

September 22–23, 2003 /  
Pittsburgh, PA

**NATIONAL  
HEALTH  
POLICY  
FORUM**

## Site Visit Report

# Medical Response for Terrorism and Public Health Threats: One Region's Experience

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC

## CONTENTS

|                                    |    |
|------------------------------------|----|
| Acknowledgments .....              | ii |
| Background .....                   | 1  |
| Program .....                      | 2  |
| Impressions .....                  | 3  |
| Agenda .....                       | 9  |
| Federal & State Participants ..... | 13 |
| Biographical Sketches —            |    |
| Speakers & Responders .....        | 15 |
| Federal & State Participants ..... | 20 |

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NHPF is a nonpartisan education and information exchange for federal health policymakers.

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## ACKNOWLEDGMENTS

“Medical Response for Terrorism and Public Health Threats: One Region’s Experience” was a complex enterprise, requiring considerable collaboration between the National Health Policy Forum and the Agency for Health Care Research and Quality (AHRQ), in addition to the research, planning, and outreach activities that characterize any site visit. NHPF is pleased to have had the opportunity to work with AHRQ in this process. Both organizations take satisfaction in the successful cross-fertilization of ideas that occurred in the mixing of federal and state participants.

NHPF appreciates the work of the staff of the National Academy for State Health Policy, who, as contractors to AHRQ, provided logistical support.

NHPF is grateful to the Robert Wood Johnson and W. K. Kellogg Foundations for underwriting site visit expenses for federal policy-makers and NHPF staff.

The Forum thanks the many people in Pittsburgh who shared their time and knowledge with staff in preparation for the visit and those who agreed to do the same as part of the program itself. Particular thanks are due to Chief Robert Full of the Allegheny County Department of Emergency Services and Michael Allswede, DO, of the University of Pittsburgh Medical Center Health System for their generosity in hosting the site visit group.

September 22–23, 2003 / Pittsburgh

# Medical Response for Terrorism and Public Health Threats: One Region's Experience

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## BACKGROUND

The concept of convening this site visit focused on emergency medical preparedness in a post-9/11 United States had its genesis in a number of previous Forum activities, including a 1999 Baltimore site visit on preparations for a bioterrorist incident, a 2002 visit to Atlanta to explore preparedness activities across levels of government, and several Forum sessions that provided the perspectives of both state and local public health officials. Feedback received from these meetings, along with guidance from the Forum's bioterrorism preparedness workgroup and Steering Committee, suggested that the NHPF should focus more explicitly on how hospitals and other health care providers were preparing for mass casualty events. Recognizing the importance of federal-state cooperation in building these capabilities, the Forum partnered with the Agency for Health Care Research and Quality (AHRQ) User Liaison Program (ULP), which serves state policymakers, to plan and convene the site visit. This partnership provided the opportunity for the NHPF's federal and the ULP's state audiences to learn from each other, as well as from the formal program.

Pittsburgh is the locus of several AHRQ-funded research initiatives and is also home to a pioneering citywide campaign to improve health care quality and patient safety. Furthermore, the Region 13 Working Group, an alliance of 13 southwest Pennsylvania counties with a commitment to formalizing and maintaining mutual support in response to terrorist events and natural disasters, is a well-known and widely respected model for regional emergency management.

During site visit planning, NHPF and AHRQ researchers focused particularly on prehospital and hospital care. These preliminary explorations revealed that several individuals and institutions in the Pittsburgh region have developed innovative approaches to issues such as surveillance, hospital surge capacity, and personnel notification and credentialing. New technologies and methodologies are being developed and tested for clinical and communications application. The site visit was designed to profile some of these innovations and examine the existing and potential barriers to their deployment. A secondary

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focus was the roles (sometimes mutually supportive and sometimes not) of the various political entities involved in regional preparedness planning: cities, counties, states, and the federal government.

## **PROGRAM**

Federal and state policymakers converged in Pittsburgh on Monday morning for a program that opened with a context-setting review of Pennsylvania geography, political organization, and preparedness efforts by a former associate commissioner of the state's Department of Health. Having gained a basic picture of the state's situation—and the position of Region 13, Allegheny County, and the city of Pittsburgh within it—the group turned to consideration of surveillance issues. The focus included both traditional infectious disease case reporting and syndromic surveillance, which relies on clinical information that is not disease-specific (such as medications used and symptoms reported) to provide early warning of a disease outbreak. Highlighted was the Real-Time Outbreak and Disease Surveillance (RODS) system, developed partially under an AHRQ grant, which draws syndromic data from a variety of sources, screens for anomalies, and alerts users to potentially worrisome “peaks” in monitored data. Also examined was the National Electronic Disease Surveillance System (NEDSS), a standards-based system for electronic disease reporting.

Monday afternoon, the group traveled to the Allegheny County Emergency Operations Center (EOC), where Chief Robert Full, Allegheny's chief fire marshall and emergency management coordinator as well as Region 13 chair, welcomed them and gave an overview of Region 13 and county resources and capabilities. A panel of hospital representatives described their facilities' experiences in a recent drill to test response to an influx of patients where chemical contamination was suspected; all stressed the vital importance of reliable, tested, and interoperable communication, control, and coordination mechanisms and protocols. The session ended with a tour of the EOC.

Officials from the Pennsylvania Department of Health who oversee community health and public health preparedness programs discussed their goals and accomplishments in a breakfast session to open the second day. Doctors at the University of Pittsburgh Medical Center's Presbyterian Hospital who are also AHRQ grantees explained the “Pittsburgh Matrix” they are working on to give hospitals a schematic framework for assessing and preparing to respond to multiple hazards. A demonstration of the hospital's decontamination process and its simulation/training van followed.

