Testimony
Before the Committee on Governmental Affairs and the Subcommittee on
International Security, Proliferation and Federal Services
United States Senate
Senator Joseph I. Lieberman, Chairman

District of Columbia Government Coordination and Preparation for Bioterrorism

Terrorism Through the Mail: Protecting Postal Workers and the Public

Statement of
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Good morning Chairman Lieberman and members of the Full Committee on Governmental Affairs and the Subcommittee on International Security, Proliferation and Federal Service. My name is Dr. Ivan C.A. Walks. I am the Chief Health Officer of the District of Columbia and the Director of the District's Department of Health (DOH). I welcome this opportunity to testify before you today.

Acknowledgement of Deaths

On behalf Mayor Anthony Williams let me first say that all of us here in the District of Columbia share the grief of the United States Postal Service over the loss of two of our neighbors and fellow public servants. These deaths are tragic, especially because they were deaths due to deliberate acts of terror. Our hearts and prayers go out to these two families. They are victims of evil.

Context

The use of an infectious disease as a weapon, places the providers of healthcare in the role of first responders. Our doctors, nurses and other providers have become our first line of defense. With anthrax, we are facing a significant challenge that we as a nation and as a society have never faced before. We are facing the results of a deliberate terrorist act or acts of one or more individuals who are determined to deliberately harm and disrupt the lives of our citizens and of our society.

The enemy can choose its time, and place, and method. As such, we must predict and

prepare. As we try to predict when, where and how, we must ensure we are appropriately resourced. The good news is that the United States of America has the world's greatest laboratories, with the world's greatest scientists. The bad news is that our public health infrastructure has been neglected.
It is critically important to emphasize that we can we can only fight the terrorists by devoting the necessary resources now to training and equipping medical and public health personnel and by developing and delivering educational material to the public. As a nation, we will need to develop a heightened awareness of potential threats to the public health and institute plans to mitigate them. At the request of Senator Frist who has worked closely with the DOH a budget of $30 million to support our infrastructure needs here in the District was presented. Our needs reflect those of state and local public health departments across the country.

The District of Columbia Experience

For the past five years, the District of Columbia Department of Health has been planning for a bioterrorism event. On September 11th, we activated our enhanced biosurveillance protocol. This means that we monitored daily emergency room presenting symptom logs. Our epidemiologists analyzed that data in order to look for unusual clusters of suspicious illnesses. Further, on September 26th, I sent an alert to all regional health care providers to move them from diagnosis reporting to a symptom based reporting construct. That alert notified hospitals and health care providers of warning signs and symptoms that might indicate an Anthrax infection. We also submitted a biochem disaster "day one" contingency plan to the Executive Office of the Mayor.

On Monday, October 15th, we learned from the television news that an envelope potentially containing Anthrax had been opened in Senator Daschle's office in the Hart Senate Office Building. The FBI later confirmed that the letter's contents had tested positive for Anthrax.

Sherry Adams, RN who directs the District of Columbia Department of Health's Office of Emergency Health and Medical Services (OEHMS) confirmed that report with the Office of the Attending Physician. As the incident was believed confined to the U.S. Capitol complex, I called and spoke with John Eisold, MD, the Attending Physician. I assured him that our Department of Health was available to assist him. He thanked me for the call and assured me that he had the resources he needed

Because of our bioterrorism planning, the OEHMS staff of seven assessed the potential impact in the community beyond the Capital complex. We recognized our

need for assistance. We called the Centers for Disease Control and Prevention (CDC) Bioterrorism office in Atlanta, Ga. and asked them to send a Technical Support Team to assist in epidemiological monitoring, surveillance, and community outreach. We also asked for a National Pharmaceutical Stockpile Advance Team to give technical assistance. Finally, we requested a USPHS officer from the Office of Emergency Preparedness to act as a liaison. The federal government approved all three requests.

At 4:30am on the 16th of October, Mrs. Adams was notified by Dr. Tracy Treadwell of the CDC that "a virulent form" of Anthrax had been confirmed. The CDC technical assistance team arrived in our Department of Health offices prior to 8am on the 16th. We briefed them about our Department of Health's needs and concerns. Shortly thereafter, the CDC deployed part of their team to work with Dr. Eisold at Capital Hill.

Other members of the CDC team remained to work with us at the DOH; assessing our biosurveillance protocols and activities in order to insure the safety of District residents and visitors. On Tuesday the 16th, I again made contact with the Office of the Attending Physician to discuss concerns raised by some of our District area hospitals. Those issues included patient complaints about long wait times for medications and insistence that they be treated at local area hospitals.

