

Tommy Thompson

Thank you, John (Thomasian, director of the National Governors Association's Center for Best Practices), for that kind introduction. It's always good to come to a meeting of the NGA and see so many friends and colleagues. Over the years, many of us worked together on important projects in our home states, and joining you today is like coming home.

The NGA is taking a leadership role in fighting the threat of bioterrorism. Your cooperative agreement with the Centers for Disease Control, the Justice Department and FEMA to establish a policy academy to help states develop comprehensive anti-bioterrorism plans is going to make a significant difference in the way we prepare for potential acts of terrorism. That kind of forward thinking is typical of our nation's governors and is one of the reasons I've always been honored to be one of you.

As a governor, I greatly appreciated the work of the National Emergency Management Association. Now, as Secretary of Health and Human Services, that appreciation has deepened even more. NEMA does so much to help people when a crisis comes. All Americans – including the nation's governors – are in your debt.

You just completed a "table talk" exercise where you walked through how a governor's office would respond to the threat of a plague or epidemic. At a time of so much medical promise, it's disturbing that you would have to have an exercise like that.

But even though our amazing era is giving us breakthrough after breakthrough in the realms of science and medicine, some of the very technologies that offer hope can also destroy. Biblical-style plagues could be reenacted, tragically and gruesomely, before our eyes.

We only need to think back a few years to when a Japanese cult released the nerve gas Sarin in a Tokyo subway. There are even reports that prior to the subway attack, members of the cult had traveled to Zaire in Africa to obtain samples of the devastating Ebola virus.

And in Russia and other former Soviet countries, there are dozens of sites where biological weapons are either produced or stockpiled, many of them guarded lightly.

But whether in the former Soviet Union, at medical clinics in Africa, in Asian laboratories and even here at home, the possibility that someone could steal and develop a deadly virus in order to spread biological terror is real.

That's why, should some vicious act of bioterrorism be inflicted upon the American people, we have to act – swiftly, effectively and decisively. The consequences of not having plans in place to quickly counteract terrorist-generated epidemics are too terrible to contemplate.

The President is committed to making sure that we're as ready as we can be. The President's fiscal year 2002 budget provides the HHS anti-bioterrorism initiative with \$348 million, an almost twenty percent increase over the current fiscal year.

But funding, while critical, is not sufficient by itself. The President is also concerned that we approach our anti-bioterrorism activities in a coordinated way. He has instructed the Federal Emergency Management Agency to take the overall lead among federal agencies for consequence management efforts. As part of this initiative, the President has designated the Department of

Health and Human Services to coordinate medical assistance in national emergencies, whether they are natural disasters or acts of terrorism.

When FEMA determines a federal response is warranted, HHS deploys medical personnel, equipment and drugs to assist victims of a major disaster, emergency or terrorist attack.

But that kind of response can only occur when preparation has been thorough. Preparation is especially important because bioterrorism differs dramatically from other forms of terrorism, and national emergencies. While explosions or chemical attacks cause immediate and visible casualties, an intentional release of a biological weapon would unfold over the course of days or weeks, possibly resulting in a major epidemic.

It's also worth noting that the bioweapons most likely to be used are pathogens not routinely seen by health care providers. Most medical caregivers are not familiar with the diagnosis and treatment of these kinds of disorders and may at first fail to recognize symptoms. That's what makes careful planning now – today – all the more important.

The Department of Health and Human Services has been preparing the medical and public health response to mass casualty events. We've been working to improve our infectious disease surveillance capabilities... managing and securing the National Pharmaceutical Stockpile... and investing in necessary research and development to improve our capability to respond to an emergency.

A couple of months ago, I spoke to a congressional subcommittee on Capitol Hill about what my department is doing to combat bioterrorism. I said then that I would appoint a special assistant to lead the department's bioterrorism initiative. Today, I am very pleased to announce that this person has been chosen.

His name is Dr. Scott Lillibridge, and he's here with us today. Scott, please stand so we can recognize you.

Dr. Lillibridge has been with the Centers for Disease Control since 1990, and since 1998 has been the director of the CDC's bioterrorism preparedness and response program. Dr. Lillibridge led the U.S. medical delegation to Tokyo after the Sarin gas attack and led the public health assessment unit that was part of the Federal response to the Oklahoma City bombing. His long experience in public health began when he was the chief resident at the Baylor College of Medicine and continued through six years in public health and clinical service preceding his more than 10 years with the CDC.