Tuesday afternoon was given to examining the many issues involved in determining and optimizing surge capacity. Organization and deployment of tangible assets (“beds, drugs, and vents”) was considered, as were the factors governing mobilization of human assets. A wrap-up discussion ended the day.

## IMPRESSIONS

The site visit triggered lively discussions among participants, both during and after the trip. Because state participants contributed their own experiences and circumstances to the information gleaned from site visit presentations, the bulk of participants' commentaries focused on broader issues of federal leadership and common challenges, rather than relating specifically to the preparedness efforts underway in Pittsburgh.

In general, participants appeared to be in agreement with respect to a number of observations and conclusions. The following are the key impressions participants took away from the presentations as well as additional insights developed during a follow-up debriefing session:

*A comprehensive national strategy to guide preparedness efforts is needed.*

Many of the participants noted that in the absence of a national strategy for preparedness and some gaps in state-level guidance and direction, preparedness goals are emanating from local jurisdictions and individual organizations in a "bottom-up" fashion. Participants expressed concerns that these goals are often narrowly defined and bound by the idiosyncratic nature, priorities, politics, and personalities of particular communities. This bottom-up approach has allowed for creativity but has also lead to a fragmentation and duplication of efforts.

*States and localities are seeking clear, strategic guidance from federal decision makers, with discretion left for interpreting appropriate implementation tactics.*

Existing "standards" for preparedness, such as those related to number of isolation beds needed, were viewed as arbitrary and artificial. Participants expressed a desire for very clear, high-level goals that define what should be accomplished while leaving states flexibility for determining how to do so. Some participants noted the need for greater involvement of people trained in the planning discipline whose experience and perspective could strengthen the development of federal guidance and oversight. Some questioned whether designated federal and state agencies had the resident substantive expertise to oversee medical and hospital preparedness efforts. Concerns were also voiced regarding the shifting nature of federal directives. For example, early Metropolitan Medical Response System (MMRS) guidance called for the development of plans for the receipt and distribution of the Strategic National Stockpile (SNS) by grantees. Subsequent guidance from the Centers for Disease Control and Prevention (CDC) called for the development of SNS plans at the state level that had different security requirements than those posed to MMRS sites. While participants acknowledged the evolving nature of threat and security circumstances, they also expressed frustration regarding their own wasted efforts and the need continually to "redo" planning activities based on changing federal expectations.

**IMPRESSIONS**

*While there is consensus that federal agencies need to establish the national strategy and goals, states and localities must be active participants in this planning process.*

More two-way communication and dialogue between federal and state officials was advocated. Several participants suggested that the CDC and the Health Resources and Services Administration (HRSA) should attempt to convene state grantees more regularly to allow for greater in-depth discussion and truly interactive interchange of ideas and concerns. For example, some participants questioned why the CDC requires grantees to develop syndromic surveillance capabilities. These participants were skeptical that such systems would allow for more timely detection of a disease outbreak and believed that other, more traditional techniques might be superior and more cost-effective. Saying that some states would prefer to make other investments in their epidemiological capacity, rather than expend resources on syndromic surveillance, these participants advocated for more flexible goals, such as “every state must have the capability to identify and track a disease outbreak in X amount of time.” Similarly, concerns were raised that federal agencies have not sought sufficient state input in determining the nature of and approach to technical assistance being offered. Some participants noted that a recent HRSA announcement regarding the availability of technical assistance seems to “come from nowhere” and was focused on issues on which states had already made considerable progress. Despite expressing concerns regarding structured communications related to the HRSA grant, several state participants noted that they have extremely good relationships with their HRSA project officers and emphasized the positive aspects of these interactions.

*Pittsburgh-area preparedness suffers from a lack of clear guidance from state or federal sources.*

State officials, in particular, were criticized for hindering local efforts by their delay in defining state-wide standards. This question of “what are we shooting for” continues to come up and hampers the area’s ability to set a direction and make progress. Pittsburgh preparedness players perceive that, while they do not lack for technical capability and smart, committed people, they do lack an organizing framework for their various efforts. Although a number of innovative efforts are underway or under development, these efforts appear disjointed and rely heavily on volunteerism. Furthermore, it is unclear how local efforts will mesh with broader statewide activities or interstate efforts.

*It is not clear whether Pennsylvania’s devolution of decision making to the local level is unusually high.*

The theme of Pennsylvania as a “commonwealth” received a fair level of attention during and after the site visit. Some participants felt that the level of devolution to local authorities was unusually high, while others noted that their states operate in a similar fashion. Questions regarding the most appropriate way for states to mediate these political realities were unresolved. Jurisdictional complications, such as having different regional boundaries for emergency medical service and public

health districts and historically thin staffing at the state health department, were thought to have exacerbated fragmentation problems in Pennsylvania.

*Moving preparedness planning beyond jurisdictional boundaries is a clear need.*

Pittsburgh area officials were praised for their ability to mobilize multiple counties in a regional approach. Participants commented on how important it is to respect existing relationships and historical patterns of cooperative action in establishing regional frameworks. As one participant noted, however, any regional plan breaks down at its boundaries. Concerns were also raised about the viability of interstate partnerships. Several participants noted the challenges of broadening planning efforts across state lines and noted how the lack of a national strategy has added to these challenges.

