

**The Containment Laboratory Community
Advisory Committee (CLCAC)**

**Seventh Annual Report:
January 2017 - December 2017**

April 10, 2018

Containment Laboratory Community Advisory Committee:

Regular Members

Mr. Kim Loll, Vice-Chair (at-large representative, term expired June 2017) ¹
Dr. Dat Duthinh (at-large representative)
Dr. Bob Hawley (private-sector life sciences industry representative)
Mr. Ray Hunter (at-large representative)
Dr. Joany Jackman, (private-sector health field representative)
Dr. J. Craig Reed (at-large representative)
Mr. Rolan O. Clark (at-large representative, resigned November 2017)
Dr. Matt Sharkey (at-large representative, appointed June 2017)

Alternate Members:

None

Ex-Officio Members:

The Honorable Randy McClement, Mayor, City of Frederick (City representative and non-voting member)

The Honorable M.C. Keegan-Ayer, Frederick County Council (County representative and non-voting member)

Laboratory Liaisons to the Committee:

Ms. Lanessa Hill, Public Affairs Specialist - Community Relations U.S. Army Garrison

Ms. Caree Vander Linden, Public Affairs, USAMRIID

The Containment Laboratory Community Advisory Committee deeply appreciates the support of the City of Frederick, Frederick County, and State and federal elected officials, without whom this work would not be possible. The City of Frederick, in particular, has provided the Committee with extensive support by hosting the Committee's website, as well as by providing meeting space and audio/video services.

Matt Sharkey, Ph.D., Acting
Chair Containment Laboratory Community Advisory Committee

¹ The Committee appreciates Mr Loll's continued participation as Acting Chair after the expiration of his term

Executive Summary

This document provides a progress report of the seventh year of work by the Containment Laboratory Community Advisory Committee's (CLCAC). It describes CLCAC activities and accomplishments in working towards the year's goals and priorities.

CLCAC used this year to build on its earlier work, focusing on fostering communication between the public and the operators of the high and maximum containment laboratories operating at Fort Detrick and elsewhere in Frederick County, addressing public concerns, maintaining open channels of communication with the operating containment laboratories at the National Interagency Biodefense Campus (NIBC) at Fort Detrick, and participating in national dialogues regarding biosafety, biosecurity, and transparency.

CLCAC accomplished the following during 2017:

- Provided written testimony in February 2018 (testimony prepared in 2017) in support of Maryland Senate Bill 655 and House of Delegates Bill 392, Department of Health and Mental Hygiene - Biosafety Level-3 Laboratories
- Attended the Blue Ribbon Panel on Biodefense- Attribution of Biological Crime, Terrorism, and Warfare: Challenges and Solutions, at the Hoover Institution, in Washington, DC, on October 3, 2017.
- Attended Blue Ribbon Study Panel on Biodefense, held at the Hudson Institute, in Washington, DC, on 2 Nov, 2017, and focused on implementation of the National Biodefense Strategy, published in 2016.
- Hosted first responders from Fort Detrick, Frederick County, and Frederick City as well as representatives of the Frederick County Departments of Emergency Management and Health to inform the community of their plans to respond to incidents at high-containment laboratories within Fort Detrick and throughout Frederick County.

The CLCAC website (<https://www.cityoffrederick.com/127/Containment-Lab-Community-Advisory-Commi>) contains a wide array of public information about all CLCAC activities, including its scope and by-laws. A Frequently Asked Questions (FAQs) section is also included, which has been updated based on communications received from the community to which CLCAC has formulated informative and thorough replies. All of the Committee's meetings and forums are recorded and can be viewed online. CLCAC remains committed to continuing its efforts to improve communication with the laboratories, Fort Detrick, and the residents of both the City of Frederick and Frederick County.

Committee Purpose, Scope and Organization

What is the Containment Laboratory Community Advisory Committee?

