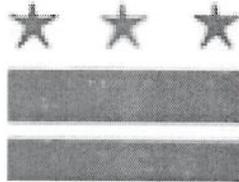


Government of the District of Columbia



Testimony of
**Darrell Darnell, Director of the Homeland Security and Emergency
Management Agency for the District of Columbia**

Preparing the National Capital Region for a Pandemic

Subcommittee on Oversight of Government Management, the
Federal Workforce, and the District of Columbia
Senator Daniel K. Akaka, Chairman
Senator George V. Voinovich, Ranking Member

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Mr. Chairman, Mr. Ranking Member and members of the Subcommittee, thank you for the opportunity to appear today to discuss pandemic preparedness in the National Capital Region (NCR).¹ I am Darrell Darnell, the director of the Homeland Security and Emergency Management Agency for the District of Columbia and I have submitted my written testimony for the record on behalf of Mayor Adrian Fenty.

Pandemic

A major difference between a pandemic and natural disasters such as a tornado or hurricane, or intentional release of a biological, radiological or chemical agent, is that a pandemic is likely to cause both widespread and sustained effects and is thus likely to stress the resources of every state. This broad resource strain will make it difficult to shift resources between states and reinforces the need for each state to develop a plan, reflecting a substantial degree of self-reliance.

Several specific features that set a pandemic apart from other public health emergencies or community disasters are:

- Pandemics are unpredictable and arrive with very little warning.
- Outbreaks are expected to occur simultaneously throughout much of the U.S., preventing shifts in human and material resources that usually occur in the response to other disasters. Localities must be prepared to rely on their own resources to respond.
- Because of the high degree of infectiousness of a pandemic, the number of persons affected will be high.
- Health care workers and other first responders will be at higher risk of exposure and illness than the general population, further straining the health care system.
- Effective prevention and therapeutic measures, including vaccine and antiviral agents, will be in short supply, contributing to public concern.
- Widespread illness in the community will increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical community services (military personnel, police, firefighters, utility workers, transportation workers).

¹ Title 10, United States Code, Section 2674 (f)(2) provides the following definition:

The term "National Capital Region" means the geographic area located within the boundaries of (A) the District of Columbia, (B) Montgomery and Prince Georges Counties in the State of Maryland, (C) Arlington, Fairfax, Loudoun, and Prince William Counties and the City of Alexandria in the Commonwealth of Virginia, and (D) all cities and other units of government within the geographic areas of such District, Counties, and City.

For the reasons stated above, the District's response to a pandemic will include significant governmental coordination, communication to the public, testing of our plans through exercises, increased medical surge capacity, and first responder protection.

Coordination

District

The District's Pandemic Influenza Preparedness Plan provides a framework for the District of Columbia to prepare for and respond to a pandemic. The plan is based upon the pandemic phases determined by the CDC in collaboration with the World Health Organization (WHO). The phases range from early identification of a virus to resolution of pandemic cycling. These phases help identify the estimated impact of a pandemic on the District of Columbia government, residents, workers, and visitors. Following these guidelines, the District's plan prescribes necessary activities and identifies responsible parties by pandemic phases. These declared and defined phases will help ensure a consistent and coordinated response by all responsible agencies and stakeholders in the event of an influenza pandemic event.

Regional

In an effort to facilitate collaboration in the area of homeland security, the region's leadership has established Regional Programmatic Working Groups (RPWG) to develop and oversee programs and their associated projects within the region. The intent of the RPWGs is to build, sustain and share capabilities among the NCR states and jurisdictions and develop performance measures to allow us to gauge our preparedness within the region.

The Health and Medical Regional Programmatic Working Group, a subset of Regional Emergency Support Function 8 (Health Officer's Committee), along with the Bio-Emergency Planners Subcommittee, which addresses mass vaccination and mass dispensing issues, and the Surge Subcommittee, which addresses mass fatality planning throughout the NCR, provide forums for regional planning and cooperation related to pandemic preparation.

In addition to collaboration with its regional partners, the District of Columbia works closely with the federal Interagency Working Group on Emergency Preparedness to address planning and preparedness with our federal counterparts. The District also has the unique experience of working closely with the U.S. Department of Health and Human Services and other federal agencies and departments during National Special Security Events (NSSE).

This type of collaboration is not limited to government entities. The District has developed partnerships with the business community, including building property owners and managers as well as the city's hospitality industry in order to enhance preparedness and response efforts. As recently as September 10, 2007, city agencies, including my agency, the Homeland Security and Emergency Management Agency, and the

Department of Health took part in a tabletop exercise at the Washington Convention Center that included a scenario involving an outbreak of food borne illness among guests at area hotels. We also have enhanced relationships with District hospitals, primary care clinics, and university health centers to ensure a more integrated response during a large scale event such as a pandemic.

