Testimony before the Pennsylvania House Health and Human Services Committee
July 31, 2002

Good morning, Chairman Kenney and members of the Committee. I am Helen Burns, Deputy Secretary for Health Planning and Assessment in the Pennsylvania Department of Health. As the department’s lead deputy on matters related to bioterrorism preparedness and response, Secretary of Health Robert Zimmerman has asked me to represent the department and share our thoughts about this important homeland security and public health issue. We thank you for this opportunity.

The Department of Health has long recognized that emergency preparedness, whether to respond to a natural disaster or an infectious disease outbreak or to an incident of bioterrorism, is a core function of public health, and much of the department’s ongoing activities are related to the issue of preparedness. Indeed, it's important to note that the department has been involved in several initiatives related to emergency and bioterrorism preparedness planning since as far back as 1998. For example, in those past four years, we received special federal funds to expand our public health infrastructure, including the state public health laboratory, our electronic disease reporting system, and HealthAlert, a rapid notification system involving hospitals and laboratories. Our state public health laboratory has been certified as a Bio-Safety Level 3 lab since 1999, which means that the lab is physically secure, with both special air handling and containment measures and restricted access designed to protect the lab workers and eliminate any environmental risk to the community. The lab has also been designated by the FBI and the Centers for Disease Control and Prevention as the Pennsylvania bioterrorism laboratory, and it played a key role in assessing more than 1200 environmental and human tissue samples for possible anthrax in the weeks following the release of that deadly agent last fall.

In addition, over these past years, we also received funds from the U.S. Department of Justice to perform an assessment of the local public health system for each of Pennsylvania's 67 counties. And, in concert with our sister agencies PEMA and DEP and with regional entities like Pennsylvania’s nine Regional Counter Terrorism Task Forces and our 16 regional EMS Councils, we have routinely participated in numerous regional preparedness exercises involving emergency medical services and public health response capacity.

All of these efforts are designed to strengthen our ability to respond to emergencies, ranging from emerging infections such as West Nile virus to potential biological or chemical threats such as anthrax or smallpox. But the tragic events of September 11th forever changed the way we look at the world around us and alerted us to the enormous responsibilities we face in protecting the public’s health.

As has been widely noted, Pennsylvania is the only state whose governor holds the position as a direct result of the September 11 attacks. From the outset of his tenure, Governor Schweiker has made homeland security, including bioterrorism preparedness and response planning, a priority of this administration, announcing the formation of a Task Force on Security in his inaugural address. The Governor charged the 13 member Task Force, which included
among its members the Secretary of Health, with assessing the Commonwealth’s overall state of readiness and generating recommendations on a comprehensive anti-terrorism strategy. The Task Force presented its detailed report to the Governor on November 20.

Later that month, the Governor created a Security Council, that also includes the Secretary of Health, to assist him in all aspects of Commonwealth domestic security and to better coordinate cross-agency activities related to homeland security. In addition, Governor Schweiker created a Pennsylvania Office of Homeland Security, under the direction of Earl Freilino, a native of western Pennsylvania, and charged the Office with fulfilling what the Governor described as his top priority -- the safety and security of Pennsylvanians. Consistent with this priority, the Governor proposed and signed into law a new state budget that makes an unprecedented $200 million dollar investment in security and emergency and response initiatives.

As an agency, the Department of Health has been aggressive in responding to many new challenges that have arisen since September 11. We have moved forward to strengthen our public health infrastructure, upgrade infectious disease surveillance and investigation systems, expand public health laboratory capacity, strengthen the capacity of hospitals and other health care entities to respond to mass casualties, improve public health communications, expand education and training networks, and enhance the capacity of local jurisdictions, providers and communities to deal with the possibility of a bioterrorist incident or other emergency. I will spend the next several minutes detailing some of our activity in these areas.

First and foremost, Pennsylvania has been fully engaged with local partners from throughout the state to assure that we were focused on local needs and community capacity. The Secretary appointed a comprehensive advisory group with representation from more than 125 entities, including six health districts; ten county and municipal health departments; 16 regional EMS councils; nine Regional Counter Terrorism Task Forces; local, state and federal governments; medical, hospital and other health care associations; state and federal law enforcement agencies; voluntary and non-profit social services agencies; and universities, schools of public health and bio-medical and related scientific organizations. We have convened this broad-based group several times and they have broken into smaller work groups to provide valuable insight and direction. Our partnership with this inclusive group has been essential to our preparedness planning, and collaborating with them has enabled us, as a state, to move forward with speed, efficiency and consensus.

