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Bridging the Gap Between the FBI and Medical Community





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Learning Objectives:

- Background on FBI-WMD Response Process
- The CBRNE Threat Profile
- HIPAA
- Other FBI Response Initiatives



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FBI - WMD Response Process





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FBI Responsibilities

- Primary jurisdiction to investigate, apprehend and prosecute those responsible for acts of **terrorism**
 - ✓ Lead Federal LE agency for terrorist incidents
- Response and **prevention**
 - ✓ Identify, detect, deter and disrupt terrorist operations before they occur
- Cases may exercise FBI's criminal investigation authority **and/or** the FBI's authority to investigate threats to the national security.





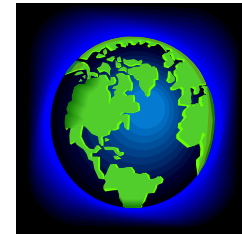
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FBI Organizational Structure

56 Field Offices, 380+ Resident



60+ LEGATs





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FBI HQ: WMD Directorate

- Oversight for WMD Criminal Investigations
- Coordinates WMD Threat Credibility Evaluations and Situational Updates with Federal Partner Agencies
- Manages crisis response to WMD incidents within the U.S.
- Coordinates with Federal response agencies; the White House, HHS/CDC, etc.





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FBI's 56 Field Offices

Albany, New York
Albuquerque, New Mexico
Anchorage, Alaska
Atlanta, Georgia
Baltimore, Maryland
Birmingham, Alabama
Boston, Massachusetts
Buffalo, New York
Charlotte, North Carolina
Chicago, Illinois
Cincinnati, Ohio
Cleveland, Ohio
Columbia, South Carolina
Dallas, Texas
Denver, Colorado
Detroit, Michigan
El Paso, Texas
Honolulu, Hawaii
Houston, Texas
Indianapolis, Indiana
Jackson, Mississippi
Jacksonville, Florida

Kansas City, Missouri
Knoxville, Tennessee
Las Vegas, Nevada
Little Rock, Arkansas
Los Angeles, California
Louisville, Kentucky
Memphis, Tennessee
Miami, Florida
Milwaukee, Wisconsin
Minneapolis, Minnesota
Mobile, Alabama
Newark, New Jersey
New Haven, Connecticut
New Orleans, Louisiana
New York, New York
Norfolk, Virginia
Oklahoma City, Oklahoma
Omaha, Nebraska
Philadelphia, Pennsylvania
Phoenix, Arizona
Pittsburgh, Pennsylvania
Portland, Oregon

Richmond, Virginia
Sacramento, California
Salt Lake City, Utah
San Antonio, Texas
San Diego, California
San Francisco, California
San Juan, Puerto Rico
Seattle, Washington
Springfield, Illinois
St. Louis, Missouri
Tampa, Florida
Washington, D.C.

