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## Hospitals Cite Costs Of Girding For Attack

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November 10 2001

Radios, portable decontamination units, disease-surveillance information, stockpiled drugs and training for health workers are items on a long wish list that Hartford area hospital officials say they would need to serve the public - and to avoid closing - in case of a terrorist attack.

The price tag for improved preparation could run as high as \$1 million per hospital, officials told Rep. John B. Larson, D-1st District, at a meeting Friday at St. Francis Hospital and Medical Center in Hartford.

Hospital officials say they are concerned their facilities could be targeted by terrorists or inadvertently contaminated by people deliberately infected with contagious diseases.

"If we have to shut down the doors of one of our hospitals, it will affect the whole community," said Edward H. Moore, executive vice president and chief operating officer of the Eastern Connecticut Health Network, which includes the Manchester and Rockville hospitals.

The threat could come from one patient infecting hospital staff with a highly contagious disease such as smallpox or from the search for deadly pathogens, which would necessitate closing a facility. Moore noted that the Manhattan Eye, Ear and Throat Hospital in New York was shut down after an employee developed inhalation anthrax.

The need to treat patients outside hospitals - either at the scene of contamination or people who are isolated for treatment - is one reason portable decontamination units and suits were high on hospital officials' priority lists.

The need most often cited during Friday's meeting, however, was for improved communication among people responding to an emergency.

Improving communication requires more than updating radio systems at area

hospitals; it means having the ability to quickly inform emergency responders what type of equipment and people they will need to deal with a crisis.

The key is "who talks to whom" in case of an emergency, said Kim Hostetler, vice president and chief of staff at the Connecticut Hospital Association.

Also crucial, hospital officials emphasized, is the need to improve on existing disease surveillance. A delay of even a day or two in identifying an attack with biological weapons could lead to a tenfold increase in casualties, one official said.

Larson cautioned hospital officials that federal coffers are not unlimited.

"We're not going to build fortress America," Larson said. "We just don't have the resources for that."

But he said there is a consensus in Congress to provide assistance to local emergency-service providers such as police, fire and hospitals.

Although the federal government has spent almost \$9 billion on bioterrorism programs over the years, only \$300 million has made its way to the local level, Larson said.

Larson said he is working to obtain \$250 million for hospital workers to help with planning and training needs. Similar funding is being sought for police and fire departments, he said.

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