CLCAC was established in November 2010 as a joint Committee of the City of Frederick and Frederick County. Its members are appointed jointly by the Mayor and the County Executive.

The Committee meets quarterly and is nominally comprised of seven regular members and two alternates, all residents of Frederick County. Decisions are made by the Committee based on majority vote, as long as a quorum of five members is present. At the end of 2017 there were six regular members, no alternates, and two ex officio elected officials, one from the City of Frederick and one from the Frederick County Council. In 2018 we expect to re-visit the definition of a quorum in our by-laws.

The purpose of the Committee is to:

- 1) Foster and facilitate two-way communication between the Frederick County community and the operators of the high and maximum containment laboratories (Biosafety Level 3 and 4) operating at Fort Detrick and elsewhere in Frederick County;
- 2) Seek information about issues of public concern and ways to address those concerns, including the implications of laboratory operations on the public health and safety of the community; and,
- 3) Advise and make recommendations on behalf of the public to government, containment laboratory and Fort Detrick officials regarding opportunities to improve any laboratory-related matters that could impact public health and safety.

CLCAC 2017 Objectives and Accomplishments (*please see 2016 annual report for objectives that support the following activities*)

CLCAC undertook the following actions in support of its 2016 objectives:

- On October 29, 2015, the White House issued a memorandum to the Executive Branch titled, Next Steps to Enhance Biosafety and Biosecurity in the United States. This memorandum includes a set of recommendations to strengthen the Federal Government's biosafety and biosecurity practices and its oversight system, highlighting the following:
 - 1) Transparency of the Nation's laboratory system for public safety and security, particularly for those facilities that possess, use or transfer Biological Select Agents and Toxins (BSAT);
 - 2) Incident reporting and accountability to the public for biosafety and biosecurity procedures, protocols, personnel reliability, and to ensure a culture of responsibility;
 - 3) Material stewardship, including inventory management and control for facilities and personnel that possess, use, or transfer BSAT; and
 - 4) Applicability to other biological agents that could pose a serious threat to public health or agriculture: The three principles above should also be applied to encompass transparency, enhance incident reporting and accountability, and material stewardship for any biological agent that could pose a serious threat to public health or agriculture.

Throughout 2017, discussions at CLCAC meetings covered several initiatives to implement this policy in Frederick, including several of the following.

- On April 24, 2017, Dr. Bob Hawley, Dr. Joany Jackman, and Dr. Dat Dutninh attended the Laboratory Leadership Meeting at Fort Detrick, U.S. Army Garrison, Building 810, Conference Room 3. On October 10, 2017, CLCAC hosted first responders from Fort Detrick, Frederick County, and Frederick City as well as representatives of the Frederick County

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Departments of Emergency Management and Health to inform the community of their plans to respond to incidents at high-containment laboratories within Fort Detrick and throughout Frederick County. The goal for this meeting was to provide an overview of the first response capabilities and degree of integration of emergency preparedness in and between Frederick and Fort Detrick, especially where response to incidents threatening containment laboratories or threatening the public because of a loss of containment in those laboratories. The outcome of the meeting was captured on a video of presentations by these first responders and emergency managers and available on the CLCAC website (https://cityoffrederick.granicus.com/ViewPublisher.php?view_id=25).