While on Capital Hill, the CDC team recommended that the District's Department of Health be involved in all further discussions regarding the Anthrax attack. Upon their return to the Department of Health, The CDC team briefed us about the events of the day.

On Wednesday October 17th, the Department of Health established an Anthrax hotline for questions, concerns and clinical reports. Dr. Scott Lillibridge called the DOH and invited us to a joint taskforce meeting at the Office of the Secretary of the Senate. Dr. Larry Siegel represented the Department of Health at both the meeting and a joint press conference led by Senator Frist.

Discussions at that Wednesday meeting included concerns about the path of the Anthrax letter through the mail delivery system. The CDC concerns and recommendations at that time were based on existing knowledge and science which indicated that anthrax spores could not escape a sealed envelope in sufficient quantity to infect an individual with Inhalation Anthrax. Given the experience of the mail handlers in New York, CDC scientists were more concerned over exposure to cutaneous anthrax, a far less serious, and readily treatable condition.

On Thursday October 18th, the District's Department of Health received a call from Dr. David Reed, the National Medical Director of the US Postal Service. We discussed concerns with Dr. Reed about Anthrax contamination at the Brentwood facility. Again, there was a recommendation by the CDC that consistent with the available science, environmental or employee testing at the Brentwood facility was not indicated at that time. The US Postal Service decided to go ahead and begin environmental tests for Anthrax contamination using a private contractor. On Thursday, both Dr. Siegel and I attended the joint taskforce meeting at the Office of the Secretary of the Senate.

It is important to note that, through Friday there was no CDC or any other prediction that anyone outside of the Hart building could be at risk for Inhalation Anthrax. In order to try to pinpoint the Hart Building areas of exposure, the Office of the Capitol Physician obtained nasal swabs from Senators and staff. These people were initially placed on up to 10 days of antibiotics pending further analysis of the information. As test results became known, a discrete area of potential exposure was defined, and individuals in that area received a full course of antibiotic therapy. As new areas of potential exposure were identified, additional people were included for prophylactic therapy.

The Emergence of Illness at Brentwood

On Friday night October 19th, the DOH call center was notified by the Inova Fairfax Hospital that they were treating a Brentwood Postal Worker who had a clinical presentation consistent with Inhalation Anthrax. This turned out to be the index case. Both the DOH and the CDC followed this gentleman's case closely. Dr. Siegel and I spent the day Saturday with the joint taskforce at the US Capital. Under Senator Frist's leadership, we conferred with both DHHS Secretary Thompson and Governor Ridge.

As the day wore on further test results from Inova Fairfax supported the initial suspicions of Inhalation Anthrax. Working closely with the CDC and other components of the Commissioned Corps of the Public Health Service, we updated and finalized our "day one" plan. It was becoming clear that what were sound CDC recommendations based on prior knowledge and science had left the Brentwood workers unprotected.

By Saturday night, we were following a second suspicious case. At approximately 7am Sunday morning, CDC confirmed Inhalation Anthrax in the first Inova patient. I activated our response plan.

On October 21st and 22nd, two additional postal workers, also associated with the Brentwood Postal Facility were hospitalized with clinical presentations suspicious for inhalation anthrax and subsequently died. Inhalation Anthrax was later confirmed as the cause of both deaths.

Our initial plan included the use of the DC General Health Campus. However, with over 50,000 people expected next door at RFK Stadium for a Sunday concert, the DOH working closely with the US Public Health Service, the Office of Emergency Preparedness, the CDC and the Postal Service, immediately established the Anthrax Evaluation and Dispensing Unit at – One Judiciary Square to evaluate and dispense prophylactic antibiotics to postal workers, other mail in bulk handlers and other individuals who may have been exposed to Anthrax at the Brentwood postal facility in Washington DC.

Using the existing facilities and equipment, we created a model process for intake and screening, informational briefings, medication dispensing, outpatient tracking, and crisis counseling. At the news conference announcing the opening of the Anthrax Unit, Georges Benjamin, MD the Maryland Secretary of Health and Virginia's Health Commissioner E. Anne Peterson, MD joined us.

The strength of our response has been our coordination with the Centers for Disease Control and other appropriate MD, VA, and federal public health officials.

The DOH has been working hand-in-hand with the Centers for Disease Control, the U.S. Public Health Service, and the U.S. Postal Service to define the epidemiological perimeter of this event, to establish treatment modalities that are appropriate to the disease and its presentation in subject populations, and to identify means to limit the spread of the problem.