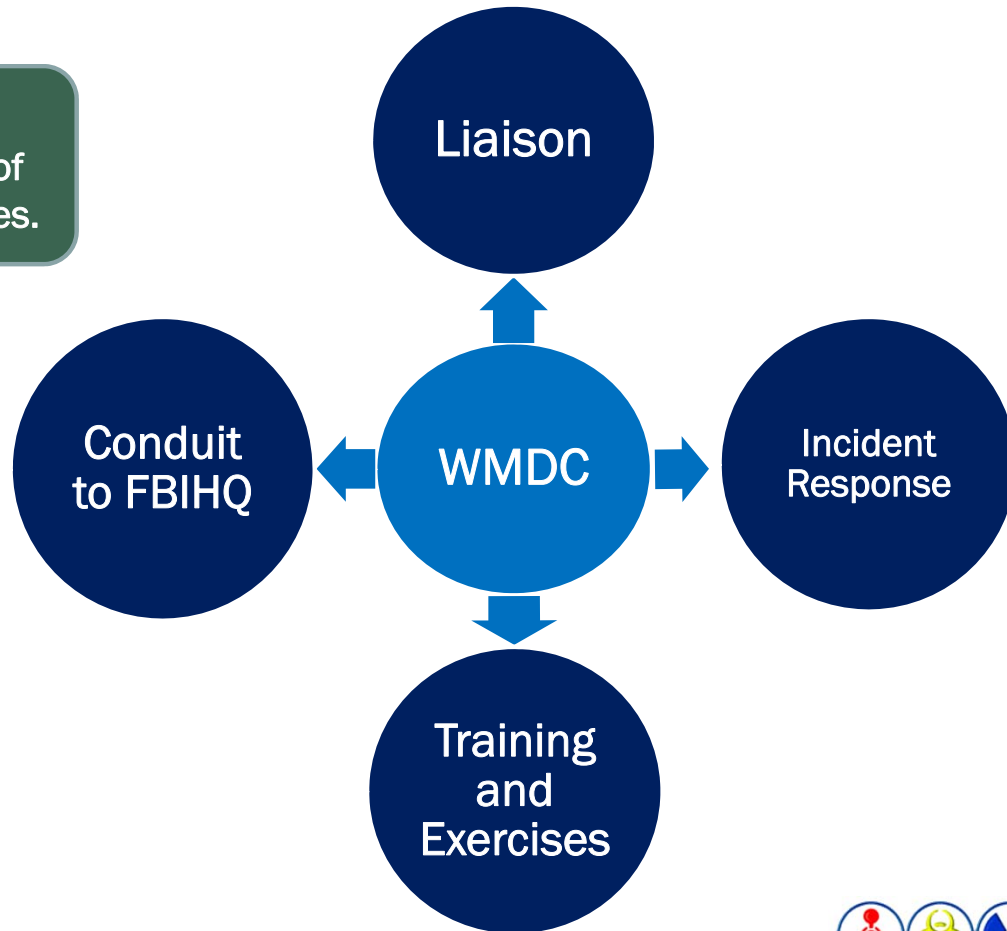




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FBI Field Offices: WMD Coordinators

At least one WMD Coordinator in each of the 56 FBI Field Offices.





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FBI Hazardous Evidence Response Program

- Support Hazardous Evidence Response Teams (HERTs) and Hazardous Evidence Response Components (HERCs)
- Provide WMD operational and technical training
- Coordinate lab and field office forensic and scientific response
- Provide WMD info/advice to Federal, State, and local agencies
- Research and development





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Weapons of Mass Destruction Definitions

Defined in US law (18 USC § 2332a) as:

- (Explosives) - Any explosive or incendiary device as defined in Title 18 USC, Section 921: bomb, grenade, rocket, etc.
- (Chemicals) - Any weapon designed or intended to cause death or serious injury through the release or impact of toxic or poisonous chemicals, or their precursors.
- (Biologicals) - Any weapon involving a disease organism
- (Nuc/Rad) - Any weapon that is designed to release radioactivity at a level dangerous to human life





WMD Statutes

Statutes

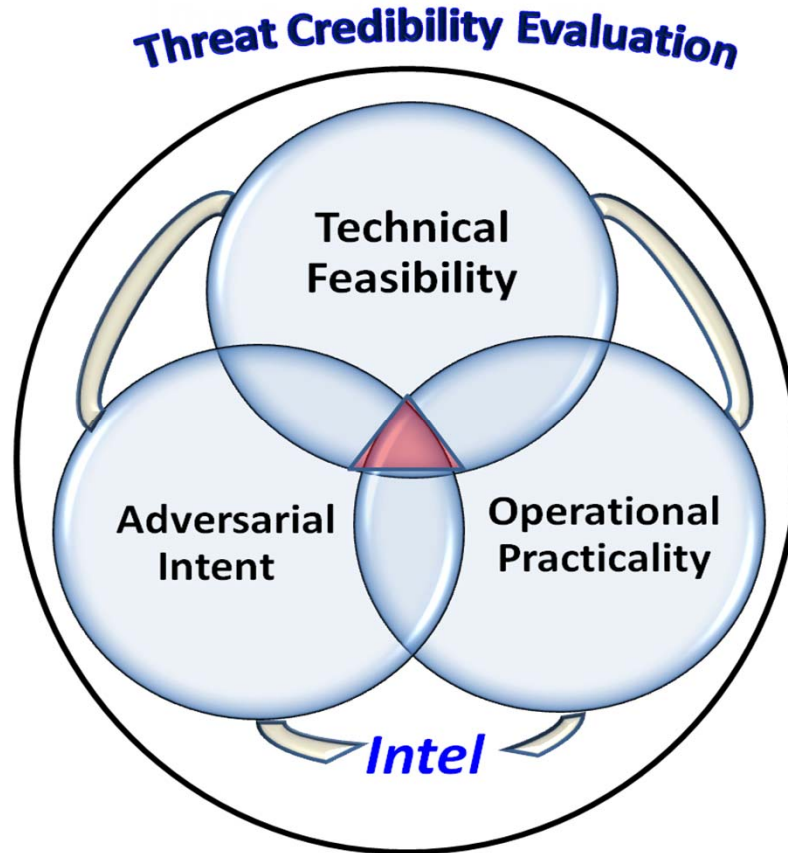
- 18 USC §2332a (general WMD statute)
- 18 USC §175 (biological weapons)
 - Crime to develop, transfer, possess, etc. any bio agent if not for peaceful purposes
 - Crime to possess or transfer select agent if not registered
- 18 USC §876 (mailing threatening communications)
- 18 USC §1038 (hoaxes and false statements)





