed services to ensure the continued health and well being of disaster victims.

### ***Pharmaceutical Stockpiles***

The VA is one of the largest purchasers of pharmaceuticals and medical supplies in the world. Capitalizing on this buying power, OEP and VA have entered into an agreement under which the VA manages and stores specialized pharmaceutical caches for OEP's National Medical Response Teams. The VA has purchased many of the items in the pharmaceutical stockpile. The VA is also responsible for maintaining the inventory, ensuring its security, and rotating the stock to ensure that the caches are ready for deployment with the specialized National Medical Response Teams. Additionally, during FY 2001, OEP provided funds to the VA to begin to develop plans and curricula to train NDMS hospital personnel to respond to weapons of mass destruction events.

### ***Research Efforts***

With the support of Congress, the President has implemented a government-wide emergency response package to help deal with the tragic events of September 11th. This complements efforts already underway to prepare our nation against such heinous attacks, including threats of bioterrorism. For example, CDC and the National Institutes of Health (NIH) within HHS are collaborating with the Department of Defense (DOD) and other agencies to support and encourage research to address scientific issues related to bioterrorism. The capability to detect and counter bioterrorism depends to a substantial degree on the state of relevant medical science. In

some cases, new vaccines, antitoxins, or innovative drug treatments need to be developed or stocked. Moreover, we need to learn more about the pathogenesis and epidemiology of the infectious diseases which do not affect the U.S. population currently. We have only limited knowledge about how artificial methods of dispersion may affect the infection rate, virulence, or impact of these biological agents. Our continuing research agenda in collaboration with CDC, NIH, and DOD is vital to overall preparedness.

Even before the events of September 11, HHS's Food and Drug Administration actively cooperated with DOD in the operation of its vaccine development program and the maintenance of their stockpile program. Any vaccine development, whether by DOD or private industry, must be in accordance with FDA requirements that ensure the safety, effectiveness and manufacturing quality of the finished product. FDA provides assistance to DOD regarding the research required to develop new vaccines, as well as assistance during all phases of development. FDA also works with DOD's office that screens new and unusual ideas for development of products to treat diseases and develop diagnostic tools.

### ***Food Safety***

Because food is a possible medium for spreading infectious diseases, FDA and CDC are enhancing their surveillance activities with respect to diseases caused by foodborne pathogens, and are working with our federal, state, and local partners to coordinate these activities. PulseNet, a national network of public health laboratories created, administered and coordinated by CDC in collaboration with FDA and USDA, enables the comparison of bacteria isolated from patients from widespread locations, from foods and from food production facilities. This type of rapid comparison allows public health officials to connect what may appear to be unrelated clusters of illnesses, thus facilitating the identification of the source of an outbreak caused by intentional or unintentional contamination of foods.

FDA also works with the EPA, the Nuclear Regulatory Commission and other agencies to address chemical and nuclear food safety issues of concern.

### ***Training***

HHS has used classroom training, distance learning, and hands-on training activities to prepare the health and medical community for contingencies such as bioterrorism and other terrorism events. For example, in Fiscal Year 1999, Congress appropriated funds for OEP to renovate and modernize the Noble Army Hospital at Ft. McClellan, Alabama, so the hospital can be used to train doctors, nurses, paramedics and emergency medical technicians to recognize and treat patients with chemical exposures and other public health emergencies. Working with CDC and the VA, a training program was developed for pharmacists working with distribution of the National Pharmaceutical Stockpile. Expansion of the bioterrorism component of Noble Training Center curriculum is a high priority for HHS.

HHS has been working closely with the Office of Justice Programs (OJP) National Domestic Preparedness Consortium, and we will continue our

excellent relationship with them. OJP and HHS have teamed together to develop a health care assessment tool and have also delivered a combined MMRS/first responder training program.

CDC has participated with DOD, most notably to provide distance-based learning for bioterrorism and disease awareness to the clinical community. CDC is now moving to expand such training with organizations, such as the Infectious Disease Society of America (IDSA), and Schools of Public Health, such as the Johns Hopkins Center for Civilian Biodefense.

