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Ernie Fletcher
Sixth Congressional District of Kentucky

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The Federal Government’s Role in Protecting Public Health*

BY ERNIE FLETCHER**

Probably all of us will remember where we were on September 11th on that morning when the World Trade Center was hit, and subsequently the Pentagon. That’s seared, I’m sure, in our conscience. It will change America. It has already changed Americans. But it will change us, not only in the short term, but I think definitely in the long run. It will change how we deal with public health and our responses. We are now going to take much more seriously terrorist threats that other nations have had to deal with for a long time and the additional threats of bioterrorism or chemical terrorism. Additionally, terrorism is changing how we deal with our borders and border security, how we treat visas. As we see that some of the terrorists that came in were here on expired visas. And we have no way of tracking those people. Also it will change our military. Rumsfeld and President Bush have already begun restructuring the military. The problem was it is a large bureaucracy that, as most large bureaucracies do, resisted change. I think that resistance will be mollified substantially now as we encounter a different enemy, a faceless enemy, an enemy that is not bound by borders of countries, an enemy that doesn’t wear a uniform.


** Congressman, Sixth Congressional District of Kentucky, House Budget Committee Member, Agricultural Committee Member, and the Committee on Education and the Workforce Member, Vice-Chairman of the Subcommittee on Employer/Employee Relations, and Chairman of the Policy Subcommittee on Health. Congressman Fletcher graduated with distinction from the University of Kentucky College of Medicine and was a family practice physician for twelve years. He also served for two years as CEO of the St. Joseph Medical Foundation. He served as an ordained minister and has traveled to India on medical mission work. Prior to his election to congress, Congressman Fletcher served in the Kentucky House of Representatives, serving on the Kentucky Commission on Poverty, the task force on higher education, and assisting with reforming Kentucky’s ailing health care system. Congressman Fletcher has also served in the United States as an F4E aircraft commander and Norad alert force commander.
As we look to strike back and root out terrorism, we find that it is probably a loose network, but in addition that there is some state-sponsored terrorism as well. We are not only dealing with the threat of nations and rogue nations that have weapons of mass destruction which include nuclear, chemical, and biological, but we are also dealing with people that we never anticipated would attack in the manner in which they did. You may have read one of the novels that have airplanes flying into buildings but no one thought suicide terrorists would really implement that sort of act. It will change our military. It will also change the CIA and the FBI with the appointment of Tom Ridge as the Homeland Security Director. We will see a much better coordination. Instead of having competing agencies, we will have agencies that now begin to talk with one another. The Senate had passed legislation that increased the ability of the CIA and the FBI to do their job. Anytime we do that, there is always the concern about civil liberties. Are we going to let the terrorists win by taking away our civil liberties without really doing anything else other than striking fear in our hearts? We want to make sure we struck the right balance to allow these agencies and the Justice Department to have the tools that it needs to go after terrorists, to go after individuals that threaten our safety and freedom here, and at the same time protect our civil liberties.

The House and Senate passed a bill called the Patriot Bill. It gave the CIA and the FBI much more power, addressing the change in technology. Instead of tapping a particular phone we can issue a warrant to tap an individual. While that gives an agent much greater power we have to be very concerned. We put a sunset provision in for five years with an extension of two so that we could re-look at these concerns and make sure we have not given too much authority.

We also increased the funding for numerous issues. We will change the military, we'll change our border security. We'll also change our CIA, the communication between there and our FBI. It is interesting the Speaker just this week was talking about literally on one desk there is a stack of papers and why we need to get this legislation done. We need to give the CIA and the FBI more ability and the need to transfer those papers over to another desk, but it’s illegal at this point to make some arrests and detain these folks because that information is legally something that we can’t transfer. It lacks the common sense that most of us would like to see in implementing national security.