- Supported Maryland Senate Bill 655 and House of Delegates Bill 392, Department of Health and Mental Hygiene - Biosafety Level-3 Laboratories.
- CLCAC members developed written testimony, delivered to Delegate Karen Lewis Young (District 3A) in February 2018 in support of Maryland Senate Bill 655 and House of Delegates Bill 392, Department of Health and Mental Hygiene - Biosafety Level-3 Laboratories. This Bill would allow the state of Maryland to collect basic information about BSL-3 laboratories in the state, specifically their location and contact person at the facility. While laboratories working with the most dangerous pathogens (Biological Select Agents and Toxins) are required to register with the Centers for Disease Control and Prevention and/or the U.S. Department of Agriculture, no governmental entity at any local, State or federal level knows how many laboratories in their jurisdiction are operating with Biosafety Level-3 (BSL-3) containment. Maryland therefore does not have the basic information required to address public health, emergency response and safety concerns associated with BSL-3 laboratories performing non-select agent research. This Bill was a modest step in addressing this data gap without introducing any regulatory burden on businesses or other institutions operating in our communities. This Bill included no safety regulations or oversight provisions. The proposed Bill is in process in the CLCAC will continue efforts to support the registration of BSL-3 laboratories in Maryland, as it will allow us to be more aware of any emergency management challenges in the Frederick community.
- CLCAC maintained ongoing Communication with city, county, and Fort Detrick officials and with the broader biosafety community. Ongoing two-way communication with elected officials at the City, County, State and federal levels regarding its activities is vital to the CLCAC's work.

During 2017 CLCAC participated in the following activities:

- Attended the Blue Ribbon Panel on Biodefense- Attribution of Biological Crime, Terrorism, and Warfare: Challenges and Solutions, at the Hoover Institution, in Washington, DC, on October 3, 2017.
- Attended Blue Ribbon Study Panel on Biodefense, held at the Hudson Institute, in Washington, DC on 2 Nov, 2017, and focused on implementation of the National Biodefense Strategy, published in 2016.

Logistics:

In 2017, the terms of our Vice-Chair, Mr. Kim Loll expired. CLCAC has been greatly served by Mr. Loll, and we are grateful for his tireless contributions and dedicated leadership. Mr. Rolan O. Clark resigned from the Committee in 2017, and Dr. Matt Sharkey was appointed to the Committee in July 2017. Dr. Bob Hawley was appointed as Secretary of CLCAC in 2017.

CLCAC continues to meet quarterly. However, much of the work is conducted between meetings and is reported at the quarterly public meetings.

Challenges:

The challenges encountered in implementing our goals in 2017 are structural, but CLCAC has been able to accomplish many of its objectives despite them.

Communication with Laboratories:

The materials posted on the Committee's website attests to improved communication and transparency over the past several years. In particular, USAMRIID provided annual accident and mishap information during the presentation by their first responders at the October, 2017, meeting. Other federal laboratories have also provided responses to public questions and safety program information. Having this information publicly available is very useful (<https://www.cityoffrederick.com/559/About-the-High-Containment-Labs-in-Frede>).

The Committee may ask these groups to make similar presentations annually, as we expect that the information they provided to the Frederick community this year was very helpful in informing people about the current status of their programs.

Resources:

CLCAC is a standing Committee of volunteers with no budget or direct authority, and with a large portfolio of goals. This requires setting clear priorities and engaging in projects at an appropriate pace.

Communication with the Public:

CLCAC meetings are public and video tapes of the meetings are available (https://cityoffrederick.granicus.com/ViewPublisher.php?view_id=25). We encourage public attendance and commentary/questions either in person or written. We respond whenever possible to public queries. Our most recent response has been included in the attachment. Selected materials taken from CLCAC responses to such communications have been included in a FAQ, which we also encourage the public to review (<https://www.cityoffrederick.com/Faq.aspx?QID=158>).

Goals for 2018

The CLCAC will continue to pursue the following goals for 2018:

- Foster timely and accurate communication among the City of Frederick and Frederick County citizens and elected officials, as well as the leadership of Fort Detrick and the NIBC laboratories. This includes a focused effort to update the CLCAC website and ensure that it is maintained current, as well as to update and maintain the CLCAC list serve in order to communicate more effectively with the public;
- Continue CLCAC annual working group meetings with the leadership of Fort Detrick and NIBC laboratories, with a focus on understanding the implementation of the White House memorandum dated October 29, 2015, *Next Steps to Enhance Biosafety and Biosecurity in the United States*;
- Continue to advocate for the State of Maryland and/or Frederick County to take action to close the information gap on self-regulated containment laboratories operating in Maryland (or Frederick County), including registration of self-regulated non-Select Agent containment laboratories as an initial and necessary first step;

