



*Summary and Outcomes for*  
**Operation Medicine Delivery**

*A full-scale exercise of the*  
**Minneapolis/St. Paul (MSP) Comprehensive Postal Plan**

May 5-6, 2012



## *Operation Medicine Delivery*

# **Background**

On May 5-6, 2012, the Minneapolis-St. Paul area conducted a major test of the National Postal Model for distribution of medicine to the public in an emergency, using U.S. Postal Service assets to supplement mass dispensing sites and other strategies. The May exercise, known as *Operation Medicine Delivery*, was the culmination of planning efforts that began in February 2004, with a memorandum of agreement signed by the U.S. Secretary of Health and Human Services, the U.S. Secretary of Homeland Security and the Postmaster General. Parties to the 2004 MOA agreed to make USPS resources available for distributing emergency medicine in response to a bioterrorist attack. A subsequent presidential executive order (December 2009) called for the development of a federal capability to distribute medical countermeasures (MCM) in response to a bioterrorist attack.

In February 2010, work was completed on the *Minneapolis/St. Paul (MSP) Comprehensive Postal Plan*, a blueprint for implementing the Postal Model in the Twin Cities area of Minnesota. A tabletop exercise (TTX) of the *MSP Comprehensive Postal Plan* was conducted in January 2011. *Operation Medicine Delivery* was conducted as a full-scale exercise (FSE) of the plan. The *MSP Comprehensive Postal Plan* was the first such plan in the nation, and OMD was the first full-scale exercise of the Postal Model. The concept had previously been tested, on a limited basis, in Boston, Philadelphia and Seattle.

## Operation Medicine Delivery

# Scenario

The exercise scenario for *Operation Medicine Delivery* focused on a large hypothetical release of anthrax spores in the Minneapolis-St. Paul metropolitan area. In the scenario, the first evidence of a likely terrorist attack involving a biological agent was discovered on Friday, May 4. At 7:00 p.m., the agent was laboratory-confirmed as *Bacillus anthracis*. The amount of anthrax released was assumed to be sufficient to expose the entire population of the Minneapolis-St. Paul Metropolitan Statistical Area (MSA).

Once the hypothetical laboratory results became available, the following sequence of events was assumed to have taken place:

- The governor declared a state of emergency.
- Following established protocol, the Minnesota Department of Health (MDH) requested federal assets (antibiotics) from the Strategic National Stockpile and initiated pre-existing plans to provide preventive medication to all residents in the MSP SMA.
- MDH formally requested that the U.S. Department of Health and Human Services (HHS) and the U.S. Postal Service (USPS) activate the initial phase of the *MSP Comprehensive Postal Plan*.
- At 11:00 p.m., in consultation with the U.S. Department of Homeland Security and the Postmaster General, HHS declared a public health emergency, initiating the deployment of federal assets to the Minneapolis-St. Paul MSA.
- In consultation with USPS, units of the local postal system were identified and activated for the purpose of using postal personnel to distribute preventive medication (antibiotics).
- It was determined that postal personnel would distribute preventive medication in the following metro area ZIP codes:
  - 55101 (St. Paul – downtown and adjacent areas)
  - 55102 (St. Paul – West 7<sup>th</sup>/Fort Road)
  - 55411 (Minneapolis – North Side)
  - 55422 (portions of Minneapolis, Robbinsdale, Golden Valley and Crystal)
- At 8:00 a.m. on Saturday, May 5, the Federal Bureau of Investigation concluded that additional, “secondary” anthrax attacks were unlikely to occur.

## Exercise Activities

“Real world” exercise activities took place 7:00 a.m. - 3:45 p.m. (CDT) on May 5 and 3:30 a.m. – 6:45 p.m. on May 6. Primary activities included the notification and activation of participating agencies, organizations and individual players; ongoing communication with the public regarding the exercise; and execution of the *MSP Comprehensive Postal Plan*. May 5 activities included notification of partners and receipt of the simulated medication into the state, and May 6 activities included delivery of simulated preventive antibiotics (empty pill bottles) to all residential mailing addresses in the four targeted ZIP codes (55101, 55102, 55411, 55422). The number of addresses in the target ZIP codes was initially estimated at up to 37,000, for the purpose of exercise planning and “real world” public messaging in advance of the exercise.

*Operation Medicine Delivery*

## Participants

Altogether, 201 people played an active role in planning and carrying out the exercise, including 141 “players” who simulated their actual roles in responding to the incident described in the scenario. Partners and collaborators in the planning and execution of *Operation Medicine Delivery* included the U.S. Postal Service (USPS), the Minnesota Department of Health, the Office of the Assistant Secretary for Preparedness and Response/U.S. Department of Health and Human Services, local public health agencies in the Minneapolis-St. Paul metropolitan area, local law enforcement agencies, and community-based private sector organizations. These partner agencies and organizations are listed below.