The other thing is certainly the American people have come together. I think it is going to change our priorities in this nation and the way we look at things. My wife and I were in Israel the third week in August. We were there when a bomb went off four blocks from our hotel in Jerusalem and we
were there just before there was another suicide bombing after we had flown back. There had been several previous suicide terror attacks, one at a pizza parlor you will recall just a few weeks before we got there. Some folks may say, "Why are you taking your wife there?" Believe me, I had a tremendous amount of security and we were probably much safer there than in some of the larger cities in the U.S. But Israel is a nation that has learned how to deal with terrorism. You may ask, "Is that effective?" No, but they have learned how to live. Their families live with this threat constantly. It has brought their families closer together. It's certain that the priorities of that nation, the families and the people there, are much different. I think we've already seen that most people have stepped back. If you watched much of CNN and Fox News and saw that attack you may have asked, "What are our priorities in life?"

We have done that in Congress. We were speaking about the evening of September 11. We all gathered on the Capitol steps and after a few folks spoke, and nobody remembers what any of the people said, but we all sang *God Bless America* together. And that was, believe me, a very strong spirit of unity. Previously these were people that we had debated. We were at odds over just about every issue we could think of. It was the new spirit and new priorities. CNN did a poll revealing that national interests had changed. National security and international relations were in the top three concerns. We no longer are going to be a nation where people are more concerned about what they are doing and don't see that we live in a global society. It is a much smaller world. So it's going to change the way we view the world and our priorities nationally. Lastly, it will change our public health because we do realize now that we need a capacity to respond to the possible threats that are out there. And that this conflict, this war on terrorism, is likely to be protracted. It's not going to be the Desert Storm. It's not going to be Kosovo, Bosnia. We've already seen that in none of those were ground troops actually used other than the clean-up of Desert Storm at the end. But now we have our special forces, low-flying choppers, military aircraft going in. We will begin to seize land which we really didn't do other that retaking Kuwait. This conflict, as we begin to destroy the Taliban, it is a matter of when will we do that. We have some nation-building that the President doesn't want to get involved in directly, but clearly has made his intentions to allow the U.N. and this coalition of governments to take on this responsibility. But once we're through there, then we have other nations that are supportive of terrorism and one of the things that we look at is how are we going to respond and when do we respond? People feel and if you look over much of the data from the '93 World Trade Center bombing, it appears that Iraq was behind the attack.
There was some sophisticated work done there. There was an attempt with bioterrorism in that bombing that failed. So, there was probably a state-sponsor behind this terrorism. It wasn't the loose network that was publicly given credit for or held accountable for that. So, as we begin to continue our effort to root out terrorism and we start looking at state sponsors, I think the threat to the United States, whether it occurs or not, certainly will be even more heightened, and our public health response is going to be something that receives a lot more emphasis.

What have we already done? In an effort to increase funding for NIH we were going to double that over ten years, and we were progressing along that path well. But now we have taken some of that, added to it, and substantially increased the funding to CDC, the Center for Disease Control. I'm sure you agree with that. Basic research is important, but if we don't get that to the people we've done a disservice to the public. We may have all the advances in the world, but if we don't provide the monies to get that out, to get the technology out to the people, then we haven't done a good service. We had a forum today and Lexington was one of the 120 cities that was chosen a few years ago to implement an emergency system and to be funded for that. We have developed a fairly good emergency response system here. If you looked at what happened to the World Trade Center—you know we have Tommy Thompson, Secretary of HHS, oversees these push packs, fifty tons apiece. They are in an undisclosed location, there was seven, there is eight now, and going up to twelve. They are supposed to be able to be shipped on sight to any disaster area within twelve hours. It made it in seven hours to New York, ready to go. The response there was really remarkable. If you look at the response they had in setting up the hospitals, the triage, all the things that were necessary, it was good. Excellent. But imagine a few kilograms of weapons grade anthrax spread across D.C. or across New York and you have not thousands that died in the rubble of the World Trade Center but tens of thousands infected. Imagine the smallpox epidemic and the necessary isolation rooms that are required to ensure that that's not spread and getting vaccines out. Imagine the first case if it's rather clandestinely infected, showing up in my office as a physician a few years ago, when I was practicing regularly. I certainly wouldn't have thought "smallpox," I would have thought "chicken pox." If it were in a younger child I probably wouldn't have known that the lesions were not all in the same stage instead of different stages at the same time. I would not have been able to distinguish the difference because smallpox never would have entered my mind. The change in public health for those sorts of possible threats, whether they ever happen, is something that we do need to be ready for. We have fifteen million doses of vaccines.
The good thing about smallpox is that if you are exposed to it, you have several days of a latency period before infection. Within a couple or three days of exposure, you get the vaccine and it is effective, which is unlike most vaccines. If it's an anthrax aerosolization, that could affect a large population area, and if you can get the medical team there and begin the prophylactic antibiotics before symptoms, you can prevent the mortality that would come from inhalation. And if you don't, obviously if the symptoms start, the mortality of that is upwards of eighty percent. No one knows what it really is, to tell you the truth, because we've only had eighteen cases, nineteen I guess now in the last one hundred years. But, mortality rates are very high but no one knows what it really would be with the ICU and the capabilities of system supports that we have now. But still, it would overrun our medical system if we were not able to detect it and treat it and we waited until there was a large outbreak. CDC is going to be implementing a lot more with public health departments to make sure that we are ready for these kind of responses. In the handout it has a lot of recommendations, you can look through that. I don’t want to go through all of those because I’d rather have some time to really answer some questions.