*There is a need for regular drills and exercises at the local level.*

Although participants recognized the resource-intensive nature of drills, most felt these types of activities are invaluable for establishing and testing relationships. Many participants noted that such exercises are perhaps one of the best tools for assessing preparedness capabilities and believe more federal resources should be devoted to such exercises. Pittsburgh presenters noted the value of drills and expressed the desire to increase their frequency. The cost associated with training was frequently cited as a major barrier to improving preparedness. Several participants noted that federal support in this area is too narrowly focused on curriculum development and does not support the salary-related costs of taking staff “off-line” to engage in training exercises. Union contracts were also cited as obstacles, as well as ethical concerns about compromising the quality of care being delivered to patients who were utilizing facilities while drills and training were taking place. Some participants noted that training is currently supported largely by in-kind contributions of staff who are willing to train without receiving compensation for their time. Concerns were raised that the structure of the HRSA grant does not allow for the states’ to dedicate substantial resources to training support.

*The integration of public health into the emergency response apparatus is evolving.*

Some participants commented that planning efforts in Pittsburgh appear to be overly dominated by the emergency management agency, with insufficient engagement of public health. Others disagreed and supported the notion of emergency management as the appropriate discipline to lead planning and response activities. Several participants noted that public health agencies need to become more comfortable with incident management systems and should work to clarify their roles and responsibilities. The role of public health in guiding medical and hospital preparedness is particularly unclear. Hospitals may not have close relationships with local and state public health authorities and do not look to these entities to guide their efforts.

## IMPRESSIONS



**IMPRESSIONS**

*Planning efforts do not appear to be guided by threat assessments.*

Preparedness needs and corresponding resource allocations appear primarily a function of population density and identifiable targets. A rigorous analysis of risk and response in less obvious areas (for example, major truck routes) either has not been carried out or has not been shared with public health and hospital representatives. Participants noted that law enforcement agencies generally do not share useful threat assessment data with health systems, although it is unclear if this is due to a lack of data or fear of compromising sources or investigations.

*Individual hospitals and hospital systems have attempted to define their own preparedness needs and pursue corrective actions, although these activities appear to have been conducted in isolation with little to no consideration of regional plans and priorities.*

There is no agreed-upon answer to the question, What capacities/capabilities do individual hospitals need and what capacities need to be planned for at the regional level? The mechanisms used to distribute funds, particularly HRSA dollars, have not created incentives for regional approaches, although such approaches are clearly required under the HRSA grant guidance and the language of hospital funding agreements. In the absence of a broader plan, new funds have been invested largely in “stuff,” such as equipment and supplies. Without more rigorous regional planning, it is unclear whether a speaker’s assertion that \$92 million would be required to “properly” equip all area hospitals is sound.

*The status of state budgets threatens to undermine preparedness efforts.*

Although state fiscal situations differ across states and states have protected preparedness-related activities to varying degrees, several participants noted that already existing, “basic” infrastructure components related to emergency response, such as ambulance service and radio dispatch systems, are being threatened by budgetary pressures.

*Preparedness improvement efforts inherently involve a long “ramp-up” phase.*

Several participants noted the degree of planning, consultation, and preparation that goes into building preparedness capabilities. These participants cautioned federal policymakers to recognize that delays in making expenditures may be very legitimate and do not reflect a lack of need for such resources. Because the complexity and technical nature of these investments require a thoughtful planning process and implementation process, some participants advocated for more relaxed requirements related to the timing of expenditures.

## Monday, September 22, 2003

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## AGENDA

**9:30 am** Registration and Refreshments [*headquarters hotel, Omni William Penn Hotel, Frick Room Lobby*]

**10:00 am** Welcome and Introductions [*Frick Room*]

**Sally Phillips**, *Director*, Bioterrorism Preparedness Research Program, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services

**Judith Miller Jones**, *Director*, National Health Policy Forum

**10:30 am** OVERVIEW OF PITTSBURGH-AREA PREPAREDNESS PLAN

**Helen K. Burns, PhD, RN**, *Associate Dean for Clinical Education*, University of Pittsburgh School of Nursing, and *former Associate Commissioner*, Pennsylvania Department of Health

- Who are the relevant organizations in developing preparedness plans at the local and state levels?
- What general strategies has Pennsylvania elected to pursue in improving public health and hospital preparedness?

**11:00 am** INFECTIOUS DISEASE SURVEILLANCE

**Kirsten Waller, MD, MPH**, *Surveillance Section Leader*, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health

**Bruce W. Dixon, MD**, *Director*, Allegheny County Health Department

**Michael P. Allswede, DO**, *Section Chief*, Special Emergency Medical Response, University of Pittsburgh Medical Center Health System

- Is infectious disease surveillance more effective than it was prior to the infusion of Centers for Disease Control and Prevention preparedness funding? What has been the impact of the National Electronic Disease Surveillance System (NEDSS)? To what extent has epidemiological capacity increased?
- Are clinicians adequately prepared to detect and report the types of infectious diseases likely to be used in a bioterrorism attack? What strategies have been pursued to improve case reporting? Are reports more complete and timely as a result? Is additional outreach needed?
- Are new surveillance techniques needed to protect against bioterrorist threats?

**12:15 pm** Lunch

### AGENDA

**Monday, September 22, 2003** (cont.)

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**12:45 pm** SYNDROMIC SURVEILLANCE

**Michael Wagner, MD**, *Director*, Real-time Outbreak and Disease Surveillance Laboratory, Center for Biomedical Informatics, University of Pittsburgh

Responders:

**Virginia M. Dato, MD, MPH**, *Public Health Physician*, Division of Infectious Diseases, Bureau of Epidemiology, Pennsylvania Department of Health

**Bruce W. Dixon, MD**, *title above*

**Michael P. Allswede, DO**, *title above*

- How can syndromic surveillance systems expedite response to bioterrorist threats? What are the strengths and limitations of this surveillance approach?
- What is the “critical mass” of provider participation needed to support accuracy and reliability? How has provider participation been secured?
- What resources are necessary to develop and sustain syndromic surveillance capabilities? To what extent does investment in syndromic approaches divert resources from traditional surveillance?
- To what extent has syndromic surveillance been integrated into local public health practice? What are the biggest barriers to broad-scale dissemination of syndromic surveillance systems?

