

# THE SEASON OF PANIC

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by Brian E. Finch



**Brian E. Finch**

Public Policy  
+1.202.663.8062  
brian.finch@pillsburylaw.com

Brian E. Finch is a partner in Pillsbury's Public Policy practice in Washington, DC. He is a recognized authority on global security matters and is co-leader of the firm's Global Security practice.

I will never truly understand Washington's obsession with naming "Czars" to address crises. First off, why the heck would anyone ever want a title named after an imperial dynasty whose hallmarks included immense repression and institutional Anti-Semitism? Let's also not forget the inbreeding and resulting genetic defects (Hemophilia anyone?)

Still, I get the notion of the lofty title to help provide reassurance to the public that the crisis du jour will be addressed. Thus I was not surprised that President Obama named an Ebola Czar last week to oversee the Federal government's response to the emerging Ebola "crisis".

What bugs me about creating such a position is that it creates the illusion that billions of dollars and immense amounts of brainpower was not spent over the last 15 years to deal with this type of situation. In the fact the opposite is true – the government has spent an immense amount of time and money preparing for an event like an Ebola outbreak.

I'm going to steal a line here from one of my good friends, Frank Cilluffo. Frank is an Associate Vice President at The George Washington University and heads up its Homeland Security Policy Institute. An expert in many areas, Frank sums up the Czar position in one of the best descriptions I have ever heard:

*"This town has plenty of Czars, but I have yet to see a single Cossack."*

That's right up there with my friend Howard's line about why he doesn't have a lot of earthly possessions: "My grandparents always said pack light – you never know when the Cossacks will show up."

The larger point is that I am sick of hearing about how unprepared we are for a biological menace like Ebola. That's baloney. An enormous enterprise has been put in place to prepare for and respond to just such this type of event. It doesn't mean that it will function well, or that it hasn't made its mistakes, but darn it lets at least acknowledge its existence.

For the sake of simplicity let's take a look at the last 15 years of Federal biological and chemical preparedness, starting in 1999 with the creation of the Strategic National Stockpile (SNS).

The SNS started out as the National Pharmaceutical Stockpile, managed by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Between 1999 and 2003 the NPS received about \$1 billion to make the following available anywhere in the U.S. within 12 hours:

- Antibiotics,
- Vaccines, Antiviral drugs, and

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Chemical agent antidotes and Antitoxins,

- Wound care supplies, and
- Mass care equipment, including portable isolation facilities and personal protective equipment.

Subsequently, the renamed Strategic National Stockpile was bounced over to DHS and then back to HHS/CDC, where it sits today.

Key point – since 1999 the U.S. has had in place a very sophisticated system to rapidly ship emergency medical equipment to every corner of the country.

Next, let's revisit the Anthrax attacks of 2001. Panic, as you can imagine, was the order of the day. Congressional office buildings were shut down, spilled packets of artificial sweeteners led to emergency plane landings, and there was a run on antibiotics.

In response, then HHS Secretary Tommy Thompson created the Office of Public Health Emergency Preparedness in June 2002. Now, known as the Office of the Assistant Secretary for Preparedness and Response (ASPR), it constitutes a single office overseeing most bioterrorism, chemical attack, mass evacuation and decontamination preparation efforts for the civilian population.

Sounds like something a “Czar” should be doing, doesn't it?

Let's not forget that ASPR has spent billions of dollars over the last 10+ years to help develop vaccines, countermeasures, and increase

local preparedness for events like biological attacks.

Here's one good example: The Hospital Preparedness Program (HPP). The HPP has to date provided over \$4 billion to states, territories, and municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Don't forget that ASPR also runs the Biomedical Advanced Research and Development Authority (BARDA). BARDA is tasked with developing and buying vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies.

Through BARDA, ASPR has at its disposal approximately \$5.6 billion under “Project BioShield” to develop and acquire vaccines and other drugs used to combat bioterrorism and other attacks. Over \$3 billion of that money is still available, and that does not include count the money made available every year to fight seasonal influenza.

Remember too that in 2010 House Democrats, with no objection from the President, proposed (unsuccessfully) using the \$2 billion in BioShield funds to prevent the alleged termination of 100,000 public school teachers.

Have fun with that one, opposition research.

Here are some other programs created to help with a response to something like Ebola:

- ASPR's National Disaster Medical System (NDMS), which helps state

and local authorities in dealing with the medical impacts.

- DHS and HHS team up regularly to run massive exercises to practice their ability, along with the ability of state and local governments, to respond to a mass casualty event caused by a biological or chemical threat.
- The Defense Department has massive programs in place to combat biological and chemical threats, including response teams set up across the country. Many of those teams are equipped with something called reactive skin decontamination lotion which, simply put, is a lotion that one rubs on their skin to decontaminate and neutralize dangerous gases or liquids. I wonder how many hospitals have access to that...
- “Homeland Security Policy Directives”, “Presidential Policy Directives” and a “National Response Framework” have been written and massaged time and again to integrate lessons learned on dealing with potential mass casualty events.

We are just scratching the surface here.

To double check myself on all of this, I spoke with one of Connecticut's leading infectious disease physicians, Dr. Douglas Finch. I confirmed my thoughts with Dr. Finch because (a) he is my older brother, and (b) mom would be mad if I didn't consult him.

Dr. Finch agreed that the Ebola crisis and alleged mishandled response was not due to a lack of money or focus on the problem. Rather, it came down to

the natural friction of having so many players involved and the inevitable fallibility of humans. Unfortunately, in situations like what we see with Ebola, the mistakes will be exponentially magnified due to all the media attention on the problem.

That brings us all the way back to the Ebola Czar. So is the Ebola Czar position necessary? Probably not.

What the Ebola Czar will do is help the President coordinate messaging and even information flow, but let's hope it doesn't interfere with all the work that has been done in the last 15 years.

In other words, no Cossacks for you.