The department also recently established an Office of Public Health Preparedness to coordinate public health preparedness activities across the Commonwealth, including hospital preparedness and workforce development. The office works closely with local and other state agencies, and serves as the liaison with Pennsylvania’s Office of Homeland Security and with PEMA. We believe that, by establishing this office, we are sending the right message to Pennsylvania about our commitment to being prepared.

No matter our commitment, much of our ability to being prepared hinges on the availability of scarce resources. So I’m pleased to note that Pennsylvania was recently awarded more than $37 million in federal funds for the express purpose of enhancing our public health capacity in order to respond to a biological attack. And I can add with some pride that we were one of only 24 states and two cities to receive full funding for these grants from the U.S.
Department of Health and Human Services. As required by the federal government, we
developed a comprehensive Work Plan to provide a framework for use of these funds. A
detailed executive summary of that work plan is accessible on the department's website, but let
me describe some of the key elements of this important planning document:

- We are creating a statewide disease surveillance system, the backbone of which is
  the Pennsylvania component of the National Electronic Disease Surveillance
  System – called NEDSS, a sophisticated, internet-based instrument for disease
  reporting, data warehousing, and analysis. PA-NEDSS will provide department
  epidemiologists with around-the-clock capacity to respond immediately to reports
  of urgent cases or suspected disease outbreaks so they can begin immediate case
  and outbreak investigations.

- We are contracting with HAP, the Hospital and Healthsystem Association of
  Pennsylvania, to conduct a needs assessment of all hospitals in Pennsylvania to
determine their capacity to respond to a bioterrorist attack and to develop regional
  plans, especially to assure capacities in several areas of the state to manage an
  influx of 500 or more patients during a crisis.

- We are also working with HAP to develop a mechanism to distribute funds
directly to hospitals and other health care entities for their preparedness planning
  initiatives. These funds are designated to enhance the readiness, improve
  infection control systems, provide personal protective equipment and train staff.

- We are focusing resources on local capacity because any successful statewide
  effort to respond to a bioterrorism emergency is dependent on adequate resources
  and capacity in local communities. Accordingly, we are providing significant
  funding to the ten county and municipal health departments that provide local
  public health services to approximately 40% of Pennsylvania’s residents, using a
  “base plus per capita” funding formula, to enable them to strengthen their public
  health infrastructure, enhance their disease surveillance capacity, improve their
  preparedness planning activity, including their ability to distribute medicines or
  other pharmaceuticals in the event of an incident, and develop new risk
  communications tools.

- We are also finalizing contracts with local EMS councils and poison control
  centers to distribute funds to enable them to enhance their bioterrorism
  preparedness capacity.

- We are working with other health care entities, such as Federally Qualified Health
  Centers, rural health clinics, long term care institutions and home health agencies,
  to assess both their needs and capacity to assist in responding to a bioterrorist
  incident.

- We will conduct real-time statewide and regional exercises with state agencies
  and community partners to strengthen preparedness across Pennsylvania's health
  care network.

- We are fine-tuning our comprehensive emergency plan for the Pennsylvania
  Department of Health’s receipt, storage and distribution of the National
  Pharmaceutical Stockpile. The stockpiles are located in secure locations
  throughout the country intended to provide affected locations with a very large
  inventory of drugs, vaccines, medical supplies and medical equipment,
  comprising seven tractor trailer loads. The federal government can deliver
  stockpile inventory anywhere in the country within 12 hours or less. We are
requiring local public health jurisdictions to have their own individual plans in place that integrate with the state’s National Pharmaceutical Stockpile plan.

- We are further enhancing capacity in the State Public Health Laboratory in Lionville, Chester County, by expanding the space already dedicated to "biological safety level 3" activity, hiring new and training existing personnel, improving building security, and enhancing electronic communications capabilities. Together, these enhancements will permit the use of state-of-the-art technologies to more rapidly identify potential bioterrorism agents and provide secure transfer of information and data between the State Public Health Laboratory and its emergency preparedness and response partners.