Services

The Evaluation and Dispensing Unit provides the following services:
General written information about Anthrax and its treatment
Informational briefing from a physician
Consultation with a pharmacist
"Sick Call" interview with a physician (for all clients who may have symptoms compatible with Anthrax)
Interview with a mental health professional available for all clients
Emergency medical services available

Dispensing of antibiotics

Operations
Intake – All clients complete a General Information form and an Anthrax Heath and Medical Questionnaire. Health professionals review Questionnaire and determine if the client has checked "Yes" on any of the screening questions. If the client has Flu-like symptoms (possibly compatible with Anthrax) they are referred to the "Sick Call" area to see a physician after they pick up their prophylactic antibiotics. If the client is taking any other medications and /or dietary supplements; has a history of epilepsy, liver or kidney disease; or drinks dairy, caffeine or products containing high levels of calcium; or is pregnant or breast feeding, the client has a consultation with a pharmacist. If the client does not check "Yes" on any question on the Anthrax Health and Medical Questionnaire, they go directly to "Express Dispensing" line and receive their medication from a pharmacist.

On that first day, we began taking nasal swabs of potentially affected employees to establish an epidemiological perimeter, and we dispensed 10-day supplies of the antibiotic, Cipro™ , to all people who came in for treatment. The support of Senator Frist was invaluable. In fact the Senator and his wife toured the operation on Sunday. On Monday we moved to DC General. Over the course of Sunday and Monday, we tested with nasal swabs and treated with antibiotics over 3,000 Brentwood workers.

On Tuesday the CDC advised that nasal swab testing of all workers was no longer indicated to identify the area of exposure, since the confirmed cases made it evident that individuals at the Brentwood Postal Facility were exposed. Nasal swabs are of absolutely no value in guiding the treatment of individual patients. It is important to note that they are used only to pinpoint the area of contamination. And as has been reported, Brentwood has a large open area, and cases occurred in different areas of the building.

Although there have been a handful of suspected Inhalation Anthrax infections REPORTED in the Washington Metro area, the number of case actually CONFIRMED is limited to 5: the two postal workers who tragically died, plus three other individuals who are proving every day that Inhalation Anthrax caught early and treated appropriately, can be managed. All three continue to do well.

Based upon further CDC analysis and recommendations, the at risk treatment cohort was expanded early last week to include individuals who work at mail handling facilities that receive mail in bulk from the Brentwood facility – the "downstream" facilities.

The expansion of the treatment cohort was validated by the finding that among the five confirmed positives, one is a mail handler from the State Department Annex #32 remote facility in Virginia that receives mail in bulk from Brentwood.

The Difference Between Protocols Used At the Capitol and at Brentwood

Unlike what several people are assuming, the basic protocols used at the Capitol and at Brentwood are the same.

After a confirmed Anthrax incident:
Individuals in suspected areas of exposure have been placed on limited treatment while an area is either confirmed or cleared. If an area is confirmed, treatment is extended to the full period.
Individuals in confirmed areas of exposure receive the full course of therapy.

Each situation is different. The decision to TREAT, and HOW TO TREAT, is based on the unique information at a specific location. While we do not want to under-treat individuals, we also must be cautious not to over-treat, since there is the potential for long-term negative effects as a result of the use of these drugs. Over-prescription runs the risk of creating strains resistant to our medications.

We are working with a disease that has been relatively unknown, with treatment that has been rarely necessary. As new information and new science becomes available to us, we continue to adjust our approach accordingly.

Contamination Concerns and Public Safety

We need to be vigilant, but not afraid. Each of us needs to be part of our new awareness: being vigilant for ourselves, and for others as well. Our recommendation to USPS is that they deploy technologies that will sanitize the mail.

The positive news is that the anthrax we are facing is sensitive to a full range of antibiotics. If you suspect that you may have been exposed, and are experiencing what you think are symptoms, you should see your health provider at once. You should not wait.

The unfortunate thing is that many of the symptoms of pulmonary anthrax are similar to the symptoms of the flu. It will be a challenge for us as we enter the flu season, to distinguish between these two. However, the typical runny nose and

watery eyes of the flu are usually absent in Inhalation Anthrax.

This is a new challenge. And we continue to gather more information, and learn more science, and be more effective with this new challenge. We are in daily contact with the CDC, the U.S. Public Health Service, HHS, the U.S. Postal Service, the Metropolitan Washington Council of Governments, the Secretary of Health of Maryland and Virginia Commissioner of Health. The D.C. Department of Health has maintained daily contact directly with the FBI and daily contact with other federal agencies.