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Threat Credibility Evaluation (TCE)



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Investigative Challenges

- Agent Characteristics
 - Small quantities cause infection or intoxication
 - Difficult to track
 - Easy to conceal
 - Dual use components
 - Limited/unreliable field testing
- Signs and symptoms may not be seen days after event and usually 1st by health care system
 - Responders first to deal with “victims” and/or “crime scene”
- Naturally-occurring vs. Intentional Events



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CBRNE Threats





Identifying the Threat

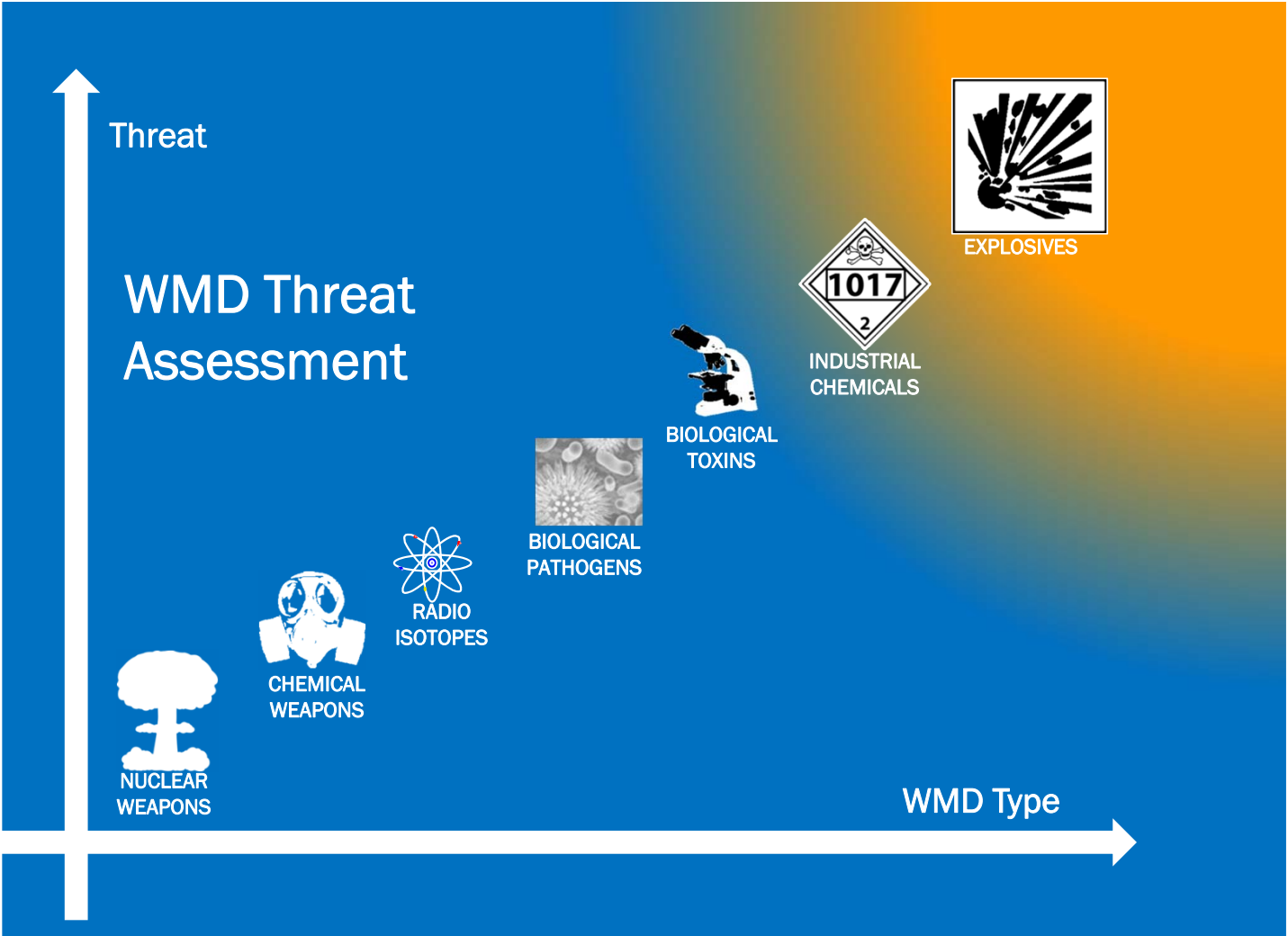
Potential Threat Actors

- International Terrorists
- Homegrown Violent Extremists
- Domestic Terrorists
- Criminals

Motivations

- Terror
- Criminal extortion / theft
- Financial gain (sellers)
- Criminal harm to others (e.g. murder)







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Chemical/Explosive Threats





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What We Hear About