Now our priorities here are of one of public health, the need to educate health professions and professionals. We held a hearing in our health policy committee with Dr. Donald Henderson, who’s one of the leading experts out of Hopkins in Baltimore. The Center for Bio Defense has an excellent website at www.hopkins-biodefense.org. You can also go to www.bt.cdc.gov and get a lot of information regarding the bioterrorist threat, anthrax and smallpox. Now we look at some of the other threats that are there and if you look at the top six, which includes plague or *Yersinia pestis*. It also includes tularemia, botulism, hemorrhagic fever. If you talk about the Ebola virus or some of those, we are in no way prepared for any of those disasters. I think tularemia would not be quite the problem and plague really is not the problem with the kind of facilities that we have and we hopefully do not have the Middle Age problems that folks had in the large plagues. I don’t think there is really any substantial threat from the plague. Some of these other threats, for example, hemorrhagic fever, are probably more significant. For a terrorist, a suicide terrorist if you will, to come into the country on a flight or go to a major sporting event is possible because smallpox is *extremely* contagious. One recorded case a number of years ago reported smallpox transmitted by an infected person, basically sticking his head into the atrium of the hospital resulting in an infected patient in the hospital. So it can be very infectious. But Dr. Henderson felt like an infected person does not shed the virus until the pustules are visible, so it would be very difficult for somebody to go undetected. But however, recent
testimony stated that may not be true, you probably shed the viruses in the early stages as well. So I think there is a lot of information we don’t know.

Does Iraq have smallpox? We were with a public health official today, Dr. James Donofio, who heads up our emergency response at the Health Department here. He spoke that Iraq has smallpox, and it is weaponized, which means it’s in a delivery system that can be put on a missile or some other way and distributed in a large populated area. So we need to be ready for these things. Vaccine production, we mentioned we have fifteen million vaccines. Smallpox. If something happens and the public starts wanting vaccines when it’s probably not warranted, we are going to have a very difficult time educating the public. There is about one in fifteen thousand complications from the vaccine, about three in a million die from the vaccine. It looks like Tom Ridge is going to increase the production of smallpox vaccine for the entire population of the country. I don’t know that that’s necessarily the best approach. I think education, making sure we have the response teams available in getting the vaccine to where it’s needed is going to be much more significant, much more important than trying to vaccinate the entire population. We would not tolerate the kind of complications from the vaccine that we did in the ’50s. Probably most of us have had a smallpox vaccination. That may be ten or fifteen percent effective. Nobody knows. Again that level of complications today would not be tolerated.

