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2 DCMN MAYER

3 ASSESSING PUBLIC HEALTH AND

4 THE DELIVERY OF CARE

5 IN THE WAKE OF KATRINA

6 THURSDAY, SEPTEMBER 22, 2005

7 House of Representatives,

8 Committee on Energy and Commerce,

9 Subcommittee on Health,

10 -and-

11 Subcommittee on Oversight and Investigations

12 Washington, D.C.

13 The subcommittee met, pursuant to call, at 9:35 a.m., in
14 Room 2123, Rayburn House Office Building, Hon. Nathan Deal
15 [chairman of the Health Subcommittee] And Hon. Ed Whitfield
16 [chairman of the Oversight and Investigations Subcommittee]
17 Presiding.

1248 TESTIMONY OF JULIE GERBERDING, CENTERS FOR DISEASE CONTROL

1249 Ms. GERBERDING. Thank you. Thank you, Mr. Chairman,
1250 Chairman Deal. I'm very pleased to be here this morning. We
1251 are sitting in the middle of two of the largest hurricanes
1252 that I think any of us could imagine. This is my 23rd and
1253 24th public health emergency since becoming part of the
1254 leadership team at CDC, and I can assure you that we have
1255 learned something every time we have had an emergency
1256 operation. This is also the largest national natural
1257 disaster our country has faced, and I think the scalability
1258 of our preparedness and response capabilities are really a
1259 part of what we need to be looking at in terms of lessons
1260 learned as we go forward. In order to deal with a disaster
1261 this large, a network of response capability at every level,
1262 at the Federal level, the state level, the local level, the
1263 private level, the public level and in particular in this
1264 case, the citizen level of all the volunteers who have done
1265 so much, and not just the affected States, but the States
1266 that are receiving evacuees, all of these elements need to
1267 work together in a synergistic fashion to get each of their
1268 roles and responsibilities accomplished.

1269 But a response also requires a command and control
1270 environment. It needs leadership. It needs clear strategies

1271 | and accountability for what's going on. And I feel very
1272 | strongly that within the Department of Health and Human
1273 | Services, we have had effective leadership on the part of
1274 | Secretary Leavitt. We have been addressing four priority
1275 | areas during this operation. Those include health care
1276 | services, mental health services, the delivery of human
1277 | services to the many disenfranchised people to require them
1278 | immediately, and for the long run, and from my particular
1279 | perspective, public health services. I wish I could provide
1280 | more perspective and information about the overall
1281 | departmental roles and responsibilities in this regard.

1282 | I'll have to limit my remarks to the public health
1283 | sector because that's my area of responsibility and
1284 | expertise. But I just do want to acknowledge a few
1285 | remarkable contributions that my colleagues have made.
1286 | Secretary Leavitt put the whole commission corps of the
1287 | United States public health service on early alert. That
1288 | involves more than 6,000 clinicians and other experts for
1289 | response. And we have engaged in the largest deployment of
1290 | the commission corps since the Korean War. More than 1,200
1291 | commission corps officers have been staffing the shelters and
1292 | providing medical services to people in evacuation centers
1293 | across the south.

1294 | In addition, we have deployed the strategic national
1295 | stockpile in the state of Mississippi and provided more than

1296 | 30 tons of medical equipment and materials in the State of
1297 | Louisiana. We've also conducted the coordination of the
1298 | vending operations to assure a supply line of medical
1299 | materials and vaccines. And CDC has also used the
1300 | authorities that Congress has provided us in terms of our
1301 | aircraft to, on short notice, deliver anti microbials,
1302 | intravenous supplies, and I believe save lives by being able
1303 | to get those materials into Louisiana very, very quickly.

1304 | The Department has also taken the leadership team to
1305 | many of the shelters. Secretary Leavitt has actually been
1306 | three times now to visit shelters and understand firsthand
1307 | what the needs of the sheltered individuals are. But we have
1308 | also visited our Federal medical contingency stations where
1309 | we deployed more than 2,500 emergency equipment for 2,500
1310 | emergency beds in that regard, and deployed large
1311 | contingencies of the commissioned corps as well augmented
1312 | services from other medical centers across the United States
1313 | to staff these shelters and provide these medical services.
1314 | These and many, many other activities, I think, have been
1315 | going on largely in the background of the lens of most of
1316 | what's been discussed.

