world, and “what it takes to have a team that really excels.” In Surugue’s view, Woodward said, the hospital pharmacist dream team is based on competence, motivation, and idealism in clinical practice.

On the political front, Lee C. Vermeulen Jr., of the University of Wisconsin Hospital and Clinics, was elected to a four-year term as assistant secretary of FIP’s Hospital Pharmacy Section. Schneider said the post of assistant secretary was created because the secretary, who bears much of the responsibility for planning the section’s symposia, has too many tasks to handle alone.

Next year in Egypt. Scheider said that the theme for BPP programs at next year’s meeting in Cairo, Egypt, September 3–8, is “The Right Medicines to the Right Person—Can We Guarantee It Anywhere in the World?”

Cairo’s proximity to developing countries prompted an interest in exploring patients’ access to medicines worldwide, he said. In the United States, he cited for example, upward of 43 million residents lack health insurance, and many seniors cannot afford to buy their medications.

Most speakers for the BPP symposia will try to explain how issues of medication access and availability affect pharmacy practice in developed and developing countries, he said.

Also in Cairo, members of the Hospital Pharmacy Section will elect a new vice president for North America. Clark is finishing his second four-year term in the position and cannot be reelected.

—Cheryl A. Thompson

### News

### Pittsburgh Poison Center is terrorism response leader

If disaster strikes southwestern Pennsylvania, the Pittsburgh Poison Center at Children’s Hospital of Pittsburgh is ready to aid in the recovery effort.

Edward P. Krenzelok, professor of pharmacy and pediatrics at the University of Pittsburgh and director of the poison control center, said that the center was involved in disaster-response planning well before the September 11, 2001, terrorist attacks.

The poison center in 1998 was part of the newly formed Pennsylvania Region 13 Working Group, which was convened by emergency-response managers from a dozen counties and the city of Pittsburgh to develop a cooperative approach to responding to terrorist attacks. A 13th county joined the group in 1999. Region 13’s approach to counterterrorism has earned national praise and serves as a model for counterterrorism planning.

Today, Pennsylvania has nine regional counterterrorism task forces encompassing the entire state, with Region 13—now called the Southwestern Pennsylvania Emergency Response Group—responsible for its original territory.

Should a biological or chemical attack occur, Krenzelok said, a major role for the Pittsburgh Poison Center will be to manage “the regional cache of medications for first responders.” He said the cache is designed to “help get through the initial period of time” before medications from the Strategic National Stockpile become available at the scene of the disaster.

“In southwestern Pennsylvania,” Krenzelok said, “we actually contracted with a wholesale drug supplier to have our drugs in a cache. We paid for them, and they are rotated through [the wholesaler’s] regular stocks. . . . So our drugs will never expire.”

Krenzelok noted that “other places in the country now have used the model that was developed here” to create and manage their own drug stockpiles.

After a biological or chemical attack, the poison control center would also disseminate information on managing exposures to biological or chemical agents and could collect surveillance data to help guide emergency responders.

“In a time of crisis, I think the poison center is a place that can be a resource to pharmacies, to emergency departments, to a lot of people,” Krenzelok said. “We can answer the questions, and we can give direction and help them out with understanding exposure-related issues.

Manning the phones. Even when times are tranquil, the poison control center is a hub of activity. The center serves about 6 million state residents, providing general information about poisons as well as postexposure advice.

Krenzelok said the center operates 24 hours a day and typically gets “about 300 calls a day,” or well over 100,000 calls annually.

During the 2001 anthrax attacks, Krenzelok said, “we were receiving, on some days, in excess of 60 extra calls a day just dealing with anthrax.”

“Everybody was finding white powder on everything,” Krenzelok recalled. “There had always been white powder there, but all of the sudden they recognized it and thought it was anthrax, whether it was on a roll of toilet paper, or in some packing material, or in a prescription bottle.

Krenzelok said the anthrax attacks rattled health professionals as well as the general public. Part of the poison center’s role, he said, was to “demystify” the risks and convey to callers that “chances are, this is not an anthrax exposure, [but] this is what you should do if you think that it is.”

He said that other poison centers in the country should incorporate terrorism-response planning into their activities.

“A lot of poison centers don’t view themselves as being people with expertise when it comes to biological terrorism,” Krenzelok explained. “Well, where’s the public going to call? They call

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