Now for priorities in Congress when we get back: We are going to continue to see, especially if we have any other incidences of bioterrorism, a greater emphasis on the CDC and emergency response. We met with Tommy Thompson last week, and I had worked with him on the Patient’s Bill of Rights quite a bit, so he’s very engaged in health care issues. He stated that he wanted to work on reducing the number of uninsured Americans. Now our public health departments here have probably been more in tune with treating folks that fall through the cracks then they have with responding to public health disasters. That will likely change, however. We are going to address, and I think we are going to see a major effect in addressing the uninsured as we address emergency response, as these issues may overlap. We can go through some of the suggestions you mentioned. The bottom line is that George W. does not want to come out of this war having neglected domestic issues. So that means he’s going to push his education bill to try to get that done this year. A prescription drug bill is unlikely to happen this year. A Patient Bill of Rights may or may not get done. We’ve tried to meet on that issue because I worked substantially on it before, but unless we can get something that is very bi-partisan and not very controversial were not going to bring it up during this period of
time because the President would like to see unity, and doesn’t want controversial issues brought up. Some of the other issues, economic stimulus, energy, getting the airport security bill passed that will federalize, in some way, airport screening officials. I don’t know that we’ll have federal employees, because Europe has already gone through this. They had federal employees, changed it back to federal oversight with civilian employees, because it ended up being much more effective, cost effective, and worked well. Those are some of the things we’ll do. Let me open it up for questions and see if I can answer any questions.

QUESTIONS/ANSWERS

Q: I am curious as to what you guys in Washington are going to do about the fear problem. I am from Philadelphia, and we have had a murder increase since September 11th because the neighborhoods don’t have police anymore because the police are guarding the public buildings. We are on kind of permanent alert in case the terrorists decide Philadelphia is as important as at least we think it is and attack it. Certainly, in an anecdotal sense, as I have been traveling around the country, the empty trains, empty airports, talking to people that I know don’t travel anymore, there is a lot of anxiety in this country about being the next victim, anxiety that I think is probably exaggerated, which is being encouraged by a lot of mixed messages: on the one hand, “Go back to normal,” and on the other hand, “We are on high alert.” Do you guys have a plan for getting us back to normal?

A: You know, we just evacuated our buildings in the House and came home. No, I don’t think we have a good plan. Each of us has probably gone out to our districts and held forums. We held a forum and we spent four or five grand just advertising it, which is not a lot of money, but that’s more than we usually do for a town hall meeting. We had some good folks there. We had the folks that are responsible for the emergency response here, the Fayette County Urban Government. We had the Health Department, had an infectious disease specialist that had worked for the CDC, who’s an expert. We had the post office folks there. Maybe it was because I was there that not as many showed up. There wasn’t quite the public anxiety that I thought there would be over that. I think there is substantial anxiety of traveling. There’s no question if you go to Disney World you can get through the lines fairly quickly, but the only reasons the flights are fairly full are because they cancelled a substantial number of them. People are not traveling. I’ve
traveled around to district schools and sites and plants just a few weeks ago, there was a plant where over half the people were afraid to fly. The biggest thing we’re going to have to do is to get out, and there’s a period of time where people are going to finally figure, “Hey we’ve got to get on with our lives, nothing’s happened to me.” We had one person die from anthrax and at the same time 1600 killed on highways, so people have got to start putting this thing in context. So I don’t think we’ve put out a lot of information. Judy Woodruff was on CNN the other day. She said “I don’t get it.” Senator Harkin said when he was growing up that anthrax occurred there on the farm, and yet somebody else was telling him there’s only eighteen cases of anthrax in a hundred years. She never got the distinction between cutaneous anthrax and inhalation anthrax which were the two different subjects. So there still is a lot of misinformation out there. I think the news media personally is doing a good job. It may increase anxiety, but actually it allays quite a bit in the long run. So I don’t know that we have a plan for that, other than we’re getting out all the information we can. The post office is going to be mailing out a whole lot of information to every mailbox in the country on how to deal with some of the issues. I don’t know exactly the contents of that. We are putting an insert in every newspaper in the district. That is about all we can do. The biggest problem we have, when you talked about the response, is not managing the people that are sick but managing the people that are scared to death to think they’re sick. We’ve had calls. The post office had to go out because one lady turned in a card that didn’t have a return address on it. So she called 911. Eventually they came and picked it up and took it, and finally she remembered that it was her birthday, so she called them up and she said, “Oh, I just remembered it’s a birthday,” she said, “That’s probably my birthday card. Would you read it to me?” Somebody else had somebody working in a room and they came in because there was dust on their carpet. It happened to be sheet rock from another room where a worker had walked through. Believe it or not, we were in my office the other day and somebody had sprinkled Equal, or something, on my desk. Not intentionally, we had had some coffee there and it’s amazing how you look at it and go, “Whoa, how did that get there? What is it?” and before you would have brushed it off and gone on.