**2:00 pm** Bus departure for Region 13 Emergency Operations Center

**2:45 pm** ENSURING REGIONAL COORDINATION: EMERGENCY REGION 13 AND “HOT WASH” OF RECENT PREPAREDNESS DRILL [*Emergency Operations Center*]

**Robert A. Full**, *Chief/Emergency Management Coordinator*, Allegheny County Department of Emergency Services, and *Fire Marshall*, Allegheny County

- What are the challenges inherent in developing regional approaches to emergency management? How have federal and state policies helped or hindered Region 13 efforts?
- How has the existence of multiple funding streams and oversight agencies at both the state and federal levels influenced preparedness efforts?
- Why did southwest Pennsylvania elect to implement the Metropolitan Medical Response System (MMRS) regionally, rather than focusing on the Pittsburgh metro area? What were the results of this approach?

## AGENDA

### Monday, September 22, 2003 (cont.)

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- What cultural tensions among first responders, public health officials, and acute care medical providers have emerged? How have these tensions been addressed?
- 3:15 pm** Walk-through of Emergency Operations Center
- 3:45 pm** LESSONS LEARNED: PREHOSPITAL AND HOSPITAL SERVICES
  - Christopher Conti, MD**, *Attending Physician*, Department of Emergency Medicine, Mercy Hospital of Pittsburgh
  - Loren H. Roth, MD, MPH**, *Senior Vice President for Health Sciences*, University of Pittsburgh Medical Center Health System
  - Thomas Stein, MD**, *Medical Director*, Emergency Medical Support Services, and *Director*, Prehospital Services, Allegheny General Hospital, West Penn Allegheny Health System
  - William A. Hamilton**, *Emergency Medical Services and Safety Coordinator*, Armstrong County Memorial Hospital
- How have the emergency response capacities unique to biological threats, such as isolation, quarantine, prophylactic treatment, and laboratory, been enhanced? To what extent does planning for biological threats differ from planning for other weapons of mass destruction?
- What remaining challenges have emergency response drills and exercises exposed? Of these, which have been identified as the highest-priority issues?
- How has Region 13 brought area hospitals together for regional surge capacity planning? Have hospitals been successful in overcoming competitive pressures? To what extent did the structure and requirements of the Health Resources and Services Administration's hospital preparedness grants help or hinder these efforts?
- What additional guidance, oversight, and resources are required from state and federal policymakers to ensure adequate hospital surge capabilities?
- 5:00 pm** Bus departure for headquarters hotel
- 6:00 pm** Reception
- 7:15 pm** Bus departure for dinner at Grand Concourse restaurant

**AGENDA****Tuesday, September 23, 2003**

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- 7:30 am** Continental Breakfast [*headquarters hotel, Frick Room*]
- 8:00 am** THE STATE'S CHALLENGE: BALANCING INNOVATION AND STANDARDIZATION
- Michael K. Huff, RN**, *Director*, Bureau of Community Health Systems, Pennsylvania Department of Health
- Sheilah A. Borne**, *Assistant Director*, Office of Public Health Preparedness, Pennsylvania Department of Health
- How widely do emergency medical response and bioterrorism preparedness capabilities vary across the state? How has this variation been acknowledged in state planning efforts?
  - To what extent has the Commonwealth of Pennsylvania delegated preparedness decision-making and implementation responsibilities to local authorities? How has this varied by type of activity?
  - How are implementation efforts being monitored?
  - How has Pennsylvania reconciled the potential advantages of local innovation with the need for state-wide consistency and standards?
- 9:00 am** Bus departure for University of Pittsburgh Medical Center (UPMC) Presbyterian Hospital
- 9:45 am** HOSPITAL PREPAREDNESS: SYSTEMATIC PLANNING AND TRAINING [*UPMC Presbyterian Hospital*]
- Michael P. Allswede, DO**, *title above*
- What systematic set of decisions must hospital administrators make in preparing their personnel and facilities for bioterrorism or other mass casualty threats?
  - How are disaster preparedness activities balanced against day-to-day operational demands? In what ways do "routine" functions support preparedness capabilities?
  - What are the most pressing needs facing hospitals as they seek to upgrade their bioterrorism and disaster response capacities?
- 10:30 am** Demonstrations of UPMC Presbyterian Hospital's decontamination procedures and training van simulation
- 11:00 am** Bus departure for headquarters hotel
- 11:30 am** REGIONAL SURGE CAPACITY: BEDS, DRUGS, AND VENTS [*Box lunch available, Frick Room*]
- Frederick V. Peterson Jr.**, *Director*, Constituent Services, Hospital Council of Western Pennsylvania

**Tuesday, September 23, 2003** (cont.)

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## AGENDA

**Victor N. Tucci, MD**, *Bioterrorism Coordinator*, Allegheny County Health Department

**Eric Poach**, *Outreach Specialist*, Division of Pre-Hospital Services, Pittsburgh Mercy Hospital System

- What mechanisms are in place or being developed to track bed capacity and the availability of equipment, supplies, and pharmaceuticals?
- How has Region 13 planned to incorporate the Strategic National Stockpile (SNS) into its emergency response protocols? In what ways could the SNS be better suited to local needs?
- Have area hospitals been successful in developing and formalizing mutual aid agreements?
- How do surge capacity plans address the use of alternative care sites (that is, sites not currently licensed for the provision of health care)?
- Under what emergency circumstances will the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) standards and regulatory requirements be relaxed and who is responsible for making such a determination?

