

1 million assays. The LRN has a dual function, since the introduction of advanced technology and training into the nation's public health laboratories has facilitated the response to emerging disease threats such as SARS.

Keywords: anthrax; bioterrorism; bio-threat; Center for Disease Control and Prevention (CDC); civil-military cooperation; laboratories; Laboratory Response Network (LRN); public health; system; testing

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New Concept for Multi-disciplinary Crisis Management

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After the end of the cold war era, new conflicts and challenges have been brought upon us. The threats from international terrorism are among many challenges to our preparedness systems. Others types of crisis, as the SARS epidemic, also must be handled. All together, there is a large variation in the types of threats that range from civilian accidents to full-scale war. How do we cope with such threats in a trustworthy way and within reasonable budgets?

Many of these threats have medical implications. The Norwegian Armed Forces Medical Services together with a large civilian medical institution, Ullevaal University Hospital, has constructed a new concept in which medical resources, both clinical competence and laboratory services are put together in a way that they can support civilian medical operative needs, military medical operative needs, and at the same time, support decision makers in both the civilian and military chains of command. The focus has been on operative usefulness, to facilitate flexible and scalable reaction abilities, and also to enable pro-active responses. In principle, each unit works along three lines, one operative civilian medical line, one operative military medical line, and one linked to the military and civilian chains of command through a medical operations centre. The main resources linked directly to the centre is medical microbiology / infectious diseases management (ability to isolate patients in an isolation centre at P3 level and a diagnostic laboratory at P3/ P4 level), toxicology, psychiatry (crisis management, psychological trauma care), trauma care (surgery and emergency medicine), radiation medicine, and a military medical operations centre linked to the civilian emergency response system. The system also is linked to a medical intelligence cell and the medical preparedness branch within the Armed Forces Medical Services.

Keywords: chains of command; civil-military cooperation; command and control; crisis management; emergency response system; Norwegian Armed Forces; terrorism; threats

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Civil-Military Cooperation in Responding to the Anthrax Attacks in 2001

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In October of 2001 at least four letters containing anthrax spores were mailed to various prominent figures in the United States government and media organizations. What followed is perhaps the largest bioterrorism investigation and public health response in U.S. history. Physicians and scientists from the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) played an important role in responding to this public health emergency. This session will highlight the cooperation and lessons learned between civilian public health organizations and USAMRIID employees. We will also discuss what actions can be taken to improve cooperation and bioterrorism response plans in the future.

Keywords: anthrax; bioterrorism; civil-military cooperation; USAMRIID

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Chemical/Biological Threat

Co-operation in the European Union on Preparedness and Response to Biological and Chemical Agent Attacks (Health Security)

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The actions of the European Union (EU) relative to terrorism has been outlined in three communications issued by the European Commission: (1) November 2001, (2) June 2002, and (3) June 2003, that deal in detail with the health aspects of this action, (communication COM (2003) 320 final). Moreover, a joint programme of action for chemical, biological, and radio-nuclear threats was agreed by the EU Council of Ministers and the Commission on 20 December 2002, as requested by the European Council (heads of State and Government of the EU) in Ghent, Belgium in October 2001. This programme sets out the key objectives of action on CBRN threats across the policies and sectors of activities of the EU, and lists the legal instruments that can be used to counter such threats.

In the area of health, guidelines agreed upon at the Health Council of the EU on 15 November 2001, led to the drawing-up of the 25-action programme on health security, currently being implemented in close collaboration between the Commission and the EU Member States, which aims to contribute towards:

1. EU-wide capability for the timely detection and for the identification of biological and chemical agents in laboratories;
2. Rapid and reliable determination and diagnosis of human disease cases;
3. Availability of medicines;