Communication

Before, during, and after an emergency, the main purpose of communication is to provide timely, accurate, and easily understood information and instructions to the public. The lines of communication into and out of the District of Columbia Department of Health (DOH) to the many agencies responsible for disseminating information before, during and after a health emergency must be clear and precise.

Public education efforts have included a symposium in late April 2006 and posting on the Department of Health website of pandemic influenza information, including the city's Pandemic Influenza Plan, fact sheets and pan flu preparedness checklists for media and law enforcement. DOH is in the process of developing checklists for schools and businesses. The checklists provide guidance for organizations in developing and improving their pandemic influenza response and preparation plans.

In the event that it becomes necessary to provide emergency notification and information to citizens regarding protective actions, distribution of medication or other related matters, the District will utilize Alert DC, its four-part citizen emergency notification system. The system consists of:

- a text alert system that allows citizens to register online to receive emergency text messages on any text capable device;
- a voice alert system that allows emergency officials to select a specific geographic area and call the land line telephones in that area and leave a recorded message;
- the Emergency Information Center website, an online repository of information about various types of emergencies and the official online source of real-time information during emergencies, and
- the Emergency Alert System, the partnership between government and the broadcast industry that allows emergency officials to interrupt regular programming to broadcast emergency information.

The city also would use commercial media outlets to provide information to the public. Regularly scheduled press conferences, similar to the ones held by the city during its response to the anthrax incidents at the Hart Senate Office Building and at what is now called the Curseen/Morris Mail Processing and Distribution Center (formerly the Brentwood Postal Facility) would be held in order to make available the most current and up to date information.

Public information officers and other communications officials at District of Columbia agencies, including the Homeland Security and Emergency Management Agency, the Office of the Attorney General, the Department of Mental Health, the Fire and Emergency Medical Services Department and the Department of Health completed a two-day course, "Crisis and Emergency Risk Communication: Pandemic Influenza Region III" conducted in September 2006 by the U.S. Centers for Disease Control. Communications and public information personnel from health and safety agencies throughout HHS Region III took part in the training. In addition, the members of RESF-15 have received training in crisis communication and "message mapping", a technique that uses groups of short, succinct messages to convey emergency information.

Exercises

In order to help ensure the efficacy of its planning and training efforts, the District has conducted a number of pandemic influenza related exercises during the 2007 fiscal year.

On October 23 – 25, 2006, the D.C. Department of Health organized a region-wide pandemic influenza drill. During the exercise, the D.C. government demonstrated its capacity to work collaboratively in a multi-agency response that included the D.C. Public Schools, as well as its ability to safely and securely receive, transport, and deliver Strategic National Stockpile assets from the Northern Virginia regional warehouse to several designated sites in the District. Receipt, storage, and staging (RSS) warehouse operations were secure and efficient, even with several untrained staff members. DOH also successfully set up and operated two Quick Delivery Centers for distributing antibiotics to the public.

A March 28, 2007, tabletop exercise with public, private and charter schools provided a forum to discuss Department of Health (DOH) decision-making in the event of a pandemic flu outbreak. The event raised awareness of the impact of closing K-12 school buildings and helped clarify the responsibilities of participating agencies. Participants reviewed current plans to determine how to address school closures and identified gaps in coordination between agencies required to support such closures. The exercise helped promote the continued planning and refinement of current pandemic influenza plans. It also improved understanding of the interagency decision-making process. Furthermore, the forum provided the Centers for Disease Control and Prevention (CDC) with data to formulate a National Community Containment Preparedness Policy.

Finally, the D.C. government sponsored a tabletop exercise on implementing the District's Strategic National Stockpile (SNS) Antiviral Distribution plan on July 31, 2007. Benefits included Department of Health (DOH) staff members and supporting stakeholders becoming more familiar with their roles and responsibilities in activating the DC SNS Plan, in addition to an improved multi-agency response to effectively and securely receive, process and transport antiviral drugs. The exercise has contributed to the creation of better national policy and guidance to the Centers for Disease Control / Strategic National Stockpile (CDC/SNS). D.C. now has adequate facilities for the receipt,

storage and distribution of antivirals, personal protective equipment and other resources. The event helped identify the proper agencies tasked with maintaining the safety and integrity of facilities and resources. Moreover, there is a better understanding of which jurisdictional resources and assets could benefit the community during a large-scale public health event.

Over the past few years, the Commonwealth of Virginia, the State of Maryland, and the District of Columbia have developed Pandemic Influenza Response Plans and have exercised those plans on a regular basis. The larger nonprofit community has not participated in these regional exercises. In the event of a regional public health emergency, such as Pandemic Flu, the nonprofit community will also play a critical response and recovery role. On October 17, 2007, an exercise will be held to allow nonprofits to test their Continuity of Operations (COOP) plans using a Pandemic Flu scenario. This exercise will also be useful in identifying regional shortfalls, or gaps in nonprofit emergency preparedness.

