

TESTIMONY OF DR. SUE BAILEY
HEALTH VENTURES, LLC

FORMER ASSISTANT SECRETARY OF
DEFENSE FOR HEALTH AFFAIRS

BEFORE THE
UNITED STATES HOUSE OF
REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

OCTOBER 15, 2001

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Chairman Smith and Members of the Committee, thank you for inviting me to this hearing and allowing me to testify.

In my role as Assistant Secretary of Defense for Health Affairs I was responsible for the Military Health System and was the principal advisor to the Secretary of Defense on issues of health and force protection, including chemical and biological warfare. This included assuring that the facilities and equipment available for the care of the active personnel and their dependents was of the highest quality available and was capable of meeting wartime and peacetime requirements.

Key aspects of meeting wartime and peacetime requirements are DoD's Integrated CONUS Medical Operations Plan (ICMOP), which coordinates DoD's CONUS medical resources; The VA/DoD Contingency Hospital

System, which makes VA medical resources available to support DoD needs; and the National Disaster Medical System (NDMS), which supplements the war or national emergency needs of the combined resources of the VA and the DoD. Importantly, both the Assistant Secretary of Defense for Health Affairs and the Assistant Secretary of the Department of Health and Human Services may activate the NDMS. During the recent attacks on 11 September, the Secretary of HHS did in fact activate the NDMS and the VA and DoD reported bed availability. While the low number of casualties allowed local medical facilities to cope with the patients generated, we cannot assume that future national emergencies would play out similarly. Clearly, in the wake of 11 September attacks, the domestic aspects of VA and DoD participation in the NDMS take on new relevance. Moreover, I believe there is much we can do to leverage the superb private and public health resources of this country in order to improve the quality and capacity of our response.

While there are differences in the VA and DoD health systems that are the result of their missions, these differences do not mean that the military and Veterans' Administration medical systems cannot be powerful assets to protect our citizens and defend our homeland. On the contrary, the

experience, facilities, equipment and personnel of these agencies are essential to an effective civilian response program.

The tragic events of September 11th and the subsequent anthrax exposures in Florida and New York have dramatically illustrated the vulnerabilities of our society to terrorist attacks. Most experts agree that the likelihood of a large-scale bio-terrorist attack is small. Fortunately, biologic and chemical agents are not easily weaponized or disseminated and they are difficult, dangerous and expensive to produce in quantities that would create mass casualties.

This does not mean that there is not a threat. On the contrary, the threat is real but overall the risk is small when compared to other types of potential terrorist attacks.

While the risks are small, the potential consequences of a successful attack could be devastating. In one exercise known as “Dark Winter” federal and private officials simulated an attack on a major US city with smallpox. It ended in chaos and demonstrated our inability to contain a bioterrorist attack involving an infectious pathogen. Furthermore, the economic consequences can be equally devastating with estimates as high as \$26 billion dollars per

100,000 persons exposed. These studies clearly justify the costs associated with a greatly enhanced and coordinated emergency preparedness program that calls upon the considerable combined assets of our private hospital system and the DoD/VA national system.

The World Health Organization (WHO) has identified Anthrax, Smallpox, Plague, and Botulism as the agents against which nations should step up surveillance and response efforts. While the lists of possible biologic and chemical weapons that U.S federal agencies maintain vary, most include Smallpox, Anthrax, and Sarin, principally due to either their availability, biologic stability, or potential for weaponization.

Scenarios such as “Dark Winter”, and potential large-scale national emergencies that recent events call upon us to consider, point up that medical emergency preparedness and homeland defense require collaborative efforts involving careful planning between Federal, State and local governments. Despite the success of existing systems to respond in recent emergencies, it is easy to imagine resources being over-whelmed by even a medium scale weapon of mass destruction attack on our homeland.

Clearly, current systems could be inadequate to manage significant events.

A coordinated surveillance, identification, containment, communication, and response system will be necessary to minimize the effects of a biologic, chemical or conventional mass casualty incident. Essential facets of such a system would include:

- Adequate communications support between headquarters and field offices and on-site systems.
- Integrated communications among detection units, laboratories, first responders, health care facilities, and federal agencies.
- Adequate detection equipment and enhanced laboratory capacities.
- Coordinated nation-wide medical surveillance for near real-time trend analysis.
- Accelerated specialized training of health care providers, first responders, and other personnel.
- Increased protection for first responders and facilities.
- Ensured access to stockpiled medications and vaccines.
- Decontamination facilities at all hospitals.
- Enhanced surge/bed capacity and alternative/mobile medical facilities.
- Improved bed status and patient-tracking reporting systems.

It is vital that the resources of the VA and DOD Systems be included in these efforts so that in the event the National Disaster Medical System is activated, the full capacity of the nation medical resources may be brought to bear. This is entirely consistent with Public Law 97-174, which authorizes the Veterans' Administration to be the site of back-up medical care in the event of war or national emergency. Thus the Veterans' Administration hospitals, equipment and personnel can and should play an integral part of planning by the federal, state and local governments as they develop contingency plans for homeland defense.

Mr. Chairman, I am very proud to have served our Armed Forces as Assistant Secretary of Defense and honored to be asked to testify today. I would be happy to answer any questions the Committee may have. Thank you.