- Explosive Precursor Chemicals (EPCs)
 - Many over-the-counter materials
 - Mix or synthesize precursors to make explosives
 - Examples: Hydrogen peroxide, ammonium nitrate
- Toxic Industrial Chemicals (TICs)
 - Manufacturing, storage, and transport
 - No assembly required for weaponization
 - Releasable improvised device
 - Examples: Chlorine, anhydrous ammonia, cyanide
- Chemical Warfare Agents (CWAs)
 - Theft/diversion of stored weapons
 - Requires advance chemical knowledge/equipment
 - Nerve, blister, blood, choking agents
 - Examples: Sarin, sulfur mustard





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Bio Threat





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What We Hear About

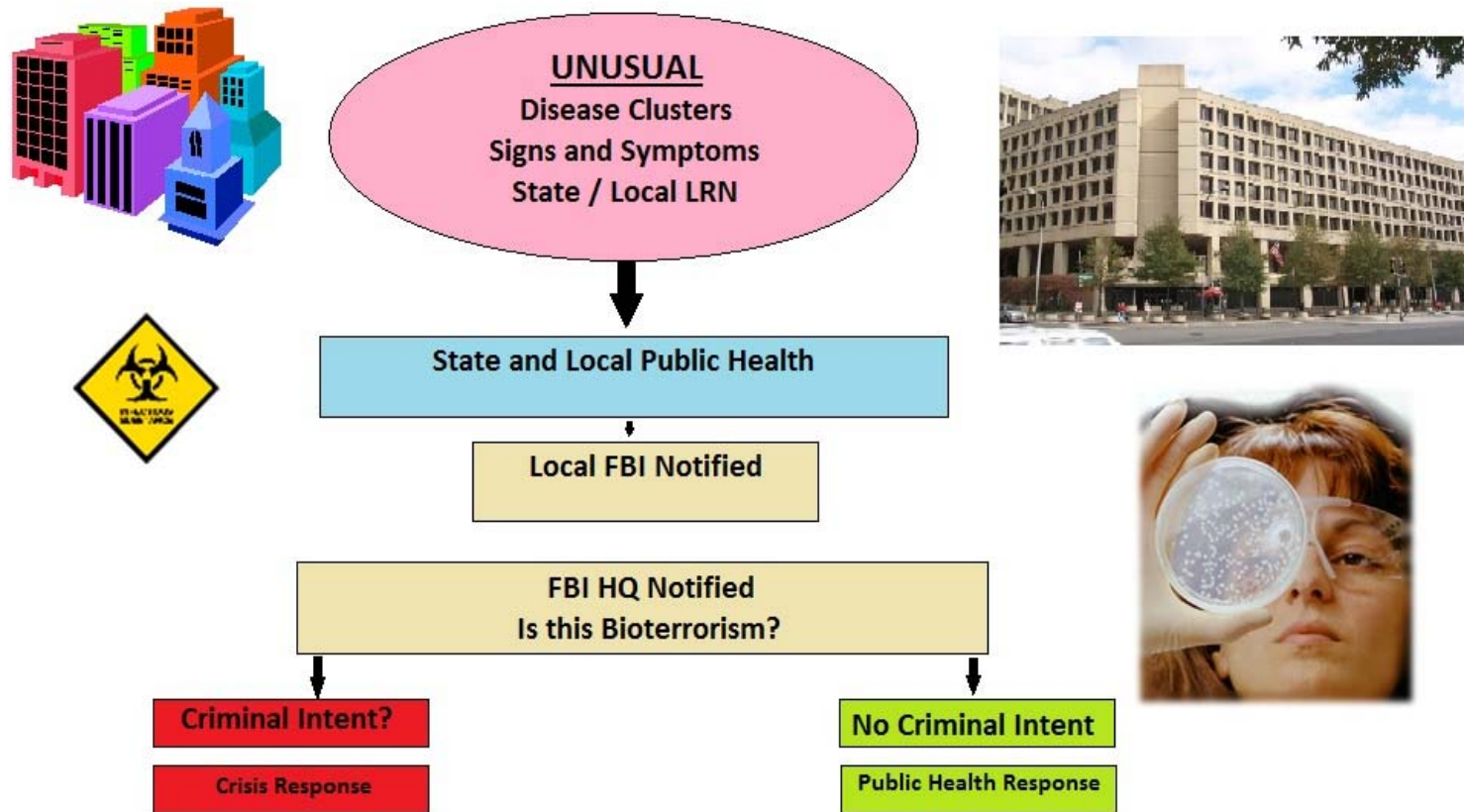
- Powder letters/letters with unknown substances
- Suspicious activity (photo/video surveillance, threat calls, unsolicited visitors)
- Threats to use/spread biological agents
 - Social media, letters, in-person
- Select agent loss/theft/miss storage
- Cases of disease/unusual circumstances
 - *B. anthracis*, Ebola, Influenza