### **1:15 pm** REGIONAL SURGE CAPACITY: MOBILIZING HUMAN ASSETS

**Knox T. Walk**, *Emergency Medical Services Coordinator*, Region 13

**Glenn A. Miller**, *Director*, Winner EMS Institute, Sharon Regional Hospital System

**Victor N. Tucci, MD**, *title above*

**Kathleen Criss, CBCP**, *Information Security and Disaster Recovery Analyst*, Magee-Womens Hospital, University of Pittsburgh Medical Center Health System

- To what extent do credentialing standards and liability concerns undermine hospitals' willingness to reach personnel-sharing agreements in the event of a disaster? What strategies have been pursued to minimize these concerns?
- How can new communication technologies be used to mobilize health care professionals and other volunteers?
- What are the most pressing training needs related to ensuring effective response to bioterrorism events?
- How will federal personnel assets be integrated into regional surge capacity plans?

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## NHPF Site Visit Report

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### AGENDA

**Tuesday, September 23, 2003** (cont.)

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**3:00 pm**    Wrap-up Session

**Steven L. Seitz**, *Program Analyst*, User Liaison Program, Agency for  
Healthcare Research and Quality, U.S. Department of Health and  
Human Services

**3:30 pm**    Bus departure for airport

## Federal & State Participants

**Patrick S. Aylward, MPP**

*Program Examiner, Bioterrorism*  
U.S. Office of Management and Budget

**Colin Baker**

*Analyst*  
Health and Human Resources Division  
U. S. Congressional Budget Office

**Ross Brechner, MD, MS, MPH**

*Terrorism Preparedness Director*  
Maryland Department of Health and  
Mental Hygiene

**Charles H. Brown**

*Professional Staff*  
Select Committee on Homeland Security  
U.S. House of Representatives

**Jonathan Burstein, MD, MS, MPH**

*Medical Director*  
Emergency Preparedness and Response  
Massachusetts Department of Public Health

**Shana M. Christrup**

*TBD*  
Centers for Disease Control and Prevention  
Washington Office  
U.S. Department of Health and Human  
Services

**David Gruber, MMAS**

*Executive Director*  
Division of Health Emergency Preparedness  
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New Jersey Department of Health and  
Senior Services

**Holly Harvey**

*Specialist in Public Health*  
Congressional Research Service

**Charles Kendell, MPH**

*Manager*  
Health Policy Development Branch  
Division of Epidemiology and Planning  
and  
*HRSA Preparedness Grant Manager and*  
*Bioterrorism Coordinator*  
Kentucky Department for Public Health

**Donna M. Lee**

*Disaster Response Coordinator*  
Consumer Protection Division  
Office of the Attorney General  
State of Texas

**Steven M. Lieberman**

*Assistant Director*  
Health and Human Services Division  
U.S. Congressional Budget Office

**Sarah A. Lister, DVM, MPH**

*Specialist, Public Health and Epidemiology*  
Congressional Research Service

**Kristine McElroy**

*Professional Staff Member*  
Subcommittee on National Security  
U.S. House of Representatives

**Paula E. Sandoval**

*Senator*  
Colorado State Senate

**Joshua Sharfstein, MD**

*Professional Staff*  
Government Reform Committee  
U.S. House of Representatives

**Margaret E. Trimble, BSN, MA**

*Director*  
Emergency Medical Services Office  
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## AHRQ Staff

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**Sally Phillips, PhD, RN**  
*Director*  
Bioterrorism Preparedness Research  
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Clinical Partnerships

**Lucy Savitz, PhD, MBA**  
*Senior Health Services Researcher*  
Research Triangle Institute  
(consultant to AHRQ)

**Steve Seitz**  
*Program Analyst*  
User Liaison Program

## Biographical Sketches — Speakers & Responders

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**Michael P. Allswede, DO**, is visiting associate professor of emergency medicine at the University of Pittsburgh School of Medicine, section chief of the Department of Emergency Medicine's special emergency medical response, and medical toxicologist. He also is a nationally known bioterrorism expert and member of the Federal Bureau of Investigation's (FBI's) Joint Terrorism Task Force and of the Biomedical Security Institute. Allswede formerly was an FBI Special Weapons and Tactics (SWAT) team member, U.S. Secret Service team member, and national policy consultant for the U.S. Department of Justice. Allswede received his bachelor's degree at Kalamazoo College and his osteopathic medicine degree at the College of Osteopathic Medicine and Surgery in Des Moines, Iowa. Allswede has served in faculty positions at the Chicago Osteopathic Medical Center, University of Michigan Medical School, Michigan State University and Allegheny University of Health Sciences.

**Sheilah A. Borne** is the assistant director of the Office of Public Health Preparedness in the Pennsylvania Department of Health. Prior to joining the department in March 2003, she was the assistant director of homeland security for the Commonwealth of Pennsylvania. Borne has worked in the private sector as chief operating officer of a government affairs/public relations firm and for the state as director of legislative and public affairs for the Department of Labor and Industry. Earlier, she served as a legislative assistant to U.S. Rep. George W. Gekas (R-PA) and staff director for the Congressional Biomedical Research Caucus.