- Identify and reach out to other community and local government organizations in the U.S. that deal with biological containment laboratory related issues and concerns to improve communications and share lessons learned. This includes information related to public health and safety risks as well as biosecurity risks associated with activities related to gain of function research, synthetic biology and artificial biology;
- Better understand and communicate to the public the safety analysis processes and corresponding controls used to prevent or mitigate accidents with potential consequences to the public. This includes the design, construction, commissioning, operations and maintenance, and the modification, decommissioning and demolition of BSL-3 and BSL-4 laboratories;
- Evaluate the case for expanding the CLCAC By-Laws to address BSL-2 laboratories within Frederick County, and make appropriate recommendations to the City of Frederick and Frederick County elected officials for their consideration.

ATTACHMENT

CLCAL Community Inquiry Response

1. How did (and do) the presentations relate to CLCAC’s ‘chartered mission’ of peeling the Fort Detrick “risk and abnormal/upset event” onion relative to the “public health and safety”

RESPONSE: The purpose of the meeting was to obtain a briefing from Frederick County Emergency Response and Health Services personnel and to learn about their capabilities. The presentations by Fire and Rescue, Emergency Management and Health Services personnel served to support the purpose of the CLCAC By-laws/mission. In accordance with our By-Laws published October 13, 2015, “The Containment Laboratory Community Advisory Committee (“Committee”) serves to foster and facilitate two-way communication between the Frederick County community and the operators of the high and maximum containment laboratories (Biosafety Level 3 and 4) operating at Fort Detrick and elsewhere in Frederick County. The Committee shall seek information about issues of public concern and ways to address those concerns, including the implications of laboratory operations on the safety and health of the community. The Committee shall advise and make recommendations on behalf of the public regarding opportunities to improve any laboratory-related matters that could impact public safety and health.” **Hence this presentation is directly related to our chartered mission.**

2. There were no corresponding meeting presenters or abnormal/upset event information available at the CLCAC meeting from the Fort Detrick “campus” Command and/or laboratory principals. In addition, ...[the community] Remains Uninformed and in the dark regarding the challenges and the Fort Detrick-Frederick County pre-event action plans designed to control and/or mitigate Fort Detrick design basis abnormal/upset events that have the potential to adversely impact the neighboring Frederick community.

RESPONSE: Once again, the purpose of the meeting was to obtain a briefing from Frederick County Emergency Response and Health Services personnel and to learn about their capabilities. On Tuesday, October 10, 2017 at 7 PM at Frederick City Hall, 101 N. Court Street, the CLCAC sponsored A Community Forum entitled *Emergency Response and the High Containment Laboratories at Fort Detrick and in the County*. At this forum, Frederick’s Emergency Management, First Responder and Public Health officials talked about what happens in case of an emergency involving pathogens from the laboratories located at Fort Detrick or private labs in the county. One of these presentations can be viewed at <http://www.cityoffrederick.com/DocumentCenter/View/1789>. Each laboratory facility at Fort Detrick has an *Emergency Response Plan* that is shared with Frederick County Emergency Management officials. At the October 10, 2017 CLCAC meeting, Emergency Response Plans were addressed and discussed by the CLCAC and Emergency Response personnel. A video transcript of these discussions can be viewed at http://cityoffrederick.granicus.com/MediaPlayer.php?view_id=12&clip_id=3430.

3. At no time during the 10 October presentation did anyone mention or reference the time-line protocol for Fort Detrick Officials to notify Frederick County first-responders when there is an abnormal/upset event unfolding on the Fort Detrick campus.