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Investigations of Suspected Bioterrorism Events



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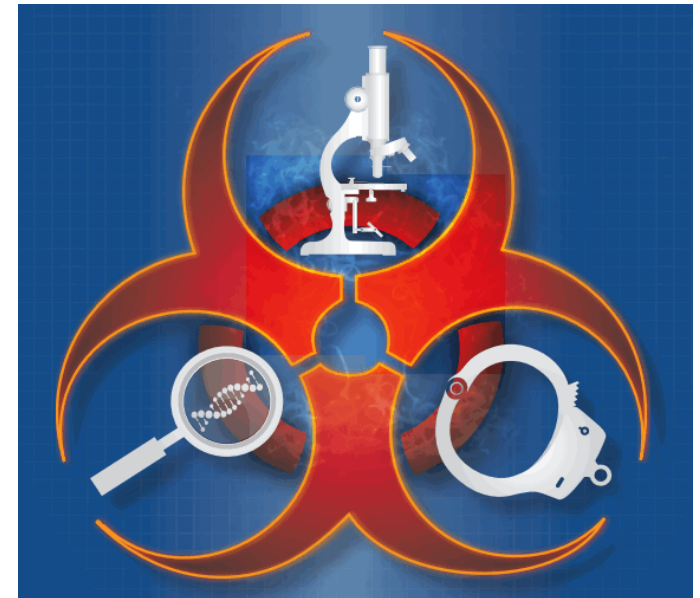




FBI-CDC Joint Criminal-Epidemiological Criminal Investigations (Crim-Epi) Program

Six Strategic Elements

1. Building relationships
2. Information sharing
3. Joint threat assessment
4. Joint investigation
5. Memorandum of understanding/joint protocols
6. Joint training/exercises





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FY 2019 Crim-Epi Workshop Schedule

- October 22, 2018 – SLC and Helena, MT
- January 14, 2019 – Houston, TX
- March 3, 2019 – Raleigh and Charlotte, NC
- May 6, 2019 – Miami, FL
- Aug./Sept. 2019 – Knoxville, TN





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Rad/Nuc Threat





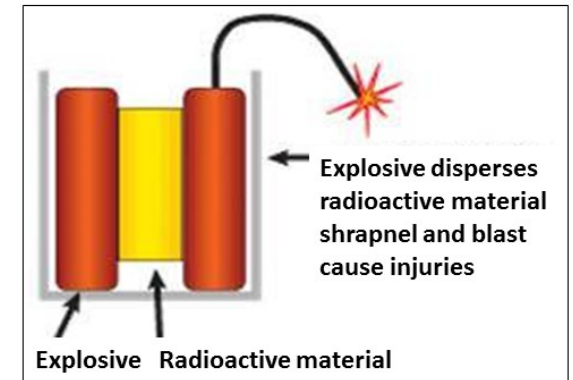
Radiological Threats

Radiological Dispersal Device (RDD)