**Helen K. Burns, PhD, RN**, is an associate professor in health and community systems and the associate dean for clinical education at the University of Pittsburgh School of Nursing. She oversees the undergraduate and master's degree programs and directs the research dissemination and translation core for the school's Center for Research in Chronic Disorders. Burns is the former deputy secretary for health planning and assessment at the Pennsylvania Department of Health, where she was responsible for the development of the Office of Public Health Preparedness and had oversight for the Office of Emergency Medical Services (EMS) and the Bureaus of Epidemiology, Laboratories, Health Planning, and Community Health Systems. As executive director of the state bioterrorism preparedness and response program, she served as lead on matters related to bioterrorism and chaired the Statewide Advisory Committee.

**Christopher Conti, MD**, is an attending emergency physician at the Mercy Hospital of Pittsburgh, assistant director of emergency department research, and clinical instructor of emergency medicine at the University of Pittsburgh School of Medicine. He also holds the rank of captain in the U.S. Air Force Reserves. Recent deployments in support of Operations Enduring Freedom and Iraqi Freedom led to his receipt of the National Defense Service Medal and the Aerial Achievement Medal. Conti is a graduate of the University of Maryland School of Medicine and served as chief resident at Howard University.

**Kathleen Criss, CBCP**, has been employed at Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC) Health System as an information security

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### Biographical Sketches — Speakers & Responders (cont.)

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and disaster recovery analyst since 1998. She has a background in computer science and received her designation as a certified business continuity professional, from DRI (formerly Disaster Recovery Institute) International in February 1994. Prior to working at Magee, Criss was employed as a business continuity specialist at a national financial institution for more than nine years. She developed an enterprise-wide emergency response process, including the identification and training of emergency team members in major cities. In October 2001, Criss became a member of UPMC's Bioterrorism Preparedness Executive Committee. She has been involved with the PA-Region 13/Metropolitan Medical Response System (MMRS) since 1999 and is a member of the MMRS leadership group to improve health care response in mass casualty incidents and coordinate and conduct hospital bioterrorism drills. She also chairs the PA-Region 13 Weapons of Mass Destruction Technology Integration Subcommittee to identify and implement fully redundant interoperable systems to improve daily and emergency communications within the area.

**Virginia M. Dato, MD, MPH**, is a board-certified public health physician with the Division of Infectious Diseases, Bureau of Epidemiology, Pennsylvania Department of Health. She began her public health career in New Jersey, where she was the project manager for the design and implementation of the New Jersey Electronic Birth Certificate System and investigated over 50 infectious disease outbreaks. More recently, she was a staff member of the Center for Public Health Practice at the University of Pittsburgh Graduate School of Public Health (GSPH). While employed at GSPH, Dato collaborated with the Realtime Outbreak and Disease Surveillance (RODS) Laboratory in the School of Medicine on studies of the nation's capacity to detect bioterrorism and in the development of surveillance systems. She currently holds an adjunct appointment as associate professor of public health practice at GSPH and maintains a research collaboration with the RODS laboratory.

**Bruce W. Dixon, MD**, is director of the Allegheny County Health Department. He manages all the department's programs, which encompass air quality, environmental quality, and human health areas. He personally directs the Sexually-Transmitted Diseases/HIV/AIDS Program, which provides diagnosis, treatment, and patient care, including social services case management, to residents of Allegheny County. Dixon also serves as chief executive officer and chair of the Board of Directors of Allegheny Correctional Health Services, Inc., a nonprofit group he formed to provide medical services to inmates of the Allegheny County Jail. Dixon holds a BS degree from the University of Pittsburgh and an MD from the University of Pittsburgh School of Medicine (UPSM). He completed his residency at Duke University and served in professional and academic capacities there before returning to the University of Pittsburgh in 1975. Dixon has been an associate professor of medicine at the UPSM since 1979.

**Robert A. Full** is the Allegheny County fire marshall and chief of the Allegheny County Department of Emergency Services. He also chairs the regional all-government Joint Terrorism Task Force and the PA-Region 13 Weapons of Mass Destruction Working Group. Full has been with Allegheny County since January 1998, having previously served 23 years in Pittsburgh's Department of Public Safety. He has 30 years' experience as a volunteer firefighter in the Forest Hills area of the city, where he is deputy fire chief.

## Biographical Sketches — Speakers & Responders (cont.)

**William A. Hamilton** is Armstrong County Memorial Hospital's emergency medical services and safety coordinator, responsible for EMS training and continuing education, grant project administration, and continuous quality improvement for paramedics and prehospital nurses. He chairs the hospital safety committee and has responsibility for hospital-wide safety and Occupational Safety and Health Administration compliance. Hamilton is the president and paramedic chief of the Special Medical Response Team in Indiana County. He is a longtime volunteer firefighter and paramedic.

**Michael K. Huff, RN**, is director of the Bureau of Community Health Systems in the Pennsylvania Department of Health and acting director of the Office of Public Health Preparedness. He administers the statewide implementation and evaluation of public health programs through a network of six health district offices, 57 health centers, and 10 Act 315-funded county or municipal health departments, all of which act as the implementation arm for the department's public health programs. Huff's previous positions with the department include director of the Breast and Cervical Cancer Early Detection Project, director of the Division of Communicable Disease, and director of the Division of Chronic Disease Prevention. Prior to joining the department, he held senior management positions in nursing and hospital administration. Huff was recently appointed to the newly formed Pennsylvania Homeland Security Advisory Council.