These exercises have in the past and will in the future serve to familiarize D.C. personnel and the public with pandemic response plans, and they have demonstrated the ability of D.C. agencies to coordinate their response effectively. Collaboration and communication with regional partners has improved. The District is now confident in its ability to store, transport and distribute antibiotics to the public.

However, these exercises have also helped identify areas in need of improvement. D.C. now knows that it must invest in better planning and clearer guidelines among first responders, as well as improve coordination with hospitals and health care systems.

Medical Surge Capacity

Surge Bed Capacity

In the event of a pandemic influenza outbreak in the District of Columbia and National Capital Region, the number of patients seeking treatment at hospitals in the region would soar. The District and the National Capital Region have invested in increasing hospital surge capacity in previous years to expand hospitals' ability to accept larger than normal volumes of patients. The term "bed" reflects not only the patient bed, but also the supplies, equipment, and pharmaceuticals that accompany the bed, such as cardiac monitors, wheelchairs, cots, HEPA filter machines, stretchers and other support equipment. Throughout the NCR, the number of additional "surge" beds that were created is 2,367 – approximately 1/3 of these are located in hospitals in the District.

However, even with additional bed capacity built into hospitals in the District, the volume of patients seeking treatment in a pandemic will be greater than the number of hospital beds will accommodate. Recognizing this, the District has implemented a federally compliant HA_vBED system to track hospital bed status and locate the hospitals that have room for additional patients. The District also has procured a large capacity ambulance bus that can transport 20 patients at a time to hospitals that have available

space for additional patients, and has also purchased a Mass Casualty Support Unit that can be deployed to treat up to 100 patients in the field.

Recognizing that hospitals are not the only locations that will receive patients in a pandemic, the District is assisting primary care clinics in the development of their emergency preparedness programs.

Mass Prophylaxis Dispensing Site Equipment and Supplies

The federally managed Strategic National Stockpile (SNS) of pharmaceuticals will come into play in the response to an outbreak of pandemic influenza. The federal side of the SNS is to deliver the pharmaceuticals to pre-designated sites for distribution – it is up to the District to ensure that the distribution sites are capable of receiving the SNS and distributing it to the public. The District and the National Capital Region have purchased equipment and medical supplies needed to open and operate mass prophylaxis dispensing sites in response to an outbreak of pandemic flu. If a vaccine or preventive treatment is available for the strain of flu, then these distribution sites would provide the means to distribute it to the public.

Syndromic Surveillance

One of the important aspects of response to a pandemic is identifying it at its earliest stages so that response efforts can get underway as soon as possible. Without early identification of an outbreak, it can spread quickly and grow out of control. The District of Columbia hospitals report diagnosed cases of influenza on a daily basis. These reports are compiled and compared against normal seasonal patterns. This monitoring will reveal an unusual or sudden spike in flu-like symptoms being reported at multiple hospitals and will notify public health officials of it early on. The neighboring states of Maryland and Virginia have similar systems, and the National Capital Region Syndromic Surveillance Network has been put in place to aggregate this data across jurisdictions.

First Responder Protection

In order to effectively treat the large number of affected individuals who will need medical treatment during a pandemic flu outbreak, it is critical that hospital, public health, and emergency medical services providers have adequate protection so that they themselves do not become infected.

The District of Columbia and the National Capital Region have purchased a large amount of protective equipment for health personnel in order to maintain their safety while treating the public during a pandemic, including:

- 2.5 million surgical masks
- 750,000 N-95 respirators
- Level C Powered Air Purifying Respirators (PAPRs)
- Level B Personal Protective Equipment (PPE)

Since health care workers and other first responders will be at higher risk of exposure and illness than the general population, we must ensure that they have appropriate protection so that they can perform their duties.

Conclusion

The District is continually preparing for a response to a pandemic through the following activities:

- Identifying public and private sector partners needed for effective planning and response;
- Planning for key components of pandemic influenza preparedness plan - surveillance, distribution of vaccine and antivirals, and communications;
- Integrating pandemic influenza planning with other planning activities conducted under CDC and HRSA's bioterrorism preparedness cooperative agreements with states;
- Coordinating with local areas to ensure development of local plans as called for by the state plan and providing resources, such as templates, to assist in the planning process;
- Assisting local areas in exercising plans; and
- Coordination with adjoining jurisdictions.

This concludes my formal testimony. Thank you again for the opportunity to testify before you today. I am ready to answer any questions you may have at this time.