Q: How effective do you feel the media has been because of the scare and the result of misinformation? One of the things that we heard over the weekend that I want to ask you about is that health departments are being consumed with hoaxes and responding to copycats who think that
it is entertaining to tie up our resources. I am wondering if there is any emergency procedure to punish people who think that it is fun to use public health resources in this way?

A: That's a federal offense and Attorney General John Ashcroft has said we are going after them and we're prosecuting them. It's going to take a few folks to be prosecuted for the word to get out that, hey, this is not funny. But you're right. Its unfortunate. I've been very reassured and impressed with the unity and the way the American people have pulled together, and I guess one of the reasons I say I'm more impressed with the press is I'm usually fighting the press all the time and they have been informative as much as they know. And the other thing too is we don't have to hear about Gary Condit anymore. But you're right. There's been information out there, and knowledge, to me, is the best way to abate fear. Because if you get knowledge out there you're going to do that. But the hoaxes are going to be a problem, just like the folks taking advantage of the police being out. That's part of the change in America and it's going to take a bit of time to transition. I don't have answers for that.

Q: Will you comment on your observations so far on Governor Ridge and how he put together his Homeland Security? Will he have staff, will he have control over other agencies, how difficult will it be, what kind of support will he get from the President and Congress?

A: I think if there's ever any time to do it, and be able to overcome the turf battles, now is the time to do it. It needs to be done fairly soon.

Q: So what do you think the window of time is?

A: I think it needs to be done in the next three months personally, because once a war has gone on for about six months or so and people start getting back to their life. There was a lot went on in Vietnam, but if you think of how many years that went on before people started getting upset with it. This is different. This was an attack on our soil. Back to your question, we've had a lot of debate on that. I think it depends on how much we end up funding, and how effective Tom Ridge is publicly of building the substantial clout that he's going to be able to put together these agencies. There is going to be a turf battle. Ashcroft—you probably don't notice, it's subtle. Depending on whether you refer to this as war, these attacks as criminal. So, I'm going to give you some
of my legal opinions. There's a difference . . . Are we dealing with this as war? I was trained as a fighter pilot so I understand rules of engagement, when you can go and when you can destroy places and people, and when you can't. Now that's totally different than the criminal justice system and how you prosecute somebody and the rules of evidence and all those things that you have to have. So, you've got the military over here that's active, you've got the Justice Department that's acting on this legal framework, the military's operating on "wanted dead or alive," and then you've got the CIA, which nobody knows. Certainly they've had some problems in the last few years. We did gut them. We have to say—and I may get a little partisan here—but the last administration gutted the CIA. I mean, there were some rules passed in 1995 that kept them from dealing with any unsavory characters. Now ask me does a savory character want to be in the terrorists' infiltration? You can't operate with the CIA, so you've got to bring all these together for homeland security, I don't know how it's going to be done, but I do think the biggest problem we have is competing agencies. The President has picked a very strong leader. Ridge has done a very good job. I think he'll be able to pull it together. I think it's going to be more like a national security advisor position, than it is going to be the big buildings with homeland security and everything on it. But I think he or she—whoever ends up being in the future—is very close to the President. For example, the Chief of Staff probably has as much power as anybody there, though it's not a Cabinet level position. So it's going to be how much, how close to the President . . . It looks like that all of his press conferences are coming out of the White House right now, so I guess he's operating out of the West Wing, I don't know where he is. And so I think it's going to be a position that's very close to the President, that's going to be able to bring things together, continually give briefings and making sure that these communications happen. This President is going to give them the authority to make sure that happens. So if the Justice Department or FBI is not doing right with the CIA and everybody else, not with military intelligence and that information is all going to be funneled through him, and the power he will have is the power of information in the ear of the President, so I think that's going to be . . . I can't give you any answers because I'm not involved.