**Glenn A. Miller** is director of the Winner EMS Educational Institute at Sharon Regional Health System. He has been deeply involved in the MMRS development process in Pittsburgh and is an architect of the Regional Incident Support and Coordination team concept for terrorism response. He serves as an instructor in U.S. Department of Justice and National Fire Academy programs. Miller has 14 years of military experience and has held positions in the fire service, EMS administration, and hospitals. He is a graduate of Youngstown State University.

**Frederick V. Peterson Jr., MPH**, is director of constituent services of the Hospital Council of Western Pennsylvania. His current focus is assisting the region to develop a cohesive response to the threat of bioterrorism by serving as the chair of the Hospital Committee of the Region 13 MMRS. Before joining the council in 1998, Peterson was the administrator of Ortonville (Minnesota) Area Health Services, an acute-care hospital, nursing home, and home health agency. Earlier, he was employed for 15 years at Allegheny General Hospital. Peterson began his health care career in emergency medicine. He holds a master's degree in public health from the Yale University School of Medicine and a bachelor's degree from Tufts University.

**Eric Poach** is an EMS outreach specialist and has served as chair of the emergency management committee for the Pittsburgh Mercy Health System. He has been a paramedic since 1977. Poach is a Department of Defense and National Fire Academy instructor in weapons of mass destruction as well as an instructor in EMS and rescue with the state. He serves as a captain and EMS manager for the Monroeville (Pennsylvania) Fire Department. From 1990 to 1997, Poach was a trainer and project team leader of a U.S. Public Health Service EMS development project in Saudi Arabia. He holds a BS degree from West Virginia University.

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### Biographical Sketches — Speakers & Responders (cont.)

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**Loren H. Roth, MD, MPH**, is senior vice president for medical services with the University of Pittsburgh Medical Center Health System. He is also associate senior vice chancellor for health sciences at the University of Pittsburgh and holds professorships in both the School of Medicine and School of Public Health. Since September 2001, Roth has led UPMC's preparedness planning efforts. He received the Senior Vice Chancellor's Extraordinary Service Award for his efforts in conceptualizing and coordinating a biodefense infrastructure for the university, the health system, and the community. Roth is a graduate of the Harvard Medical School and the Harvard School of Public Health.

**Thomas M. Stein, MD**, is medical director of Emergency Medical Support Services and of LifeFlight and the director of Prehospital Services in the Department of Emergency Medicine at Allegheny General Hospital, West Penn Allegheny Health System. He also directs the department's EMS fellowship program. Stein is a colonel in the U.S. Army Reserve Medical Corps. He also serves with a number of Pittsburgh-area EMS organizations. Stein holds a bachelor's degree from Purdue University and an MD from Pennsylvania State University College of Medicine.

**Victor N. Tucci, MD**, is president of Three Rivers Health and Safety, Inc., a comprehensive occupational health, safety, chemical, and environmental compliance consulting company headquartered in Pittsburgh and providing services to industries nationwide. He also serves as the bioterrorism coordinator for the Allegheny County Department of Health. In the latter capacity, he works with Pennsylvania Region 13's medical committee to develop a protocol to prepare for a potential terrorist attack with biological or chemical weapons. Tucci is a member of the College of Occupational and Environmental Medicine, the Board of Trustees of National Small Business United, and the President's Council of the National Association of Manufacturers.

**Michael M. Wagner, MD, PhD**, is associate professor of medicine and intelligent systems, Center for Biomedical Informatics, University of Pittsburgh. Wagner is also director of the Real-time Outbreak and Disease Surveillance (RODS) Laboratory in the university's Center for Biomedical Informatics. His areas of expertise include knowledge representation, clinical decision support, and public health surveillance. He is a member of the Defense Science Board Task Force on Intelligence Needs for Homeland Defense of the U.S. Department of Defense. He received his MD from the New York University School of Medicine and holds master's and PhD degrees in intelligent systems from the University of Pittsburgh.

**Knox T. Walk** has been involved with various aspects of public safety for more than 25 years in EMS and law enforcement. He is the director of the Community College of Allegheny County's Public Safety Institute and has been the EMS coordinator for the county since 1992. Walk is also commander of the PA-1 Disaster Medical Assistance Team. He is a graduate of the University of Pittsburgh.

**Kirsten Waller, MD**, is a public health physician for the Division of Infectious Disease Epidemiology at the Pennsylvania Department of Health. As the head of the infectious disease surveillance section, she is responsible for infectious disease surveillance and reporting in Pennsylvania; she is also one of the principal designers of PA-NEDSS,

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**Biographical Sketches — Speakers & Responders** (cont.)

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Pennsylvania's web-based electronic disease reporting system. Waller began her public health career as an Epidemic Intelligence Service officer for the U.S. Centers for Disease Control and Prevention, where she investigated outbreaks related to environmental and occupational exposures. She later served as a public health medical officer for the Environmental Health Investigations Branch of the California Department of Health Services, where she designed and analyzed studies of environmental and behavioral risk factors for spontaneous abortion and low birth weight.

## Biographical Sketches — Federal & State Participants

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**Patrick S. Aylward, MPP**, is the lead analyst for bioterrorism issues at the Office of Management and Budget (OMB) in the Executive Office of the President. He has worked on several issues related to public health while at OMB, including substance abuse and mental health, the Patients' Bill of Rights, the Food and Drug Administration, and President Bush's Faith-Based and Community Initiative. Before joining OMB, Aylward was a staff member for the president's Initiative on Race and served as a legislative analyst for the senior member of the New Jersey Senate. He holds a master's degree in public policy from Georgetown University.