Currently, the D.C. Department of Health is hosting approximately 85 CDC personnel. We are providing computers, communications, logistics, transportation, food, office space, office supplies, and laboratory support, supplies, and equipment. We hold two meetings a day – one in the morning and one in the evening – to ensure a smoothly operating process and to monitor the treatment cohort and epidemiological evidence. A daily medical conference call is held between Regional Health Officers, the DOH and all regional hospitals in DC, MD, and VA, including military medical facilities to share information on people who have come into area hospitals seeking treatment and testing for Anthrax exposure. This group also shares information on the status of patients who are in the hospital with either confirmed or potential diagnoses of inhalation or cutaneous Anthrax.

Additionally, our surveillance people are in daily contact with their counterparts at the county and state level in MD and VA to ensure consistent treatment regimens and to share and evaluate medical information. Based on current data, new recommendations from CDC are being released today that will further refine their treating and testing protocols.

It is fair to say that the science is an evolving body of knowledge, and the pace of change is fairly rapid. Having said that let me say that there are some fairly straightforward things that everyone should do to protect themselves (irrespective of whether they work handling mail). First, wash your hands with soap and water frequently during the day, but especially after handling mail. We need to start with the basics before adopting more elaborate and expensive work practice controls.

Second, we need to ensure that people can recognize suspicious mail and know what to do with it both prior to and after opening such mail. Obviously, steering clear of hazardous mail will minimize the risk of exposure. Further, knowing what to do and what not to do will minimize the risks after exposure. This will require a continued and aggressive public education campaign on the part of the U.S. Postal Service and

state and local departments of health, nationwide.

Third, until the U.S. Postal Service can deploy technology to irradiate and sanitize the mail, people who are actively employed in handling mail might consider using a High-Efficiency Particulate Air (HEPA) filter mask approved by the CDC's National Institute of Occupational Safety and Health. HEPA filters can remove 99.97 percent of particles 0.3 microns in size. For reference, the period at the end of a sentence is about 500 microns in diameter.

Finally, the U.S. Postal Service clearly needs to implement some sort of technology that can sanitize the mail as it is being processed. This technology exists. I would urge Congress to make funding available to the Postal Service in a supplemental appropriation, if need be, to allow it to obtain and deploy such technology as soon as possible.

Going Forward

Our "day one" plan has proven to be effective. In any future bioterrorism event we would follow protocols we have developed and continue to refine during this incident. Of course, our future actions will be informed by the lessons we learn in the handling of the current situation.
I would like to close by making three vital observations. They are, if you will, the lessons I have already learned over the last 10 days.

Access to Information
Local public health officers across the nation cannot make sound medical judgments without access to the broadest range of accurate, timely, unfiltered information. There have been occasions over the past 10 days when I have felt "out of the loop" of critical information. For example, I learned about the ultimate characterization of the Anthrax spores from the media several days after the Postal Service was notified. Public health officers – especially those in major population centers – should have background checks and receive security clearances so that they can fully participate in briefings as appropriate.

Coordinated Decision-making

One of the reasons we have been successful in our efforts in Washington, D.C. is that we have had an excellent cooperative, collaborative relationship with our federal and regional partners. However, some areas have not been completely smooth.
Picking up on these differences, the press and some public have accordingly

questioned whether some people received favorable medical treatment. This is an issue of perception rather than medical fact. The consequences are not measured in morbidity and mortality, but it public apprehension and anger.

Coordinated "Real Time" Public Information

Likewise, the value of coordinated timely public information has become abundantly clear. Message coordination across agencies and distances can slow decision-making and information dissemination. If the aim of the terrorist is to instill fear, then the inability of government to sing from the same sheet of music only helps the terrorist attain his goal. We need to ensure, that we are coordinated in our message and factual information.

The best way to instill and preserve public confidence is with accurate, timely, and informative public information delivered in a confident and compassionate manner, coupled with a treatment plan that is medically sound and competently executed. We will never be able to undo the events of September 11 or the deaths related to Anthrax.

It is a different day. We now live in a different world. As terrorists try to cripple America by infecting us with fear, I offer a public health prescription.

Lets use the public confidence lessons learned in California related to earthquakes, in the Midwest related to tornadoes and in the Southeast related to hurricanes. These are real threats we have learned to endure while living normal lives. Basic emergency preparedness and public education is key. Lets not be afraid to both inform and involve the public.