- Improved device to disseminate radioactive material (i.e. explosive, spray etc.)
- Cause contamination, disruption, or injury

Radiological Exposure Device (RED)

- Device intended to expose people to radiation without their knowledge
- May be hidden in a public place, exposing those who sit or pass close by





What We Hear About

- Lost sources in transit
- Medical radioactive materials
- Theft of industrial radioactive devices
 - Soil Moisture/Density gauges ‘TROXLER gauge’
 - Blood/research/food irradiators, teletherapy devices
 - Radiography camera and source capsules





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Rad/Nuc Security Outreach

- Department of Energy (DOE)
 - National Nuclear Security Administration (NNSA)
 - ✓ Office of Radiological Security (ORS)
- Security enhancements
 - Facilities with: Gamma Knife Treatment Centers and Blood Irradiator, Research Irradiator, and Sterilization Facilities
 - Domestic Security Enhancement Program
 - ✓ All federally funded
 - ✓ Provide funding and installation of In-Device Delay kit
 - ✓ Detection Upgrades
 - ✓ 3-day classroom and hands on instruction

Additional information: www.nnsa.energy.gov/rsp





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How Do I Fit In ...

- Medical community is a HUGE resource
 - May prevent terrorism event from occurring
 - On scene during incident
 - Potential evidence/intelligence
 - Medical/treatment records
 - Best time to talk with the victim

★ Saving lives is the #1 priority.





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Challenges

- Different investigative terminology, goals and objectives
- Team continuity/turnover
- Stereotypes
- Law enforcement presence may be intimidating
- Information sharing (HIPAA and criminal investigation/clearance)





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Anthrax Outbreak in Scotland 2009-2010

BACKGROUND

- Started in Glasgow in December 2009
 - Cases of serious soft tissue infection among drug users
 - Confirmed as being due to infection with *Bacillus anthracis*
 - National investigation in January 2010
- Clinical presentations of anthrax were atypical
 - Untypical cutaneous anthrax lesions
 - Serious localized soft tissue infections
 - ✓ Accompanied by disproportionate tissue swelling
 - ✓ Fever was not a prominent feature
 - Not all cases had localized injection related lesions
 - Seriously ill patients (some rapid death), presented systemic anthrax infection and toxemia





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Anthrax Outbreak in Scotland 2009-2010 (cont.)

SUMMARY OF EVENTS

- Most December 2009 and March 2010
- Ended December 2010
- 208 initially suspected cases had been formally investigated
 - 119 patients were ultimately classed as anthrax cases
- Heroin users, taking the drug via injection (IV, IM) and smoking
- Cases in England (5) and Germany (2)cases
- Genotyping identified **ALL** isolates were of a novel strain of anthrax
 - Closest strains from anthrax infected goats in Turkey
- No anthrax was found in samples of heroin itself





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Anthrax Outbreak in Scotland 2009-2010 (cont.)

Control Measures

Law Enforcement

- Identifying and disrupting heroin distribution networks and dealer activities
- Confiscating heroin supplies where possible

Public Health

- Alerting heroin users to seek urgent attention if unwell
- Providing advice that all heroin circulating at the time had to be considered as potentially contaminated
- Promote drug users to seek treatment from drug addiction services

Guidance was provided on preventing secondary infection to individuals having potential personal contact with cases, heroin, and heroin contaminated property.





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Anthrax Outbreak in Scotland 2009-2010 (cont.)

Law enforcement activities:

- Full investigation of each confirmed and probable case
- Identification of dealer networks
 - Seizure of heroin and arrest of dealers
- Gathering intelligence on heroin distribution networks
- Gathering and preparing evidence, possible judicial review
- Sending heroin samples for microbiological testing, toxicological and isotope analysis





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Anthrax Outbreak in Scotland 2009-2010 (cont.)

Law Enforcement Heroin Trafficking Intelligence:

- Imported from regions of Afghanistan and Pakistan
- Raw product transported to other countries for heroin conversion
- Processed and packaged in rudimentary laboratories
 - Introduction of contaminants
 - Goat skins in heroin trafficking
- 80 to 90% heroin reaching the UK supplied via Turkey
- Quantities imported fluctuate due to demand
 - Most cases occurred from December 2009 to March 2010
 - Anticipation of the Christmas and New Year period





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Anthrax Outbreak in Scotland 2009-2010 (cont.)

