MEMO

Date: December 28, 2001

To: Donna Knutson, Executive Director
CSTE

From: Marion Warwick, MD, MPH, Medical Epidemiologist
Emergency / Terrorism Response Unit

Re: Trip report, Rand Corporation conference on Bioterrorism Technology Infrastructure, Washington D.C., December 20, 2001

Purpose of conference: The conference was the second in a series of three on technology infrastructure, and as for the first conference, a summary of the proceedings will be published. The conference focused on surveillance and communications, presumably because the needs of an infrastructure should determine its architecture. About 80 experts from diverse fields participated: professional associations representing hospitals, public health, and primary care providers; representatives from private sector industries such as software applications, and other individuals with expertise in bioterrorism ranging from government officials at local, state, and federal levels of government to persons with experience in international biowarfare discussions.

Format: The conference was lively and well organized. An initial plenary session was followed by an intensive, facilitated break-out session that filled the rest of the morning. Participants could choose from six sessions, limited to 12 persons per group. There were two categories (communications and surveillance) each of which included three different time-phases for a BT event: before, early response, and mitigation and recovery. The afternoon started with a brief plenary session, followed with each small group viewing the written results (wall charts) of three other break-out groups explained by a participant of that group, a brief break-out session with the initial group to synthesize the results of viewing the other groups' work, and concluded with a summary plenary session in which a representative of each group described their idea of their group's three most important findings from the day.

Discussion points: The opening plenary session consisted of introductions, of participants and an overview of the subject. My break-out session, communications during the early phase, came up with a long list of criteria that included the (shorter) list on the following page. The information from the other groups I visited was similar to our group. It was remarkable that such a diverse group could be so like-minded about what is needed.

An official record made from all from the break-out sessions will be collated from notes made on the walls by each group and published. My informal notes follow. Because of the conference's fast pace, as well as the small, interactive group setting and frequent moving from room to room, it was difficult to take notes during the conference itself.

Points from my workgroup "communications during the early phase":

- A list of stakeholders was generated: physicians, professional associations, hospitals, various agencies at all levels of government, industry, first responders, many more including the general public.

- Effective early communications will require the close team collaboration among federal, state and local authorities.

- It is important to work on finding a difficult balance between releasing information promptly and holding it until it can be validated to be accurate.

- The right information needs to get to the right persons in a timely manner: both responders and portions of the public. Information should be targeted for various subgroups: physicians, ethnic minorities, government leaders, schools, hospitals, many others who may need different pieces of it, tailored to their understanding.

- Data standards should be generated that include commonly accepted definitions and ensure confidentiality.

- Many different groups may need to access parts of information that already exists in separate databases. This should be made accessible to various outside parties if they need it. (The term "middleware" was used as a means of connecting unrelated databases.)

- Clarification of command and control issues would make for a more unified response.

- Early communications should include how to deal with the psychological effects of terrorist acts on the public (regardless of age).

- A spokesperson for public health information would be helpful, as when different health experts give differing advice, it is confusing for the public.

- There needs to be a way to correct misinformation, so two-way flow of information should be considered. The public needs to learn to evaluate the source of the information they hear on the news.

- There should be a way to mark websites as official government websites so people know whether the information they are looking at is reliable.

- The NEDDS system was favorably mentioned as a good start towards surveillance infrastructure several times, with suggestions that it should receive adequate funding.

Cc: Maureen Dempsey, MD, Director, DHSS
Ron Cates, Deputy Director, DHSS