

Project EQUIPP

(Equal Immunization Policy & Practices)

Vision

A fundamentally healthy homeland security system that is fully immunized and completely boosted against blood-borne pathogens, invasive contagions, aerosolized infectious diseases and bioterrorism select agents.

Mission

Equip U.S. civilian emergency responders with the same immunological protection as their Federal counterparts and their teammates on the National Guard WMD-CST (Weapons of Mass Destruction Civil Support Team).

Background

Currently, there exist important disparities in the vaccination status between the WMD-CST personnel and civilian emergency responders. This is upside down in the case of anthrax since it is estimated that for every 1 worrisome white powder scare to which the WMD-CST respond, civilian emergency responders deal with 100. These disparities in preventive measures cannot be allowed to continue since the threat of an anthrax biological assault on the US continues even now. This is documented by a September 2008 memo from then Secretary Chertoff (Department of Homeland Security) to then Health and Human Services Secretary Leavitt.

In this compelling internal communication, Chertoff states that while there is no credible information indicating an imminent threat involving anthrax as of September 23, 2008, the Department of Homeland Security (DHS) does determine that there is a significant potential for a domestic emergency involving a heightened risk of attack with anthrax. Given this determination, Chertoff urges Leavitt... *"to employ all relevant emergency powers under 21 U.S.C. Section 360bbb-3 to ensure distribution of pre-need countermeasures that may be effective in preventing the contracting of anthrax by people in the delivery chain, such as US Postal Service Workers; to first responders, including law enforcement; to essential government and non-government workers; and to the general public."*

However, Project EQUIPP is more than an anthrax vaccination promotion; it is about total immunization preparedness. To wit, in the Katrina experience informal surveys of one volunteer convoy of emergency responders found that 3 of 4 emergency responders were not up to date on tetanus boosters and 2 of 5 had no knowledge of the status of their Hepatitis B vaccination series. And in *Disaster Management & Response* researchers (Mackler et al.) report that in the context of smallpox outbreak more than 80% of 300 paramedics polled would not remain on duty if there were no vaccine and no protective gear. Even if protective gear was available but the vaccine was not, only 39% of respondents would remain on duty. Finally, even as 91% of paramedics would remain on duty if they were fully protected, this percentage drops to 38% when the respondents believed that their immediate family members were not protected. Since immunization pre-attack/pre-exposure is arguably the most cost-effective tactic in biosecurity, it is proposed that the status quo be embellished by Project EQUIPP.

Plan

To achieve the Vision and accomplish the Mission, the EQUIPP Strategy is to apply a CQI (Continuous Quality Improvement) methodology to current immunization preparedness of US civilian emergency responders. This establishes *Measurement, Awareness/Education, Consensus Goal-Setting, Intervention and Monitoring* as the critical success factors. Because time is of the essence, the initial *Measurement* of the vaccination status of these emergency responders and the *Awareness/Education* program must occur simultaneously. This dialogue that results will promote *Consensus* on the proposed *Goal* of best possible, pre-exposure vaccination for civilian emergency responders in the shortest period of time. *Intervention* tactics for vaccine delivery will be driven by specific factors within the target communities that are

learned through the Measurement process. Partnering with the occupational medical programs already established for these individuals is anticipated in order to further expedite and better document immunization preparedness.

Tactically, Project EQUIPP will embark on a national and regional trade association conference/publication campaign concurrently as funding permits. The best model to date is that of a "Train-the-Trainer" educational series with data collection of participants to document immunization knowledge and status. The initial Target population for this first phase of measurement and education is the emergency responders who serve on the homeland security teams within Urban Area Security Initiative (UASI) regions. This is the heart of the nation's critical homeland security infrastructure. These responders are easily identifiable and are connected by clear lines of command and communication.

Future Plans

Depending upon lessons learned during this roll out to UASI emergency responders, Project EQUIPP will be extended to other emergency responders, security professionals, and civilian groups. To guide this outreach effort, it is appropriate to heed the list in the September 2008 Chertoff memo for identification of others that the Department of Homeland Security has already determined are at a greater risk for an anthrax attack. These include US Postal Service Workers, essential government and non-government workers and the general public. It is reasonable to take essential government workers to mean elected officials and all staff in place to support normal government activity. However, the essential non-government workers and general public to which Chertoff refers are less defined in this memo.

To better define these high risk groups mentioned by Chertoff, Project EQUIPP turns to the lessons of the October 2001 anthrax letter attacks. In so doing non-government targets included the lay press and broadcast media. Indeed the offices of Tom Brokaw were attacked and the first reported case and death was a National Inquirer employee. Further insight can be derived by studying the mindset of those that attacked on 9/11; these terrorists singled out those non-government targets which make up the financial engine that drives western capitalism. So Wall Street, NASDAQ Market Center in Time Square, high profile banks and mortgage companies, and other stock and commodity exchanges all must be included in a comprehensive preparedness plan. Similarly helpful is to note the characteristics of the anthrax weapon. These render clues on others within the general public that are at high risk. Because the weaponized powder is most effective within enclosed spaces where large people traffic or congregate, the patrons and employees of mass transit/subways and sporting/concert venues could be considered more at risk. And finally, it is anticipated that Project EQUIPP will be pertinent to the employees of Fortune 500 companies since recent experience has proven that many of these corporations are high yield targets for anthrax bioterrorism and all have a keen interest in pandemic/seasonal flu preparedness.

Resources:

As this is about all biological threats, all manufacturers of pertinent vaccines are welcomed stakeholders and partners to Project EQUIPP. Since we think that Project EQUIPP is an ideal program to increase the overall vaccination status of civilian emergency responders and other adults who make up our homeland security infrastructure, Project EQUIPP looks to the Department of Homeland Security, the HHS Office of the Assistant Secretary of Preparedness and Response (ASPR), the National Vaccine Program Office, the CDC Coordinating Office of Bioterrorism Preparedness and Response (COTPER) and the CDC National Center for Immunization and Respiratory Disease as allies.

Call for DONATIONS:

Project EQUIPP is a huge undertaking. Complacency must be attacked and inertia must be overcome. A national project such as this requires resources to coordinate allies, expand outreach education, build networks and if needed purchase vaccine and reimburse immunization services. All donations are tax deductible and any and every penny helps. PLEASE DONATE!