Q: Because of what has happened, we are allowing people to pick people out of a crowd and identify them as a terrorist suspect because of the way they look or what we assume their ethnicity or religious affiliation
to be. I have concerns about how this new agency [Homeland Security] may operate in terms of handling people in the United States that may or may not be a threat to security. Particularly, I think back to the man in Oklahoma, I want to make sure that we are identifying individuals that there is a logical basis for and we are not just assuming because they look like they are of Arab descent or a Muslim . . . . What happens here in the United States to individuals that do not look like the majority?

A: It's a tough issue because they call it the selection process now, they don't call it profile. I've been wanded and searched twice because I bought one-way tickets. I think you're right, we've got to be very careful. I think the President was pretty good, it's kind of dropped off a little bit now, but there's some incidents that have happened, even in the local area. We talked about most of the physicians—for example, in Hazard, a doctor of Arab descent—and they've been threatened and a few other things. If they end up getting run out of town they don't have much of a health care system there in that community. Besides it is not right. It's crazy. But you also have a capacity to select. Now there's new technology and we've talked about this. Before this incident last year there was some debate about facial recognition technology. If we have individuals that we know are suspect-related, we want to detain them for some reason, then we may end up going to the facial recognition technology where we don't just select people out because they're wearing a turban or they look Arab descent, or they have a one-way ticket, or whatever else, that we can actually pick people out because they meet the facial characteristics and then do that. And very specific facial characteristics. I think we're a long way from there. We don't have a very good security system in the airports right now. It's good now because we've beefed it up and we've stuck in the National Guard and because there is a lot of vigilance there. But there was a number of, in fact a good portion of, were illegal immigrants during a security in Dallas. Some of them had criminal records and falsified their backgrounds. These were the folks doing the security when you go through Dallas. So we've really got to tighten up on that. The selection process is important. We need to get the word out that, frankly, unfortunately, probably if you're going through and you're Arab right now, I don't know what they're doing but you have to have some other things, other than just that. We've fought racial profiling here in the country and it's a real problem.
Q: In respect to the path that public health is moving in to provide health services to the population, going forward, how do we provide funding for public health workers? Do you provide funding for other agencies with the same function?

A: I don’t have a crystal ball. Tommy Thompson though said, “My big push is the uninsured.” Now he talked about tax credits to allow folks to buy into Medicaid, he talked about using CHIPs money, he talked about some other things. The President talked about community health centers, I don’t know if you remember that, I don’t know what happened to them, but he talked about them in the campaign, and actually we had it in our Patient Bill of Rights at one time. It was pulled because of . . . anyway, it’s just controversial. Anyway, I think until we have a real effort of insuring everybody in the country, you all are going to have the job of taking care of those folks that fall through the cracks. We are either going to have to provide money for it or you’re going to have some fungible funds that come from some higher, loftier things such as bioterrorism. You are going to have more money, I see that right now through the CDC, and I think CDC is going to get more emphasis. I don’t see this war being over fairly soon, but if it is then it won’t be very long till our vigilance is dropped and prescription drugs for seniors is going to be right back on the number one issue and social security reform and all those things that take money. I think you’ve got a great opportunity now. I don’t know how long this window of opportunity is coming up, but I think if you step forward, depending on the PR work you do with the public, that’s very important. The PR work for the public health system has not been that good. It’s not. That’s going to depend on how much support you get politically is what the public thinks about you, and if they do perceive you as a real important entity in the community, then the funding is going to continue to flow. Right now it will because we need to beef it up. I personally think that we’ve underutilized the public health system tremendously. That’s because when I was growing up we were not that well off and I got all my immunizations at the Fayette County Health Department. I thought that was where you went.