<b>Operation Medicine Delivery: Participating Agencies and Organizations</b>
<b>Local</b>
City of Minneapolis
Dakota County Department of Public Health
Hennepin County Human Services and Public Health Department
Hennepin County Public Affairs
Hennepin County Sheriff’s Office
Minneapolis Department of Health and Family Support
Minneapolis Emergency Management
Minneapolis Park Police
Minneapolis Police Department
Ramsey County Emergency Communications Center
Ramsey County Sheriff’s Office
Sherburne County
St. Paul Emergency Management
St. Paul Police Department
St. Paul – Ramsey County Department of Public Health
<b>State</b>
Minnesota Department of Health
Minnesota Division of Homeland Security and Emergency Management
Minnesota State Patrol
<b>Federal</b>
Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
U.S. Centers for Disease Control and Prevention
U.S. Marshals Service
U.S. Postal Inspection Service
U.S. Postal Service
<b>Non-Governmental</b>
Emergency and Community Health Outreach (community-based organization serving limited-English populations and cultural communities)

## *Operation Medicine Delivery*

# **Exercise Objectives**

Activities undertaken in connection with *Operation Medicine Delivery* were evaluated based on the success of exercise participants in (1) implementing key elements of the *MSP Comprehensive Postal Plan*, and (2) meeting six key objectives chosen to reflect critical emergency response capabilities. The six exercise objectives were developed by the exercise planning team, specifically for *Operation Medicine Delivery*. These objectives included:

- Demonstrating the ability to establish and maintain an effective system for communicating with the public during an incident requiring activation of the *MSP Comprehensive Postal Plan*.
- Demonstrating the ability to alert, activate and assemble the necessary personnel, facilities and equipment to distribute simulated preventive antibiotics to residential mailing addresses in four Twin Cities ZIP codes.
- Testing the process for assembling law enforcement personnel involved in implementation of the *MSP Comprehensive Postal Plan*, and coordinating their activities with those of USPS personnel.
- Assessing the ability of exercise participants to activate and secure facilities used to receive, break down, distribute and dispense simulated supplies of preventive antibiotics.
- Testing the process for recovering and handling any undelivered supplies of simulated preventive antibiotics, and demobilizing postal operations that were activated in connection with the exercise.
- Testing the ability of exercise participants to maintain appropriate command and control over exercise activities, and maintain effective internal channels of communication, as described in the *MSP Comprehensive Postal Plan*.

## Exercise Results

### Strengths

Exercise evaluators identified the following outcomes of *Operation Medicine Delivery* as *major strengths*:

- **Successful delivery of simulated antibiotics to residential mailing addresses.** Exercise participants successfully delivered simulated supplies of antibiotics (empty pill bottles) to 33,076 residential mailing addresses in the four target ZIP codes (55101, 55102, 55411, 55422). The successful deliveries were made to 32,998 of the of the 34,672 addresses listed in USPS route guides for the target ZIP codes, plus 78 additional addresses identified in the course of the exercise. Deliveries were not made to 1,674 addresses listed in the route guides. The non-recipient addresses did not receive simulated supplies of antibiotics for any of several reasons, including:
  - vacant residence
  - dangerous dog
  - flooding associated with heavy rains on May 6
  - mailbox or slot locked, or too small to accept simulated supply of antibiotics (empty pill bottle)
  - expiration of allotted time for deliveries in Hennepin County ZIP codes
- **Communication with the public regarding the exercise.** Public information officers for participating agencies and organizations conducted a successful “real world” public messaging campaign to inform the public about exercise activities before and during the actual event. They also exercised coordination of critical public information functions during the exercise itself, using a web-based “virtual” joint information system. Resources used by the PIOs included news releases, briefings and interviews, involving both general circulation and targeted, community-based media; social media messaging; hotlines and other phone-based vehicles; and community notices, community meetings and other community-outreach activities. Informational messages and materials were made available in multiple languages to limited-English communities.
- **Coordination of command functions.** The MDH Department Operations Center, the Postal Plan Emergency Operations Center, the US Postal Inspection Service/Assistant Inspector In Charge, and USPS Delivery Unit Managers successfully coordinated the notification, activation and assembly of the personnel and equipment required to deliver simulated supplies of antibiotics to mailing addresses in the target ZIP codes.
- **Participation of law enforcement.** Law enforcement officers were able to assemble as required under the *MSP Comprehensive Postal Plan* and perform their assigned roles.
- **Effective response to “real world” incidents during the exercise.** Distribution teams, delivery teams and law enforcement command centers were able to cope effectively with issues like flat tires and traffic congestion.

- **Recovery of unused simulated antibiotics and demobilization of operations.** Participants were able to successfully collect and recover unused pill bottles and close down operations for *Operation Medicine Delivery*.

## Areas for Improvement

Exercise evaluators identified the following outcomes of *Operation Medicine Delivery* as *primary areas for improvement*:

- **Clearer description of command and control structure in the plan.** The overall command and control structure for the *MSP Comprehensive Postal Plan*, including the integration of local command elements, needs to be defined more clearly.
- **Authority to reallocate and demobilize delivery teams in the field.** Four different command entities had responsibility for the delivery teams – the Postal Emergency Operations Center, delivery unit managers, law enforcement command centers and law enforcement sergeants in the field. Greater clarity is needed regarding who has authority to reallocate (reassign) or demobilize the delivery teams.
- **Clarification of terminology used to report completion of delivery routes.** Issues related to reporting terminology created uncertainty regarding the completion of routes and affected the ability to quickly redeploy delivery teams to other routes.
- **Lack of a process for reallocating delivery teams following route completion.** Lack of a defined process for reallocating teams after they had completed their assigned routes delayed reallocation of teams to new routes by as much as 40 minutes.

## **Conclusion**

From the preliminary After Action Report for *Operation Medicine Delivery* [draft of June 20, 2012]:

“Operation Medicine Delivery was the first ever full-scale exercise using the National Postal Model. Participating local and state departments and agencies, as well as non-governmental organizations, were able to successfully deliver replica prophylaxis to 33,076 residents in the MSP MSA. Through this full-scale execution of the *MSP Comprehensive Postal Plan*, exercise participants were able to identify gaps in the plan, ways to improve the *MSP Comprehensive Postal Plan*, and [establish] baseline metrics for the National Postal Model. The lessons learned during the planning process and identified throughout exercise play will help inform other jurisdictions that are beginning to incorporate the Postal Plan model into their mass prophylaxis plans.”