RESPONSE: At Department of Defense facilities, a biological mishap is defined as an event in which the failure of laboratory facilities, equipment, or procedures appropriate to the level of potential pathogenicity of an infectious agent or toxin may allow the unintentional, potential exposure of humans or the laboratory environment to that agent. All mishaps involving biological select agents and toxins (BSAT) will be reported to CDC or APHIS (Animal and Plant Health Inspection Service of the USDA and will be reported concurrently to the first general officer (or equivalent) in the mishap reporting chain. If the facility is a tenant on an

installation, the mishap will also be reported to the garrison commander. The first general officer (or equivalent) receiving the report will forward it up the chain of command to the Office of the Director of Army Safety (ODASAF). Upon discovery of a non-BSAT occupational exposure or release of a non-BSAT outside of the laboratory, an individual or entity must immediately notify the first general officer (or equivalent) in the mishap reporting chain (DA PAM 395-69). There is no information or policy regarding release of any of the mishap information to the community.

4. There was no discussion at the meeting of the County's first responders "mobilization action plan" for community notification and evacuation when a Fort Detrick notification denotes the release of a contaminated plume or infected live specimens into the Frederick Community.

RESPONSE: Please refer to response 3 above. The risk of any potential release of biological material(s) to the community is low to negligible. There is an extreme amount of redundancy of safety equipment at these facilities that would preclude any potential release of material(s). For instance, the reference *Biosafety in Microbiological and Biomedical Laboratories* [BMBL] (which is an advisory document recommending best practices for the safe conduct of work in biomedical and clinical laboratories from a biosafety perspective, and is not intended as a regulatory document) states that all procedures involving the manipulation of infectious materials must be conducted within a biological safety cabinet or other physical containment devices. Thus, a barrier is placed at the immediate level of a hazard. In addition, a ducted air ventilation system is required. This system must provide sustained directional airflow by drawing air into the laboratory from "clean" areas toward "potentially contaminated" areas. The laboratory shall be designed such that under failure conditions the airflow will not be reversed.

For biosafety level 3 (BSL-3) laboratories (appropriate for agents with a known potential for aerosol transmission, for agents that may cause serious and potentially lethal infections and that are indigenous or exotic in origin), a ducted air ventilation system is required. This system must provide sustained directional airflow by drawing air into the laboratory from "clean" areas toward "potentially contaminated" areas. The laboratory shall be designed such that under failure conditions the airflow will not be reversed (redundancy). The laboratory exhaust air must not re-circulate to any other area of the building and the laboratory building exhaust air should be dispersed away from occupied areas and from building air intake locations or the exhaust air must be filtered through a high efficiency particulate air (HEPA) filter. A HEPA filter is defined by the United States Department of Energy (DOE) standard adopted by most American industries to remove at least 99.97% of airborne particles 0.3 micrometers (μm) in diameter.

To the best of our knowledge, **all air exhausted from biosafety level 3 laboratories at Fort Detrick is HEPA-filtered. Notably this level of engineering exceeds the recommendations of the BMBL publication for BSL-3 laboratories.**

For biosafety level 4 (BSL-4) laboratories (appropriate for dangerous and exotic agents that pose a high individual risk of aerosol-transmitted laboratory infections and life-threatening disease that is frequently fatal, for which there are no vaccines or treatments, or a related agent with unknown risk of transmission). There are two models for BSL-4 laboratories: (1) A cabinet laboratory - manipulation of agents must be performed in a Class III BSC (the Class III cabinet must have a HEPA filter on the supply air intake and two HEPA filters in series on the exhaust outlet of the unit); and (2) a suit laboratory - personnel must wear a positive pressure

supplied air protective suit (the suit is supplied with HEPA-filtered breathing air). In addition to the criteria listed for BSL-3 laboratories, **all exhaust air from both the suit laboratory and cabinet laboratory, decontamination shower and fumigation or decontamination chambers must pass through two HEPA filters in series before discharge to the outside environment.**

The Code of Federal Regulations defines a maximum credible event (MCE) as a hypothetical worst-case accidental explosion, fire, or agent release that is likely to occur from a given quantity and disposition of explosives, chemical agents, or reactive material. One example of an MCE at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) follows:

“The first MCE scenario for a BSL-3 laboratory accident occurs during the processing of 1 liter (0.26 gallons) of slurry containing *Coxiella burnetii*, the causative agent of Q fever, to prepare an experimental vaccine. The infective dose for this species of bacteria ranges from 1 to 10 organisms. During this process, a centrifuge rotor holding six 250-milliliter (8.45-fluid ounce) polypropylene centrifuge tubes is fitted with O-rings; each tube contains 165 milliliters (5.58 fluid ounces) of slurry. The 990 milliliters (33.46 fluid ounces) of slurry contain a total of 9.9×10^{12} (9.9 trillion) human infective doses (HID50) of the organism. One HID50 is the dose that infects 50% of exposed humans. In this scenario, a laboratory worker fails to use rubber O-rings to seal the centrifuge tubes and fails to properly tighten the safety centrifuge caps designed to prevent leakage into the centrifuge compartment that houses the rotor. All six tubes spill slurry into the rotor cups, and some of this slurry leaks into the rotor compartment, which is not sealed against the release of organisms in a small-particle aerosol. It is assumed that 10% of the slurry spills, of which 1% leaks into the rotor compartment, where 0.1% of the leakage is aerosolized. It is further assumed that 90% of the aerosol settles as liquid droplets inside the chamber. Thus, 10% (spilled from tubes) x 1% (leaked from rotor cups) x 0.1% (aerosolized) x 10% (did not settle out) = 0.00001% of the original slurry placed in the centrifuge tubes for processing would be released into the room. The most serious consequence of this laboratory accident would be the release of enough concentrated aerosol to override the air filter system, allowing the subsequent release of a significant number of infectious doses into the surrounding community. Following the assumptions above, 9.9×10^5 HID50 are presented to the filter. Further assuming that the air filter system is 95% efficient, approximately 5×10^4 HID50 (5% not removed x 9.9×10^5 HID50) would be released to the atmosphere from the exhaust stack. Using a simple Gaussian plume dispersion model in HPAC [Hazard Prediction and Assessment Capability (HPAC) modeling system developed by the Defense Threat Reduction Agency] with weather condition parameters of USAMRIID for each calendar month, the worst-case total exposure of a person breathing ground-level air would be less than 1 HID50 of *Coxiella burnetii* at a distance less than 2 meters (6.56 feet) from the stack. **This concentration of organisms would pose no risk to human health.**”

Additional scenarios of a maximum credible event are contained within the document *Programmatic Environmental Impact Statement - Chemical Biological Defense Program*, March 2006, Appendix C, Hazard Analyses, and can be viewed at <http://mrmc.amedd.army.mil/assets/docs/sse/appendixC.pdf>

5. After seven years on inquiry, there has been no information forthcoming from either Fort Detrick and/or the CLCAC to the Frederick community that:
 - a. There is in-place a comprehensive Fort Detrick-Frederick County abnormal/upset event immediate notification protocol which denotes a contaminated plume or live specimen release

to the Frederick community.

b. There now is a permanent real-time meteorological monitoring station on the Fort Detrick campus which supports abnormal/upset event evacuation area determinations.

c. There is a comprehensive first responder's community "notification and evacuation plan relative to the Frederick community which neighbors-surrounds the Fort Detrick campus.

RESPONSE:

a. AR 385-10, *The Army Safety Program*, Chapter 20, Infectious Agents and Toxins establishes DA safety policies and procedures for the use, handling, transportation, transfer, storage, and disposal of infectious agents and toxins (IAT) rated at BSL-2 and above used in microbiological activities in permanent or temporary clinical laboratories, biomedical and biological research settings, microbiology teaching laboratories, and veterinary reference laboratories. These policies and procedures apply to all U.S. Army activities and facilities in which IAT are used, produced, stored, handled, transported, transferred, or disposed.