The recent FEMA-CDC initiative to expand the scope of FEMA's Integrated Emergency Management Course (IEMC) will serve as a vehicle to integrate the emergency management and health community response efforts in a way that has not been possible in the past. It is clear that these communities can best respond together if they are able to train together toward realistic scenarios that leverage the best of both organizations.

Because the initial detection of a biological terrorist attack will most likely occur at the local level, it is essential to educate and train members of the medical community – both public and private – who may be the first to examine and treat the victims. It is also necessary to upgrade the surveillance systems of state and local health departments, as well as within healthcare facilities such as hospitals, which will be relied upon to spot unusual patterns of disease occurrence and to identify any additional cases of illness. HHS and its other partners will continue to provide terrorism-related training to epidemiologists and laboratorians, emergency responders, emergency department personnel and other front-line health-care providers, and health and safety personnel.

### ***State and Local Collaborations***

HHS has also had a particularly close working relationship with local and state public health and health care delivery communities. We coordinate closely with the public safety, public health, and health care delivery communities at all of these levels, particularly through the health agencies and emergency management authorities.

As key partners in our response strategy, state and local public health programs comprise the foundation of an effective national strategy for preparedness and emergency response. Preparedness must incorporate not only the immediate responses to threats such as biological terrorism, it also encompasses the broader components of public health infrastructure which provide the foundation for immediate and effective emergency responses.

CDC has used funds provided by the past several Congresses to begin the process of improving the expertise, facilities and procedures of state and local health departments to respond to biological terrorism. For example, over the last three years, the agency has awarded more than \$130 million in cooperative agreements to 50 states, one territory and four major metropolitan health departments as part of its overall Bioterrorism Preparedness and Response Program.

CDC has invested \$90 million in the Health Alert Network (HAN),

a nationwide system that is now in all 50 states, which provides high-speed Internet connections for local health officials; rapid communications with first responder agencies and others; transmission of surveillance, laboratory and other sensitive data; and on-line, Internet- and satellite-based distance learning.

The CDC also has launched an effort to improve public health laboratories. The Laboratory Response Network (LRN), a partnership among the Association of Public Health Laboratories (APHL), CDC, FBI, State Public Health Laboratories, DOD and the Nation's clinical laboratories, will help ensure that the highest level of containment and expertise in the identification of biological agents is available in an emergency event.

### ***Metropolitan Medical Response System***

HHS is also working on a number of fronts to assist local hospitals and medical practitioners to deal with the effects of biological, chemical, and other terrorist acts. Since Fiscal Year 1995, for example, HHS through OEP has been developing local Metropolitan Medical Response Systems (MMRS). Through contractual relationships, the MMRS uses existing emergency response systems – emergency management, medical and mental health providers, public health departments, law enforcement, fire departments, EMS and the National Guard – to provide an integrated, unified response to a mass casualty event. As of September 30, 2001, OEP has contracted with 97 municipalities to develop MMRSs. During FY 2002, we intend to award \$10 million to 25 additional cities (for a total of 122) through the MMRS to help them improve their medical response capabilities.

MMRS contracts require the development of local capability for mass immunization/prophylaxis for the first 24 hours following an identified disease outbreak; the capability to distribute materiel deployed to the local site from the National Pharmaceutical Stockpile; local capability for mass patient care, including procedures to augment existing care facilities; local medical staff trained to recognize disease symptoms so that they can initiate treatment; and local capability to manage the remains of the deceased.

### ***Conclusion***

The Department of Health and Human Services is committed to working with other federal agencies as well as state and local public health partners to ensure the health and medical well-being of our citizens. The mutual and ongoing consultation, assistance, collaborations and support HHS receives from its federal agency partners are useful in identifying not only programmatic overlaps but also gaps in our preparedness efforts. 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 to strengthen the response. Priorities include strengthening our local and state public health surveillance capacity, continuing to enhance the National Pharmaceutical Stockpile, improving public health planning and preparedness at the state and local level, and helping our local hospitals and medical professionals better prepare for responding to a biological or chemical terrorist attack.

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

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