1317 | In terms of the Centers For Disease Control, currently,
1318 | our operational mission is summarized here. We have 61
1319 | people who are doing surveillance for the emergence of
1320 | disease and investigating those diseases with teams across

1321 | the south. The largest force is in Louisiana at the moment.
1322 | But we've had overall since the operation began more than 300
1323 | people supporting public health functions in the field.
1324 | Again, I want to emphasize, these are broad spectrum of
1325 | activities, including occupational health screening,
1326 | environmental health services, vector control for mosquitoes,
1327 | rodent control for the anticipated rodent and pest problems
1328 | that will emerge and a variety of other public health
1329 | functions to support and augment, in my opinion, some of the
1330 | unsung heroes, the State health officials in the various
1331 | regions, in particular, Dr. Kevin Stevens, the health
1332 | officials from the city of New Orleans who spent time in the
1333 | Superdome.

1334 | And I traveled with him to various shelters as he tried
1335 | to locate his staff and figure out ways to get them back to
1336 | New Orleans to begin the recovery and reconstruction
1337 | responsibility.

1338 | I'm just going to present three very brief snapshots of
1339 | what the medical experience has been. These data are
1340 | provided by hospitals in the greater New Orleans area. These
1341 | are just snapshots. These data haven't been elevated or
1342 | confirmed. But what you can see here in terms of injuries
1343 | and chronic diseases, yes, the hospitals are requiring
1344 | services for people with their regular medical attentions.
1345 | But injuries have emerged in all of the different

1346 environments as a consequence of people rescuing and cleaning
1347 up the debris. We also have noted several cases of carbon
1348 monoxide poisoning, which is something we anticipate after
1349 any disaster that involves the use of generators and we are
1350 working hard to try to get information and education to
1351 people to avoid that.

1352 I have to emphasize the importance of mental health
1353 issues. The incredible immediate impact on people with
1354 pre-existing mental health conditions as well as long term
1355 mental health conditions is something that has engaged the
1356 entire department, and particularly SAMHSA, that has the lead
1357 for this activity.

1358 And lastly, in terms of infectious diseases, we have not
1359 seen widespread outbreaks of anything unusual. We
1360 anticipated intestinal diseases and respiratory diseases in
1361 the shelter context and we have seen some problems with an
1362 organism called vibrio, which is associated with the brackish
1363 water and some serious infections and death from that, but
1364 not the scale of infectious disease problems that one might
1365 anticipate. Environmental assessments are ongoing.

1366 I'll be happy to answer questions about the
1367 environmental impact as it pertains not just to the city of
1368 New Orleans where there was flooding, but also in other
1369 regions of the south.

1370 And lastly, let me just conclude by remarking on the

1371 | incredible heroism that I've seen, not just among all the
1372 | people in the country who are working hard to mitigate the
1373 | consequences of this, but particularly to the survivors of
1374 | this catastrophe, the stories that people tell about their
1375 | own family heroism as well as the efforts that they made on
1376 | behalf of others are heart warming, and I think what really
1377 | leads us to have some hope, particularly as we look at Rita,
1378 | but also as we go forward and try to strengthen our Nation's
1379 | overall preparedness capacity. Thank you.

1380 | [The information follows:]

1381 | ***** COMMITTEE INSERT *****

1382 Mr. DEAL. Thank you, Dr. Gerberding. And I will begin
1383 the questions as this point. Before the hearing today, you
1384 and I had an opportunity to talk briefly about an issue that
1385 is of concern, I think, to all of us. We've heard it surface
1386 in several of the opening statements here today. And that is
1387 with regard to volunteer professionals, doctors, nurses, et
1388 cetera, from outside the affected region and their ability,
1389 or inability, as the case may be, to access and be able to be
1390 of service in the affected area. You outlined for me the
1391 program that is in place and the procedure for certification
1392 and verifying that. Would you be kind enough to do that
1393 briefly right now?

1394 Ms. GERBERDING. Sure. I'll be happy to give a summary
1395 and provide additional background on that as we go forward.
1396 The overall health care service delivery in the context of
1397 preparedness is a modular program that relies on the
1398 commissioned corps of the public health service which has
1399 been engaged and relies on the national medical disaster
1400 system, which are teams of people from the civilian
1401 population who move into an area as a unit with the equipment
1402 and the materials necessary. Those are the people who, for
1403 example, worked out of the New Orleans Airport to support the
1404 evacuation efforts. Then there's an augmentation. We have a
1405 reserve corps in the commissioned corps of the public health
1406 service.

1407 And importantly, in all of this are the health care
1408 personnel in the affected regions. They are providing the
1409 vast majority of the care. Beyond that, if the need is
1410 larger than those people can provide and importantly in this
1411 context, sustain, it is possible for voluntary health care
1412 workers to be temporarily licensed in the affected States.
1413 And that can happen by providing them status as temporary
1414 Federal employees. If you're a Federal employee, your
1415 license can apply in any jurisdiction in which you're working
1416 as a Federal employee providing medical services as long as
1417 it's within the scope of your license. Credentialling that
1418 is something that has happened. We've had more than 30,000
1419 people volunteer. The credentialling is in progress for
1420 those people. And depending on the decisions by governors
1421 and the involved health officials in the State we can
1422 federalize volunteers. What we don't want is for people to
1423 flood in a discoordinated way because then we end up having
1424 health care workers doing everything they can to help, but we
1425 don't have a comprehensive approach, leadership, management,
1426 supplies and communication that really allows us to take the
1427 best advantage of this volunteerism.

