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Thank you for hearing my testimony in support of SB184 that would authorize by statute the Kansas Intelligence Fusion Center (KIFC). I am Dr. Lee Norman, and from my experiences in my civilian and military roles I can give you firsthand assurance of the value this entity is to the State of Kansas and to the United States interests here and abroad. I see the benefit of the Fusion Center from many angles. I am the chief medical officer of the University of Kansas Hospital, I am a lieutenant colonel in the Kansas Army National Guard, and I am the State Surgeon of Kansas, a role in which I lead the effort to maintain Army and Air troop medical readiness, also working with the Division of Emergency Management and State Homeland Security. Important to the discussion this morning, I have also been, for the past six years, a member of the KIFC with TS/SCI clearance. My primary role in the KIFC is as a member of the Bio-Threat Team that oversees biological threats, both naturally-occurring and man-made ones for the purpose of bio-terrorism. Yes, we attend to threats to human health and well-being, but we spend equal effort with plants and animals, particularly crop plants and food animals that, if damaged, would endanger not only our food supply but our economy as well. I have a secondary role in the cyber-threat team effort, as their missions overlap.

The KIFC work product and results have been the best work I have seen or contributed to in my long and varied career. We truly do “fuse” knowledge from different disciplines in ways that would never happen were the KIFC to not exist and the knowledge not put into action. We work directly with law enforcement and the intelligence community as well to securely share information. I believe a Kansas example shows this benefit clearly.

Many months before the dreaded Ebola virus landed on US shores, we predicted the month and year that it would arrive – and we were correct. This prediction was based on forecasting and modeling done by the experts in the KIFC who approached the analysis from their varied backgrounds, experience, and disciplines: epidemiology, science, geography, politics, sociology, public policy and public health. As the senior physician at KU Hospital, I took this information back to my organization and went to work. We trained our staff, we modified our Highly Infectious Disease Treatment Unit, and we drilled on how we would care for a patient. When our first Ebola-suspect patient arrived, we were ready. Working closely with KDHE (we have the state epidemiologist in the KIFC), the Governor’s office, local health departments and regulatory entities, we pulled it off “without a hitch”. Contrast that to Dallas, Texas, where an Ebola patient died after originally being sent home before being readmitted, infecting two care-givers along the way, and nearly driving that medical center into bankruptcy. Our Hospital, and the education we provided the public, served as a calming and informative influence. In a time of worldwide panic, we were calm, steady, and competent. I had the experts in the KIFC whispering in my ear all the while. I had information others did not.

Senator Jerry Moran and I travelled to the CDC in Atlanta to meet with Dr. Thomas Frieden, then the Director of the CDC, after the Ebola emergency died down. He knew that what we did in Kansas did not follow the recommendations by the CDC - we superseded them - for patient management and staff safety. We were right, and the CDC eventually adopted our standards. When he asked, “...how’d you know to do that?” I answered, “...because we had better intelligence”, and we did and we still do, thanks to the KIFC.

Thank you, and I hope you see the wisdom in supporting SB184.