- We are providing considerable funding, more than $900,000, to Allegheny County to enable the Allegheny County Health Department to build a new state-of-the-art public health laboratory capable of dealing with the threat of bioterrorism. As our partner, Allegheny County is also contributing substantial funding for this new facility. Once completed, the Allegheny County lab will provide essential public health laboratory analysis in the region and serve as a “back-up” to our current state public health laboratory, which will continue to have final confirmatory authority for selected biotoxins.

- We are working with providers, community organizations and other government agencies to assure appropriate protocols for communicating with and providing care to special populations during an emergency, including the elderly, school children, persons living in residential facilities like nursing homes, and people with special needs. We are also collaborating on making appropriate educational materials available for multi-lingual and multicultural populations.

- We are dedicating additional resources to train medical and environmental subject matter experts. Relatedly, we are developing teams of volunteer expert physicians and other front-line providers who are capable of being sent to any site across the Commonwealth where additional medical or technical expertise might be needed.

- We are coordinating efforts with PEMA and the Office of Homeland Security to create an integrated, high technology telecommunications system for providers and first responders that is secure, two-way and redundant.

- And last, but certainly not least, we will continue to call upon the advisory committee I described earlier, whose members have played a pivotal role in enhancing our state’s current capacity to respond to an incident of bioterrorism.

I’d also like to describe another related initiative. While fully consistent with the initiatives I’ve just described, this initiative utilizes a different funding stream and demonstrates the scope of our efforts to assure public safety and emergency preparedness capacity. Using health research funds, we recently awarded a competitive $6 million grant to the University of Pittsburgh for a three year research project to develop and test “syndromic surveillance” systems to be used statewide by the Pennsylvania Department of Health. The university is teaming with Carnegie Mellon University and Siemens Medical Solutions Health Services and the state health department to collect and analyze data using existing information systems in hospitals, poison centers, pharmacies and other industries to identify patterns indicating infectious-disease outbreaks. Department epidemiologists will use this new methodology to track an upsurge in emergency department visits or monitor increased sales of over-the-counter medicines. The project is already underway at the UPMC Health System here in Southwestern Pennsylvania, the
Pinnacle Health System in Central Pennsylvania and a system soon to be named in Southeast Pennsylvania. This surveillance system is a new tool in our public health arsenal and could very well provide the clue in discovering or rapidly responding to an infectious-disease outbreak or an incident of bioterrorism.

Before closing, I want to address the issue you raised in your letter inviting the department to appear before the committee. In response to your question about voluntary immunization for first responders, if that relates to recent discussions, on both the national and state levels, concerning anthrax and smallpox, I want to advise you that all scenarios currently under review include voluntary immunization. So, to give you a simple answer, if the vaccines are made available to the states in a way that is consistent with Pennsylvania’s strategy for pre-event immunization, we would make that vaccine available on a voluntary basis to essential personnel. As to other immunization needs for first responders, the Department of Health is working with PEMA and with EMS regional councils to assess the need for first responder immunization for diseases local to their service areas, including an assessment of existing insurance coverage and other third party resources. After the assessment is completed, we will collaborate with first responders and their community organizations to explore alternatives for providing immunizations to protect these valued frontline health and safety professionals.

There is little I can say that hasn’t already been said about the impact on America of September 11th and subsequent events. But these past ten months have become an unprecedented time for public health in our country. As Governor Schweiker said, “September 11 underscored the importance of including the health-care community in our front-line response system.”

As a state agency, we recognize the enormous challenges that lie ahead. We also recognize that we have been given significant new resources, particularly new federal funds, to help us meet these challenges. We are committed to using these resources wisely and to passing them on to local organizations as much as possible. After all, the same resources that will enhance our ability to deal with bioterrorism also will support our day-to-day efforts to improve the health of all Pennsylvanians, providing an infrastructure to successfully detect and cope with any public health emergency, whether that emergency results from a naturally occurring disease outbreak or a natural disaster or the accidental release of toxic material or a terrorist attack using a biological agent.

Thank you. I would be happy to answer your questions.