**Colin Baker, MPP**, is an analyst in the Health and Human Resources Division of the U.S. Congressional Budget Office (CBO). He holds degrees from Oberlin College and the Kennedy School of Government at Harvard University and is completing a PhD in health policy, also at Harvard. He previously was employed as a manager in the Outcomes Research and Management Department of Merck and Co., Inc., focusing on economics, outcomes research, and disease management strategy development in cardiovascular medicine. He also worked as an analyst at Health Economics Research, Inc., in Waltham, Massachusetts.

**Ross Brechner, MD, MS, MPH**, is a Princeton-trained, board-certified physician with a master's degree in biostatistics and an MPH in epidemiology. He is also a member of the National Public Health honor society, Delta Omega, from Johns Hopkins School of Public Health. During the last few years, he was first the Maryland state epidemiologist and then a terrorism preparedness director for the state and was actively involved in the efforts surrounding the state's anthrax events in fall 2001.

**Charles H. Brown** currently works on the House Select Committee on Homeland Security, where his focus is bioterrorism and emergency preparedness. He recently completed a year of infectious disease research on HIV and is currently deferring his fourth year of medical school at Johns Hopkins to work on the committee.

**Jonathan Burstein, MD, MS, MPH**, is the medical director for emergency preparedness at the Massachusetts Department of Public Health and is the state's emergency medical services (EMS) medical director. He is an emergency physician by training.

**Shana M. Christrup** serves as a congressional and administrative liaison in the Washington office of the Centers for Disease Control and Prevention (CDC), where she focuses on infectious disease and general public health issues. Before joining the CDC, she was the public health advisor for Sen. Bill Frist (R-TN) on the Subcommittee on Public Health for the Health, Education, Labor, and Pensions Committee. Christrup is a graduate of the University of Arkansas at Little Rock, Oxford University, and Yale University.

**David Gruber, MMAS**, is executive director for the Division of Health Emergency Preparedness and Response, New Jersey Department of Health and Senior Services. He spent 21 years in the navy as a pilot, intelligence officer, and chemical/biological warfare



## Biographical Sketches — Federal & State Participants (cont.)

specialist. He also worked as a planner for the Dallas County Health Department. He holds a BA degree in microbiology from Rutgers University and a master's in strategy from the U.S. Army's Command and General Staff Officers Course.

**Holly Harvey** works for the Congressional Research Service (CRS) as a specialist on public health infrastructure issues in the Health Care and Medicine section of the Division of Domestic Social Policy. She has worked on health policy issues in Washington for the past 16 years. Before joining CRS, she worked at the Congressional Budget Office and the Agency for Healthcare Research and Quality (AHRQ), as well as in the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services.

**Charles Kendell, MPH**, is manager of the Health Policy Development Branch, Division of Epidemiology and Planning, Kentucky Department for Public Health. He is also the Health Resources and Services Administration (HRSA) preparedness grant manager and responsible for planning aspects of bioterrorism preparedness under both HRSA and Centers for Disease Control and Prevention grants in Kentucky. He is lead staff to and convener of both the HRSA and statewide Bioterrorism Advisory Committees.

**Donna Lee** is the disaster response coordinator for the Office of the Attorney General, Consumer Protection Division, State of Texas. She is also the attorney general's representative on the state's Emergency Management Council and the Texas Emergency Response Team and is an appointed faculty member of the Texas Crisis Consortium.

**Steven M. Lieberman** is assistant director of the Health and Human Services Division of the Congressional Budget Office. He earlier served as that organization's executive associate director. Lieberman was a partner in the EOP Group and headed his own consulting firm from 1994 to 1999. Earlier, he served as vice president of marketing and government programs for Intergroup and vice president of strategic planning at Schaller Anderson Inc. in Phoenix. Lieberman's previous government positions include assistant director and health financing branch chief in the OMB.

**Sarah A. Lister, DVM, MPH**, is a specialist in public health and epidemiology with the Congressional Research Service. She came to CRS from the Association of Public Health Laboratories, where she coordinated terrorism programs for the 50 state public health labs. She has served as professional staff for the Senate Agriculture Committee under Sen. Tom Harkin (D-IA), as an epidemiologist in the U.S. Public Health Service, and as a registered lobbyist for the American Public Health Association. Lister has a degree in veterinary medicine from Cornell and a master's in public health from Johns Hopkins and was a practicing veterinarian for 15 years.

**Kristine McElroy** is a professional staff member for the Subcommittee on National Security, Emerging Threats, and International Relations of the House Government Reform Committee. Before joining the subcommittee in 2000, McElroy worked for the Subcommittee on Oversight and Investigations of the House Veterans' Affairs Committee. She is a graduate of Providence College.

**Paula E. Sandoval, MPP**, is Colorado state senator and a member of the Colorado Senate's Finance Committee and Health, Environment, Welfare, and Institutions Committee.



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### Biographical Sketches — Federal & State Participants (cont.)

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**Joshua Sharfstein, MD**, works on the minority professional staff of the Government Reform Committee of the U.S. House of Representatives. One of his areas of interest for oversight is public health preparedness and emergency response. A 1996 graduate of Harvard Medical School, Sharfstein trained in pediatrics at Children's Hospital and Boston Medical Center in Boston. He completed a fellowship in general pediatrics at Boston University before coming to Washington, D.C., and he continues to see patients several times a month.

**Margaret E. Trimble, MA, BSN**, director of the Emergency Medical Services Office at the Pennsylvania Department of Health since 1997, is an experienced clinician in trauma and emergency care. She has prior experience as the active duty director of a military medical training center, whose duties included preparing medical units for response and management of chemical and biological casualties, construction of deployable hospitals, and military/civilian support assistance.



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