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House Homeland Security Committee

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and representing

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on the topic of

Medical Countermeasures

before

Emergency Preparedness, Response, and

Communications Subcommittee,

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Introduction

Chairman Bilirakis, Ranking Member Richardson, and members of the Subcommittee, thank you for giving me this opportunity to discuss the issue of medical countermeasures development and distribution from the perspective of the emergency services sector. I am Lawrence E. Tan, Chief of Emergency Medical Services for New Castle County, Delaware, and here representing the Emergency Services Sector Coalition on Medical Countermeasures. I am also the current President of the International Association of Emergency Medical Service Chiefs, a professional organization that represents the leadership of emergency medical services agencies that performed over 3.3 million emergency responses and transported over 2.78 million patients in America.

Recent events underscore the importance of these hearings and the responsibilities of the subcommittee in developing policies that prepare the Nation and ensure our resilience. Given the recent events and the impending anniversary of September 11th it is clear that we may yet face another terrorist attack in the coming months.

The events of 9/11 demonstrated the potential for long term health effects and unforeseen costs resulting from terrorism on unprotected populations. The anthrax attacks of 2001 demonstrated the vulnerability of the United States to intentional threats from chemical, biological, radiological and nuclear incidents. More recently, the earthquake and resulting tsunami in Japan and implosion of the Fukushima nuclear plant have dramatically heightened awareness about the fragility of response capability and capacity, and have focused international awareness on the potential impact of unintentional radiation exposure.

A biological attack on an unprepared nation has significant potential to disrupt our Nation's security, hospitals, public health services, critical infrastructure to include the emergency services sector (ESS). The Graham-Talent Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism stated "it is more likely than not that a weapon of mass destruction [most likely a biological weapon] will be used in a

terrorist attack somewhere in the world by the end of 2013.” The issue of terrorism aside, our society operates with the potential for a hazardous materials disaster each day. Accidental chemical and biological incidents can occur anytime and could have significant detrimental effect on our local communities.

The current methods of distributing medical countermeasures have not proven capable of meeting our national goals, in particular the protection of the emergency services sector. New approaches are needed to ensure that those on the front lines of the response community and their families are protected. Several exercises and reports have described that the stockpiling and distribution practices are currently inadequate in many parts of the nation to protect the population against an intentional anthrax attack.

The prospect of critical infrastructure failure is real, and would be compounded by a lack of a national strategy to protect first responders. Ensuring first responder’s capability and capacity must be a priority in any national medical countermeasure strategy. There are examples when the Nation has shown it is not prepared to protect emergency services personnel: during the H1N1 pandemic, determinations about the protective value of masks were inconsistent with operational needs. Additionally, changes in prioritization of vaccine distribution were made without consulting local incident commanders.

The emergency services sector is, by definition the tip of the spear during a domestic response within the United States and its territories. Emergency services personnel are likely to be among the first exposed in an event, and need the earliest possible access to medical countermeasures. History has demonstrated there is no “front line” in the Global War on Terrorism, and that all parts of the world, including our local communities, are potential targets. Protecting those who we depend on to respond during these crises, is essential for our community response, resilience and recovery, and thus our Nation's security. This includes planning with, by and for the emergency services sector a medical countermeasure program that protects these personnel and their families. As an emergency medical services chief, I have a responsibility not only for the community for which I am charged to provide critical lifesaving services, but for the safety and welfare

of the personnel that deliver that care each and every day. We ask these personnel to rise to the needs of their communities during a chemical, biological, radiological or nuclear incident. Imagine the potential stressors on an individual responder being asked to handle the community's needs during a catastrophic event, while wondering if the needs of their own family members are being fulfilled. It is imperative that we include the families of the emergency services sector personnel in the planning for any medical countermeasures. The effective continuity of operations of the emergency services sector as a fundamental component of the Nation's critical infrastructure, may well depend on these very personnel having timely access to medical countermeasures for both themselves and their families.