Chapter 19 of AR 385-10 describes Emergency Planning and Response. The facility emergency response plan will be reviewed at least annually and, as necessary, be amended to keep current with new or changing facility conditions or information. Senior commanders and local, regional, State, and Federal emergency support and coordinating agencies (for example, law enforcement, fire departments, and health departments) will be informed of CBRN defense activities at Government-owned facilities. Agreements will be made with these agencies to identify and ensure the availability of support, including equipment and training, necessary to provide effective emergency response and to ensure compliance with applicable statutes and regulations and the facility emergency response plan. Agreements must be in writing and agreements will be reviewed annually or upon a change in operations that could affect existing emergency response plans and updated as necessary. The emergency response plan will be compatible and integrated with the disaster, fire, and/or emergency response plans of the installation and local, state, and Federal agencies. An employee alarm system will be installed according to 29 CFR 1910.165 to notify employees of any necessary emergency action. Emergency response plans will be exercised prior to adoption and at least annually thereafter to ensure the adequacy of response plans and responder training, responder familiarity with response procedures and equipment, the adequacy of support agreements, and the availability and adequacy of emergency equipment and medical support. Emergency response drills and exercises for biological operations will be conducted according to DA Pam 385-69.

Department of the Army Pamphlet 385-69, *Safety Standards for Microbiological and Biomedical Laboratories*, Chapter 11, Emergency Planning and Response, states that all IAT biological laboratories will establish specific emergency plans for their facilities. Plans will include liaison through proper channels with local emergency groups and with community officials. These plans will include both the building and the individual laboratories.

Therefore, based on these documents, there is in-place a comprehensive Fort Detrick-Frederick County notification protocol if an incident results in release of an IAT into the Frederick community.

b. To the best of our knowledge, there is no permanent real-time meteorological monitoring station on the Fort Detrick campus which would serve to detect an event that would warrant evacuation of any surrounding areas. Realistically, it is assumed that **the decision not to monitor is not only risk-based, but also considering the fact of extensive redundancy in**

facility infrastructure (filtration of BSL-3 laboratory exhaust air) and research operation policies and procedures. As stated in the BMBL and practiced, all procedures involving the manipulation of infectious or toxin-containing materials must be conducted within a biological safety cabinet or other physical containment devices (see RESPONSE to inquiry 4, above).

c. There is a comprehensive first responder's community "notification and evacuation plan" relative to the Frederick community which neighbors-surrounds the Fort Detrick campus. We are confident that this issue was addressed in RESPONSE to inquiry 5.a., above.

The CLCAC did not present misleading or incomplete first responders-emergency management information in the October 10th meeting. We did address the topics you mentioned above. The CLCAC, emergency responders and Health Officials did present the facts regarding Fort Detrick potential risks and how these potential risks would be managed. These policies and procedures are robust, and serve to mitigate any potential risks to the Frederick community by the Fort Detrick laboratories.

Finally, we must emphasize the distinctions between biological material(s) and nuclear material(s). The former are replicating entities (with the exception of toxins) and when introduced into susceptible hosts usually reveal their variable effects after 24 hours. Realistically, evidence of exposure is usually seen in days or weeks (this period is known as the incubation period). For certain pathogens and toxins, real-time detection and identification is not immediate - the minimum time may be 30 minutes. On the contrary, nuclear material(s) is non-replicating and may reveal their effects in a susceptible host immediately upon exposure of the host to the nuclear material. There are methodologies available to detect nuclear material(s) in real-time, unlike for biological material(s).

Members of the CLCAC believe that these explanations and resources address and satisfy the issues you outlined above. The CLCAC remains committed to fostering and facilitating two-way communication between the Frederick County community and the operators of the high and maximum containment laboratories operating at Fort Detrick and elsewhere in Frederick County. This information has been reviewed by the relevant laboratories at Fort Detrick.