CONCLUSIONS

- Epidemiological evidence supports heroin was the vehicle
 - Exposure by injection and smoking
- Police intel on heroin trafficking trade supports public health
 - Contaminated via a single infected animal (or hide)
 - Somewhere in transit between Afghanistan/Pakistan and Scotland
 - Probably Turkey
- Contaminated heroin could be imported to the UK again



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HIPAA





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What is HIPAA?

Health Insurance Portability and Accountability Act (HIPAA) of 1996

- Federal privacy protections for individually identifiable public health information (PHI)
- Sets out how and with whom PHI may be shared
- Gives individuals certain rights regarding their health information
 - o Rights to access or request corrections
- Hospitals, most clinics, physicians, and other health care practitioners are HIPAA covered entities





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Disclosure of PHI to Law Enforcement

- With individual's signed HIPAA authorization
- Prevent/lessen a serious and imminent threat to health/safety of individual/public
- In good faith believes evidence of a crime occurred on the premises (covered entity's)
- Alert death of individual, when suspicion that death resulted from criminal conduct
- Responding to an off-site emergency, as necessary to alert criminal activity





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Disclosure of PHI to Law Enforcement (cont.)

- When required by law
 - Gunshots or stab wounds
- Comply with court order or court-ordered warrant, subpoena, or summons issued by a judicial officer, or official administrative request Identifying/locating a suspect, fugitive, material witness, or missing person
 - Limited to basic demographic and health information
- Emergency declared by the President AND a Public Health Emergency declaration by the Secretary of HHS
 - Under Section 1135 of the Social Security Act

For more info please use HHS's HIPAA website:

<https://www.hhs.gov/hipaa/for-professionals/faq/disclosures-for-law-enforcement-purposes?language=es>





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Disclosure of PHI to Law Enforcement (cont.)

Disclaimer:

HIPAA regulations do not supersede state laws that are more restrictive in safeguarding PHI

Case managers should refer to the policies and procedures of their employing agency regarding the use and disclosure of PHI



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Other Response Initiatives





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BCU's Countermeasures Initiatives

- Animal-Plant Health Joint Crim-Epi Workshop
- Ricin Initiative
- LRN Education and Outreach
- Biosecurity Education and Outreach
- Big Data
- International Biosecurity and Prevention Forum (IBPF)
www.ibpforum.org





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WMDD's Countermeasures Initiatives

Nuc/Rad Countermeasures Unit (NRCU)

- FBI-CDC Joint Radiological Awareness and Response Workshop
- Alarm Response Training (ART)
- Silent Thunder TTX

Chemical Countermeasures Unit (CCU)

- National Improvised Explosives Familiarization (NIEF)
- Chemical Industry Outreach Workshop

Infrastructure Countermeasures Unit (ICU)

- Food Defense Workshop





FBI InfraGard Coordinator

- Started in 1996- www.infragard.org
- Partnership between the FBI and the private sector
- Grouping of businesses, academic institutions, state and local law enforcement agencies, etc. formed to prevent hostile acts against the U.S.
- Specifically addresses 16 critical infrastructure sectors to include health care and public health





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Other FBI Initiatives

- CyWatch
 - Cyber intrusion and prevention response
 - Call 1-855-292-3937
- Office of Victim's Assistance (OVA)
 - Terrorism and Special Jurisdiction Unit (TSJU)
 - Victim Services Division (VSD)
- Office of Partner Engagement (OPE)
 - Violence Reduction Unit (VRU)
 - Active Shooter Program





Summary

- The FBI WMD Coordinator is your WMD POC
- The FBI InfraGard Coordinator is your Critical Infrastructure POC
- CBRN threat encompasses chemicals (including explosives), biological agents and toxins, and radiological/nuclear materials
- The co-lead FBI and CDC Joint Criminal-Epidemiological Investigations Workshop helps to bridge the gap between the law enforcement and health communities
- Major HIPAA caveat we look to in WMD investigation is to “prevent/lessen a serious and imminent threat to health/safety of individual/public”
- We are here to help, and have numerous outreach training/materials for a holistic FBI response





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QUESTIONS?

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