

# Lecture Hall

## Session Abstracts

National Environmental Health Association (NEHA)  
72<sup>nd</sup> Annual Educational Conference & Exhibition

### Terrorism and All-Hazards Preparedness

Sunday, June 22

1:00 – 1:50pm

#### **FBI Weapons of Mass Destruction Directorate's Mission of Countering Biological Terrorism Threats**

*Robert M. Scripp, Bioterrorism Program Manager, Federal Bureau of Investigation, Washington, DC*

The FBI serves as the lead agency for the investigative, intelligence, counterintelligence, and overall law enforcement response to a terrorist threat or incident in the United States. The mission of the FBI's Weapons of Mass Destruction Directorate is to prevent a chemical, biological, nuclear, or radiological terrorist attack. Preparing, assessing, and responding to WMD threats and incidents is challenging because WMD materials and events are unique in character, response requirements, and potential consequences. While extensive expertise is required to support the FBI's mission, it is also critical to develop a structure that ensures an effective national approach which includes the inclusion of state, local and federal partners working together preventing and responding to WMD threats. The WMD Directorate supports ongoing WMD investigations, provides strategic WMD threat assessments to shape countermeasures initiatives to prevent a WMD event, develops CBRN collection requirements for law enforcement entities to close identified intelligence gaps, produces finished intelligence concerning acquisition, development, and use of WMD by foreign and domestic actors hostile to the U.S. and our allies.

The WMD Directorate, WMD Countermeasures Unit (WMDCU) targets scientific aspects of threats and anticipated threats encountered by the FBI. WMDCU manages counterterrorism programs for agroterrorism, bioterrorism, chemical counterterrorism, and nuclear/radiological WMD issues within the FBI. FBI Headquarters representatives will provide an insight into WMDCU counterterrorism programs, specifically addressing biological and agroterrorism, and provide a FBI threat briefing to the audience.

2:00 – 2:50pm

#### **Drumskins and Anthrax: A Local Health Department's Response**

*Scott T. LeRoy, MPH, MS, REHS/RS, Director, City of Danbury Health, Housing, and Welfare Dept., CT*

During the last week in August, 2007, the Health Director received a telephone call from the local Hospital's infectious disease physician concerning a unique skin condition. After consultation, the State of Connecticut Department of Public Health Laboratory was contacted to conduct tests for cutaneous anthrax. The physician suspected that the patient may have a cutaneous lesion suspicious for anthrax after working with goatskin hides from West Africa while making traditional drums in the West African style. A short while later, one of the patient's children developed a similar skin lesion; this is the first ever reported case of naturally acquired cutaneous anthrax in a household contact caused by secondary contamination from drum-making. Although drum-

making equipment remained in the shed, the index patient sometimes brought other items from the shed into the house. It was revealed that the child never did any drum-making nor had any exposure to animal hides. The child played inside the home on carpeted floors, was prohibited from going into the shed and both parents denied their child touched the drum left overnight in the living room. Samples taken were culture positive for *B. anthracis*: drumheads, shed samples, the transport car trunk and samples from the family home. Findings have supported the hypothesis that the index patient was likely exposed while sanding a drumhead made with a recently purchased goatskin hide from West Africa. The child was likely exposed to anthrax spores brought into the house by the index patient from the contaminated shed. Coordinated measures between federal, state, and local officials for decontamination of the shed and house are in progress. Efforts to trace the source of the recently purchased goatskin hides continue. This presentation summarizes the joint hazmat, epidemiologic and environmental investigations conducted by federal, state and local public health officials, environmental agencies, and law enforcement authorities.

3:00 – 3:50pm

### **California Wildfires Set Environmental Health Services in Motion**

*Terri S. Williams, REHS, Public Health Program Manager, County of San Bernardino, CA*

In San Bernardino County Environmental Health issues became a priority for the Emergency Operation Center (EOC) when disaster struck. During a recent Fire Disaster in Southern California, San Bernardino County's Department of Public Health, Division of Environmental Health Services' staff stepped up to the plate to perform tasks well outside their normally assigned duties. EHS staff acted upon the lessons learned four years earlier to work conjunctively within the EOC to elevate food, water and waste issues to become top priorities for the County's incident commander.

At the EOC, EHS was able to incorporate food safety, water quality assurance and waste disposal into the County's disaster/re-entry plan. Upon integration into the County's re-entry plan, EHS implemented innovative methods to distribute information to residents as they returned to their homes. Working with the EOC, resources were easily obtained as departments throughout the County were ready to provide assistance.

Environmental Health concerns were effectively and efficiently communicated to the public through the following means:

- reverse 911 phone message system,
- Cal Trans emergency road signs, and
- manned information centers.

By relinquishing the title role of Environmental Health Inspector and taking on the role of an EOC member, EHS was better equipped to accomplish its mission of protecting public health and safety.

4:00 – 4:50pm

### **The Emergency Public Health Education Network: Linking Health Promotion Specialists for Emergency Response**

*Speaker TBA*

The Society for Public Health Education (SOPHE) has partnered with CDC's Community Health Outreach and Education Team (CHET), under the Emergency Communication System. Under this partnership, SOPHE and CHET are establishing a Emergency Public Health Education (EPHE) Network that will help link health educators and other health promotion specialists that may be

involved in responding to public health emergencies. This national network will: receive public health emergency alerts that are sent out by CDC's Emergency Communication System (ECS); participate on quarterly calls, as well as conference calls in the event of a public health emergency; and receive notification of relevant resources, training events and educational opportunities to enhance knowledge and skills. Other related activities and resources provided by the SOPHE/CHET partnership that are available for health educators and other health promotion specialists working a variety of settings will also be highlighted.