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The Honorable Tommy Thompson
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 615F
Washington, D.C. 20201

Dear Mr. Secretary:

Along with many public health professionals across the United States, the Trust for America's Health applauds your recent Senate testimony, in which you recapped recent progress in bolstering public health defenses but also acknowledged the need to do more.

We strongly support your action to create an advisory committee of public health experts, and we urge you to make it a permanent source of counsel to the Secretary of Health and Human Services. We also support your recommendations for increased education and training for medical professionals; an expansion of the CDC Epidemic Intelligence Service (EIS); the placement of more EIS experts in state health departments; and annual meetings of emergency medical personnel, state and local officials, and non-governmental organizations.

That said, the ongoing public debate over "bioterrorism" has overshadowed a related and equally worrisome problem: our relative lack of preparedness to handle a chemical attack involving hazardous materials currently stored in large quantities in communities across America. As you know, this concern echoes much of what was stated before the Senate panel by noted health experts Dr. Patricia Quinlisk from the Iowa Department of Public Health and Dr. Rex Archer from the Kansas City Health Department.

A wide range of hazardous substances can be found in the 66,000 chemical plants across the United States. More than 300 industrial substances are extraordinarily hazardous. Some, in fact, are so toxic that a teaspoon inhaled, dropped on the skin or ingested through contaminated food or water can cause severe illness or death. Many of these chemicals are stored in industrial facilities and transported across the country every day in tanker trucks and railcars.

For example, chlorine gas tanks are located at thousands of municipal and industrial water treatment plants. Phosgene – a choking gas used in World War I – is used at 33 chemical plants across the United States. While all of these facilities are well protected, it is possible that these toxic substances could be stolen or attacked -- and used to threaten our public health.

In short, hazardous chemical substances are relatively accessible. They pose potentially serious and poorly understood dangers to public health. This was already true before Sept. 11; in today's context, the risks are even greater. Clearly, we must do more to understand the risks and better prepare ourselves to detect and respond to any danger.

Taking action to prevent chronic disease and protect the health and safety of our communities.

Early detection of and response to chemical terrorism is crucial. With this country's HazMat teams, we have strong emergency response to chemical accidents or spills. But when the toxic material and its source is unknown, we have limited surveillance capabilities. No hospital emergency department, and few state health laboratories, can detect a wide range of toxic chemicals in the human body. The only laboratory in this country with comprehensive chemical screening tools for human biological samples resides at the Centers for Disease Control and Prevention's National Center for Environmental Health located in Atlanta. At a minimum, this laboratory capacity must be regionalized so that any response can occur more rapidly.

This was one of the recommendations of the Pew Environmental Health Commission at the Johns Hopkins School of Public Health, which I served as Executive Director. The Commission recognized the limitations of our basic ability to track the community's health from environmental threats and proposed a series of fixes that would prepare our country for rapid response to chemical catastrophes and provide the foundation for America's long-term protection from environmental risks. In its September 2000 report, *America's Environmental Health Gap*, the Commission called for a national "early warning" system as part of a multifaceted national health tracking network:

"The existing partnership of hospitals, poison centers and public health agencies that make up the tracking network for outbreaks like food and waterborne illnesses and bioterrorism attacks also should identify and track early warning signs of outbreaks of health effects that may result from environmental factors. ... For example, if a terrorist or accidental event occurred involving misuse or release of toxic chemicals, an early warning system with environmental capacity could quickly recognize the episode, identify the chemical exposure and more rapidly initiate effective treatment and response."

Mr. Secretary, as you know, public health protection is as essential to our quality of life as police and fire protection. The Pew Commission recognized that the gaps we identified – including a lack of coordinated, nationwide health-tracking; inadequate public health laboratories; and a limited capacity to coordinate a rapid response – were threats to both our everyday well-being and our safety in times of crisis.

My colleagues and I are heartened by your personal commitment and take-charge approach in addressing these critical public health needs. We hope you will give equal priority to both chemical and biological risks, including those posed by toxic substances already present in

our communities; and that you will support the call for a more fully developed national "early warning" and health-tracking system to handle both chronic and acute health crises.

Please let us know if we can provide any additional information, expertise or resources as you move forward with your efforts.

Sincerely,

Shelley A. Hearne, Dr.P.H.
Executive Director
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cc: D.A. Henderson, MD
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