

# EMERGENCY SERVICES COALITION FOR MEDICAL PREPAREDNESS

Dateline: September 11, 2012

Eleven years ago on this day, first responders entered collapsing buildings - many lacking equipment and situational awareness for the hazards they faced. Four hundred and twelve emergency workers were lost that day. In the following years, the United States has debated threats to our national security.

While much progress has been made in confronting traditional threats, a distinct lack of progress is noted in protecting America's first responders. Emergency services personnel remain uniquely vulnerable to dangers posed by biological threats. The use of biological weapons has been described by the Commission on WMD Proliferation and Terrorism as the "most likely" threat to America. Laboratory research on genetic manipulation of influenza strains could lead to the "worst influenza pandemic in history," according to one member of the US National Science Advisory Board for Biosecurity. Known stockpiles of chemical and biological weapons, in Syria and other countries, cannot be definitively assumed to be secure.

Biological and chemical threats pose an universal, existential danger to all Americans, the emergency services sector as the frontline require special measures. While the general population might wait for a coordinated governmental response to the crisis, the men and women in emergency services can not afford such an approach. They will be called upon to respond to ensure the continuity of power, water and civil order. Waiting until the crisis is not an acceptable method. Any plan to confront these threats cannot be considered complete without a strategy to "protect the protectors."

News in recent months is not encouraging. Considering evidence from three known threats of greatest import (anthrax, smallpox, and influenza) describes the gap we face:

1. The Strategic National Stockpile will discard hundreds of thousands of doses of anthrax vaccine in the next 12 months. This vaccine could be given to first responders who have been asking for this protection for years. Placing antibiotic Medkits in the workplaces and homes of first responders has been delayed for further study in spite of numerous Congressional expressions of interest. Postal workers have had these kits in their homes since 2007. An emergency services-wide plan for pre- and post-event vaccine provision, and supporting Medkit distribution, is long overdue in light of the 2008 determination by the HHS Secretary "there is a credible risk that the threat of exposure of B. anthracis and the resulting disease constitutes a public health emergency" and current uncertainty surrounding the BioWatch program.
2. The third generation smallpox vaccine (Imvamune), developed with funding from BioShield in 2004, might disappear, wasting nine years of investment, and expose a gap in our protections. As far as we can assess, the National Smallpox Vaccination Policy announced by President Bush in 2002 remains in effect. The failure of that policy was using a vaccine that actually resulted in harm to volunteer first responders who received it. However, the third-generation vaccine does not appear to have those safety concerns and could be given to first responders in the future. Losing this safer vaccine leaves only a vaccine that may do more harm than good.
3. The 2009 H1N1 pandemic strain of influenza highlighted gaps in planning for widespread emergency vaccine distribution. During the delayed and confusing recommendations on vaccine

prioritization, first responders were relegated to a secondary priority. In the years since 2009, no new prioritization plans have been provided to the Emergency Services Sector, and we remain far from a fully-vaccinated workforce. As a nation we remain subject to the virulence of the virus rather than confident in our planning.

In each case above we have, within our grasp, the opportunity to be prepared pre-event by taking a few simple steps. Modest innovation and application of proven methods can be used to ensure the resilience of our nation's emergency services.

When coordinated properly and efficiently, the Strategic National Stockpile (SNS), the Biological Advanced Development and Research Authority (BARDA) and the Metropolitan Medical Reserve System (MMRS) are capable of devising a new level of protection for the nation through protecting the Emergency Services Sector. One recent success in medical countermeasures planning is the Chempack program, which placed medical countermeasures in strategic locations across the country – giving first responders quick access to them in the event of a chemical attack on an American city. The SNS took an innovative step in placing countermeasures in the hands of first responders by working with state and local first responders to identify these strategic locations. Innovative thinking such as this must continue so that medical countermeasures are available to local incident command staff and first responders, and their families.

In order to ensure the proper placement of medical countermeasures, a fundamental review is needed. A medical countermeasure system that will protect first responders and their families from potential threats must be based on an evaluation of the current system and initiatives. The current array of programs, such as the Cities Readiness Initiative, the Chempack Program, the Postal Model, MMRS, the National Disaster Medical System, and BARDA, were conceived separately and remain largely separated and uncoordinated. The Emergency Services Sector and Federal agencies must improve America's protection by collaborating.

Since its earliest discussions the Emergency Services Coalition for Medical Preparedness has been dedicated to a broader vision for the mission of "protecting the protectors." In reviewing the 2010 Public Health Emergency and Medical Countermeasures Enterprise documents, the Coalition found they lacked focused on protecting populations, issues of distribution, and operations. Two years later these concerns remain, and are heightened by a lack of progress.

We applaud the recent passage of the FDA Safety and Innovation Act (P.L. 112-144) which reauthorized the Prescription Drug User Fee Act (PDUFA). The recognition of the impact of drug shortages on the emergency services was an important step. The incentives for new antibiotic development are crucial. We urge Congress to undertake the same efforts by passing the Pandemic and All Hazards Preparedness Act (H.R. 2405/S. 1855). Congress must provide for the protection of America's first responders.

PDUFA is a critical first step. The Coalition asks all components of the Federal public health countermeasure enterprise to join local responders in taking additional necessary steps, including,

- finalizing a plan based on provider requirements for a broad pre-event protection;
- swiftly adopting policies that have been stalled in departmental review;
- ensuring passage of PAHPA to ensure a vibrant private sector remains engaged in countermeasure development;
- ensuring passage of PAHPA with language describing a "full protected emergency services sector."

To address the current gaps and anticipate future medical preparedness developments, the Coalition is holding an agenda-setting meeting on October 26 in Orlando, FL. A medical countermeasure program that does not protect the emergency services sector first is insufficient. Any medical countermeasures program must provide for the protection of the first responders charged with responding to and mitigating these threats. Entitled Countermeasures 2.0, the meeting will focus on:

- defining what constitutes the fully-vaccinated workforce;
- developing a two and five year agenda for protecting first responders;
- designing the contents of an emergency services Medkit;
- collecting national level practices for distributing stockpiles and critical drugs in short supply to emergency services.

Federal officials, congressional staff, private sector logistics and distribution companies, and other biodefense experts will be in attendance in addition to the representatives of the Coalition's member associations to address improvements in the protection of the protectors.

For more information please visit: <http://www.iaem.com/EmergencyServicesCoalition/>