The time is right to provide emergency service sector personnel with emergency caches of pre-positioned personal and institutional medical countermeasures. The existing processes developed since 2004 to distribute “medkits” to postal workers could be extended to include the protection of our fire service, law enforcement, emergency medical services, public works, emergency healthcare, public health providers and other components of our critical infrastructure or in short--the Emergency Services Sector.

In an age of asymmetrical threats, where the "battlefield" extends far from foreign fields into our local communities, we must take advantage of our strengths, in this case our innovations in medical protection and stockpiling. The Graham-Talent commission clearly identified our lack of preparedness to ensure the continuity of government and civil society in the event of a biological attack. Given the already identified gaps in preparedness; innovation and new methods will be needed to address these shortfalls.

The recent Public Health Emergency Medical Counter-measure Enterprise (PHEMCE) review, which was reported to this subcommittee last month, took important steps towards improving the process of developing medical countermeasures in our private and military labs. The recommendations from the review, as were previously reported are:

- the establishment of a Concept Acceleration Program at the National Institutes of Health to identify promising scientific discoveries;
- the establishment of a strategic investment corporation to spur innovation;
- the establishment of a Center for Innovation in Advanced Development and Manufacturing; and
- a major investment in regulatory sciences and review capabilities at the Food & Drug Administration.

Each recommendation is important; however the review did not address the crucial issues of distribution and dissemination of currently stockpiled countermeasures. The review also failed to substantially engage the emergency services sector either as end-users of the countermeasures or in their role within the incident command component of a response. The medical countermeasure enterprise is not exclusively a public health mission separate and singular from the response to a large-scale incident. Medical counter-measure dispensing is one part of an overall response that includes resource allocation, security, and public information. It is important to note that even with the existing federally stockpiled assets, the overall response will likely be coordinated through local emergency management resources.

A more fundamental review of the medical countermeasure enterprise is warranted if we as a nation want a medical counter-measure system that will protect us through the potential threats of the 21st century. The alphabet soup of programs (Citizen Ready Initiative, Metropolitan Medical Response System, Biological Advance Research Development Authority) were conceived separately and remain uncoordinated. The PHEMCE review provides the emergency services sector and the Federal agencies an opportunity to improve our nation's protective posture. But the PHEMCE must maintain a perspective larger than the federal government and must evolve to include an end user's point-of-view.

Many of the emergency services sector professional associations have joined together to form a new Coalition on Medical Countermeasures to assist with this effort and provide a

single voice on these important issues for the nation, and to insure that the evolving national policy protects both our response personnel and their families.

We offer the following recommendations for your consideration:

- develop an advisory board comprising emergency services representatives to engage in defining end-user requirements similar to battlefield medicine practices, and to advise on effective distribution practices;
- develop a medical countermeasure strategy that enhances national resilience by protecting the protectors of our Nation's critical infrastructure;
- develop pilot projects (in at least the Tier 1 Urban Area Security Initiative "UASI" cities) to position medical countermeasures for emergency services personnel and their families;
- ensure the continuity of the Chempack program, including pilot programs to expand the formulary and examine local pharmaceutical control.

The Strategic National Stockpile, the Biological Advanced Development and Research Authority and the Metropolitan Medical Response System are all mature systems which in cooperation with each other, are capable of devising a new level of protection for the Nation, and ensuring the protection of the emergency services sector.

A medical countermeasure program that does not effectively protect the emergency services sector as the first group likely to be exposed during the performance of their duties, is insufficient. It would seem logical to include those we depend on to respond to the needs of our communities during these catastrophic incidents, and have the most to lose during a chemical, biological, radiological or nuclear event, in the development of an effective medical countermeasure program. Protecting America's emergency responders will not only contribute to our national resilience, but it's the right thing to do. The axiom of "form follows function" leads us to urge the policy makers to verify the inclusion of the first response community at the beginning, and throughout the development of any medical countermeasure system.

Thank you for your time and attention. I sincerely appreciate the opportunity to come before you this afternoon to present a perspective from the emergency response community on this vital subject. I would welcome any feedback or questions.