Dr. Lillibridge has gained extensive experience in emergency training. He's worked in no less than 14 nations on epidemiology and other public health issues. I can think of no one better prepared to coordinate our anti-bioterrorism initiatives than Scott Lillibridge.

Dr. Lillibridge – who is also Captain Scott Lillibridge in the U.S. Public Health Service Commissioned Corps – will also support the Surgeon General's efforts to revitalize the Public Health Service Commissioned Corps and its Readiness Force. Let me assure you that this is a top priority for me and for my entire department.

That priority has taken practical shape in my department's efforts to prepare for a bioterrorist attack. Our efforts fall under four categories, each of which is a significant component of our comprehensive anti-bioterrorism planning and readiness initiative.

First, coordination: We are developing a coordinated medical and public health response to mass casualty events. The reason is very simple: if a major weapons-of-mass-destruction disaster occurs as a result of a terrorist attack, local resource could be quickly overwhelmed and demand immediate federal assistance.

So, within my department, the Office of Emergency Preparedness is coordinating the National Disaster Medical System, which is a collaborative effort between HHS and FEMA... the Defense and Veterans Affairs Departments... and the private sector.

The Office of Emergency Preparedness also manages the development of local Metropolitan Medical Response Systems, which currently exist in 97 municipalities. President Bush's fiscal year 2002 budget includes funding for an additional 25 Metro systems.

Second, surveillance: To enhance this coordinated response, we are working to improve surveillance efforts through the Centers for Disease Control and Prevention, and in concert with local and state public health jurisdictions, the CDC has established a Bioterrorism Preparedness and Response Program to direct and coordinate its efforts to detect, analyze and address bioterrorist threats and actions.

Third, rapid response: We are working through the National Pharmaceutical Stockpile to ensure that we have enough of the medicines necessary to help victims of a bioterrorist attack. The CDC operates the Stockpile and has taken important steps to guarantee that, in the event of an attack, antibiotics, antidote, vaccines and medical materiel will be readily available.

Fourth, prevention: Preventative efforts are as important as remedial ones. The Antiterrorism and Effective Death Penalty Act of 1996 gave the CDC a mandate to regulate the shipment of certain hazardous biological organisms and toxins as they are transported to research facilities around the country. We are taking strong measures to make sure potential weapons of biological terrorism do not fall into the wrong hands.

As of April 2001, 230 laboratories have registered with the CDC to transfer such "select" biological agents. The CDC is also training public health officials in every state to assist them in accurately interpreting biosafety containment provisions and select agent procedures.

These four areas – coordination, surveillance, rapid response and prevention – all demand improvement and better integration. To ensure that these advances continue, Dr. Lillibridge will coordinate all of these activities. He will provide both executive leadership and organizational direction to this critically important effort.

We all understand the grim reality of the bioterrorist threat to the nation. The Administration is preparing to mobilize our skills and resources to put in place the kind of infrastructure we need to contain and manage the consequences of terrorist event, should one ever occur.

Now, this month we're celebrating the 225<sup>th</sup> anniversary of our Independence. So it's fitting that I close with something George Washington said during the difficult days of the American Revolution – something that has a direct application to the purpose of this conference. In 1780, he wrote a letter to a friend in which he said, "There is nothing so likely to produce peace as to be well prepared to meet an enemy."

Being “well prepared” – that’s the key. We cannot guarantee that a bioterrorist act will never be committed against our country, just as we cannot guarantee that we will never again have to fight a war to defend our liberty and security.

But we can be sure that anyone contemplating such an attack will know we are prepared to meet it... that we have the infrastructure in place to quickly and effectively turn back the threat of an epidemic, plague or any other kind of biomedical disaster any would-be terrorist would throw at us.

Putting it simply, we are taking General Washington’s counsel. We will be well prepared to meet any and every bioterrorist enemy.

You are also following that good counsel by meeting here at this summit. When it comes to domestic terrorism, especially something as insidious as bioterrorism, we cannot afford to wait. We have to prepare today.

So, let me say thank you again for your commitment to preparing our country for what might lie ahead. Only by thinking about the unthinkable will we prevent it from becoming a reality. The fact that we are joining forces to do exactly that offers promise for the well being of our citizens and the security of our country. All the best to you for the rest of the conference and in your important work as governors.