

Fairly rational - got
one again.

2nd final statement
was on May 4/00

Appreciate very much. Home - John Hynes lectures

AHC ①

11 years ago in Napa CA. - John Hynes lectures
At that time - I was in W.H.

Some concern re: anthrax ^{diva} but only 150,000 vaccinated.

Two yrs since PASTERNAK departed - Russia

Limited expertise in p.h. or medicine re: bio weapons or the threat
in fact - a sort of taboo subject.

CDC - nobody with top secret clearance and no program at all in HHS.

What changed? and when?

1995 - Aum / Iraq / Niket. P.D.D. -

Nunn - Humphrey - Dominici - 1st responders.

Explosives, chemical DOD - DOJ - DOE

HHS asked for nothing and got nothing -

I left NBS in 95 but continued Advisory roles @ DoD and State. (2)

1997 - Mtg. on urban bioterrorism in Baltimore.

Decision - Osterholm, Oxtel, Proton - need to educate Exec. Congress/
+ Medicine + P.H. EPIDEMIC

STRATEGY Belief that our best defense was a greatly strengthened infrastructure involving hospital, public health and medicine broadly to detect early, to diagnose, to provide needed clinical care and ph. sessions

Sept 97 - 1st presentation on this subject - countermeasures followed -

May 98 - President proposed ↑ HHS budget from \$2 → \$173 B
still a very small amount.

Sept 98 - Center started at Hopkins -

Forst gr. no funds from Foundation.

Note all of this to point out that the subject was generally considered

whether a Kolasa type terrorist or naturally occurring event - e.g. H5N1
seemed like quadrants virtually any week.

& be of little concern

(3)

CDC ~~was~~ began limited activities in Jan. 99; Hamburg came in - some resources to stocks, ⁱⁿ but hospitals and acad. ctrs - were ^{little} engaged →

June 2001 - "Dark Winter" scenario.

Nunn, Hamra → hearings in Congress.

~~9/11~~ 9/15 Special hearing Senate Foreign Relations Com.

9/11 D. A. summons to D.C. - part time

10/2 Anthrax - full time

11/1 Special office created

1/10 Appropriation \$3 billion - OPI asked ^{to} ~~reconsider~~ ^{and divert}.

to have one program - not 7 or 8

OVERSIGHTS

4 Summary Vac.

Amstrax - ABS → new vaccine

Push packs - antibiotics & chemical - delivery 12 hours.

Lab network

A key need is to involve both academic inst. and hospitals in the effort.

Administrative Issues

4

Hospitals - \$125 x 10⁶ not much. How to use.

- 1) Req. planning for surge capacity
- 2) Assessment of needs.
- 3) Provision for isolation of infective in ER.

What you find in
Prong index but? of building funding
into the schedule

See need for hospitals to have enough ^{AB} staff + facilities for 48 hours.
Chemical antidotes, decontamination - needs to be worked out.

Is this a one time dollop of funds?

- 1) Will protect of inst. gradually etc
- 2) Now + emerging
- 3) Recombants.

availability
skills
internet

If \$ spent wisely and can demonstrate productivity to Congress - there will be more.
Pres. has asked for a 50% increase for next year ~~of the budget~~
~~for the hospital.~~