1428 So, it's an important component. And I know it's hard
1429 sometimes for people who really want to help to feel that
1430 their help is not being accepted. Believe me, there will be
1431 opportunities to help, and I think we can anticipate this

1432 | volunteerism in the future and do a better job of planning
1433 | for it ahead of time so that the step of credentialling is
1434 | happening in advance, and perhaps people could be trained and
1435 | offered the opportunity to prepare before they're actually
1436 | requested to serve.

1437 | Mr. DEAL. Well, I thank you for that. And I would
1438 | simply echo that last comment, that I think in light of what
1439 | we learn here is that there are many people willing to help
1440 | and willing to volunteer. And if we make the information
1441 | available to them so that we can get the credentialling done
1442 | in advance of a disaster, I would encourage movement in that
1443 | direction, and I think this will make everyone more aware of
1444 | the fact that there is a process, because as I understand it,
1445 | licensure and credentialling carries with it the Federal
1446 | Government giving protection from a liability standpoint and
1447 | obviously, you do need to have some degree of say-so about
1448 | who you extend that protection to. But I would hope that we
1449 | would see that effort of credentialling continue and expand
1450 | greatly.

1451 | Let me go to another subject. And the CDC Foundation
1452 | that works in conjunction with the CDC, would you explain
1453 | briefly what that foundation does and how it augments what
1454 | you do at the CDC, and what has that foundation done in
1455 | conjunction with Hurricane Katrina?

1456 | Ms. GERBERDING. Thank you. The CDC Foundation is a

1457 | Congressionally-authorized nonprofit foundation that exists
1458 | to help CDC do more and do it faster. Beginning with the
1459 | World Trade Center attacks, the Foundation has taken a
1460 | special interest in supporting and augmenting our
1461 | preparedness and response capabilities by creating special
1462 | funds that allow us to make resources available at the front
1463 | line. So in the context of Hurricane Katrina, we've had
1464 | remarkable contributions from several foundations
1465 | and individuals across the country that have allowed us to do
1466 | things like provide housing for the public health workers in
1467 | the city of New Orleans who wanted to work but couldn't
1468 | afford to pay a hotel bill for their stay, provided laptops
1469 | for front line people, eventually they will be able to have
1470 | some of these services, but they need them right now and we
1471 | don't have to go through the government procurement process.

1472 | The Foundation can put those tools in the hands of
1473 | people on the front lines. It's been absolutely important.
1474 | We've used it to get vaccine supplies in places where we
1475 | needed to make an immediate buy and a number of other things
1476 | that really have solved problems for the front line public
1477 | health officials without having to go through a lot of red
1478 | tape. So it's been a wonderful, wonderful support for all of
1479 | us.

1480 | Mr. DEAL. And you multiply the dollars that the Federal
1481 | contribution is. You multiply them many times over by the

1482 | contributions from the private sector.

1483 | Ms. GERBERDING. Oh, absolutely. Absolutely. The
1484 | Federal Contribution Foundation is very small compared to
1485 | their overall ability to help.

1486 | Mr. DEAL. Thank you. Mr. Brown is recognized for
1487 | questions.

1488 | Mr. BROWN. Thank you, Mr. Chairman. And welcome again,
1489 | Dr. Gerberding, and thank you, Chairman Barton, and Chairman
1490 | Deal for putting together this hearing. In the general sea
1491 | of Federal incompetence that we saw in New Orleans and along
1492 | the Gulf Coast the CDC really stood out as an agency that
1493 | represents what the Federal Government should be, and we
1494 | thank you for that. I think people on this subcommittee, or
1495 | on the Health Subcommittee, and I think Mr. Stupak and Mr.
1496 | Whitfield's subcommittee also are not surprised at the effort
1497 | that the CDC's good work, not just in response to Katrina,
1498 | but generally because most of us, I think probably on the
1499 | subcommittee, have visited Atlanta and seen the CDC and seen
1500 | the professional way that you carry your work out and not
1501 | just you, but your entire top staff and mid-level and rank
1502 | and file workers, and I think that's a lesson to us that when
1503 | you hire competent professional people to run agencies, it
1504 | means that those agencies carry out their work in competent
1505 | professional manners. And that's something that we should
1506 | remember whether, whenever we would both judge and evaluate