

Creating the Department of Homeland Security: Consideration of the Administration's Proposal

Testimony of Tara O'Toole, MD, MPH, Director, Center for Civilian Biodefense Strategies, The Johns Hopkins University, Bloomberg School of Public Health

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Mr. Chairman, Distinguished Members of the Committee:

My name is Tara O'Toole. I am a physician and public health professional by training, the Director of the Johns Hopkins Center for Civilian Biodefense Strategies, and a faculty member of the Bloomberg School of Public Health. From 1993-97 I served as Assistant Secretary of Energy for Environment Safety and Health, and prior to that was a senior analyst at the Congressional Office of Technology Assessment. It is a privilege to come before you today to discuss the implications of President Bush's proposed bill to create a Department of Homeland Security. I shall confine my remarks to those aspects of the bill which deal with bioterrorism preparedness and biodefense activities.

I strongly support the formation of a federal department of Homeland Security as outlined by the U.S. National Commission on National Security in the 21st Century (the "Hart-Rudman report"). It makes great sense, as President Bush has advocated, to consolidate some of the many departments and agencies that share similar functions pertaining to border security, customs procedures, etc. in order to achieve greater collaborative power, efficiency and accountability.

There are some potential advantages to be gained from placing bioterrorism preparedness and biodefense research and development activities in a new federal agency. The activities dealing with the biodefense mission are profoundly important to the nation's security and deserve the attention and support the new agency is likely to command in the coming years. If biodefense activities do not reside in the Homeland Defense Department, there is some peril that these crucial functions will be neglected. It is also important that the operational public health and medical biodefense functions are integrated with national security objectives and that biodefense experts be full participants in national security policymaking and strategic planning.

I do, however, have serious concerns about the implications of moving bioterrorism preparedness programs and biodefense activities into the new agency, at least in the form presently envisioned.

A bioterrorist attack would be unlike any other type of terrorist assault. This would not be a "lights and sirens" event with firefighters, police and emergency rescue teams rushing to the scene of attack. We will know we have been attacked with a biological weapon when victims become ill and report to doctors' offices and emergency rooms. The "first responders" to bioterrorism will be physicians and public health professionals from state and local health agencies. The center of action will be hospitals, clinics and laboratories. Bioterrorism response activities - which will involve actions needed to treat the

sick and perhaps stem the spread of contagious disease - are quite different from the emergency response to other types of catastrophic terrorism or to natural disasters.

Allowing for the inevitable transition period of confusion and adjustment, it is likely that the new agency will be more successful in instilling work habits of cooperation and collaboration to the extent that the agency's mission is coherent and tightly interconnected. It is not clear to me how or whether simply combining highly diverse functions from dozens of existing agencies under a single department results in better coordination or operational accountability. The description of the new department seems to envision an agency that is largely dedicated to security functions - border protection and control, vulnerability assessments of critical infrastructures, etc. The bioterrorism related programs and the scientific research and development aspects of the proposed department seem strikingly different from everything else the agency would handle.

President Bush exercised admirable leadership this winter when he greatly increased funding for bioterrorism preparedness programs in Centers for Disease Control and Prevention (CDC) and initiated a significant investment in bioterrorism research and development to be administered through the National Institutes of Health (NIH). The anthrax attacks of 2001 revealed that considerable improvement is needed in the nation's ability to respond to such attacks. In the past six months, notable progress has been made by the DHHS Office of Public Health Preparedness (OPHP). The OPHP has set sound goals for upgrading local medical and public health response capabilities, and the "critical benchmarks" it has demanded state health authorities achieve will provide clear indications of progress. We should consider disassembling and transferring this successful effort to the new department only after careful deliberation of what might be lost in the process. A recent poll reports that most Americans would seek and trust the advice of CDC during a public health emergency. It is unclear if such public confidence would transfer to the new department.

Part of the rationale behind the formation of a Homeland Security agency, as I understand it, is to combine similar functions - such as border control, customs services and immigration policy, etc. - within a single department, thereby enhancing program focus, fostering cooperation and collaboration and improving operational effectiveness. Yet moving bioterrorism programs from the Department of Health and Human Services (DHHS) to the proposed new agency will likely impede all these goals. Instead of consolidating similar programs, the proposed agency would split bioterrorism preparedness programs from the related but more encompassing mission of public health protection which is DHHS' main objective.

Rather than producing organizational coherence the proposed move would require that parallel capacities be created in both DHHS and the new agency. Homeland Security could not hope to lead the development of an effective bioterrorism response capability unless it were staffed with health officials and scientists having considerable expertise and experience in infectious disease, epidemic control, laboratory diagnosis, etc. Again, the country would be forced to create parallel workforces: one in Homeland Security for bioterrorism preparedness and another in DHHS for "normal" public health functions.

Moving bioterrorism programs to Homeland Security would disturb the existing relationships between DHHS bioterrorism programs and the state and local public health departments and health care facilities which are the central core of bioterrorism response. This is an especially important consideration right now, when the federal grants to state health departments are just hitting the streets and programs to upgrade response capacities at the city, county and state level are getting started. Changing the federal partner for these path-breaking grants will almost inevitably slow progress in this critical arena.

Moving bioterrorism preparedness and response activities out of DHHS may also sacrifice opportunities to construct dual use programs. Ideally, one would design bioterrorism response systems that also serve routine organizational purposes. There is a real danger that by sequestering bioterrorism programs in Homeland Security, they will be treated as "emergency use only" functions or seen as such, reducing the efficiency of preparedness efforts, and quite possibly compromise response effectiveness.

Bioterrorism is, arguably, the type of terrorism with which the country is least familiar and for which the United States is least well prepared. A bioterrorist attack could be calamitous, killing many thousands of people in the initial assault. The consequences would be sustained and the crisis could continue for weeks or months, especially if the weapon used were a contagious disease. The economic and social disruption would be significant - as was seen in the aftermath of the 2001 anthrax attacks when only 22 people were infected with a disease treatable with antibiotics. According to the Defense Science Board, we currently have countermeasures of some effectiveness (vaccines, drugs) for only 13 of the 50 pathogens most likely to be used as bioweapons. In addition, the institutions and infrastructures which would be at the core of bioterrorism response - health care organizations and the public health system - are financially frail, highly stressed, and have almost no capacity to contend with a sudden surge in demand for care.

These factors make it imperative that we make significant headway quickly in our capacity to manage bioterrorist threats. If one looks at the description of the proposed department, bioterrorism-related activities appear to be a tiny island of bioscience, medical and public health functions within a gigantic ocean of security and border control operations. I am skeptical that such an odd coupling can be made to work, particularly in the short term when there is such need for rapid progress.

I am especially worried about the fate of science and technology within the proposed department. Although there is clearly value in linking national security needs to research and development priorities, it is a very tall order to ask a single agency to develop national security strategy and implement operations on the scale envisioned for Homeland Security AND create a sophisticated scientific research and development capability over a broad range of disciplines and technologies.

Furthermore, we should have no illusions that creating a viable biodefense R&D capability is merely a matter of transferring or consolidating existing capabilities and programs. Regardless of how biodefense R&D programs are structured, the US government will have to build its capacity in these areas far beyond our present state. This nation has tremendous talent in bioscience and biotechnology - but the majority of talent lives in universities and the private sector, not in government. Any successful biodefense strategy must find ways to engage top scientists and young scientists in these sectors. Creating a robust biodefense R&D capability should be a top national security priority however we eventually design the architecture of biosecurity functions.

Bioterrorism must be considered a special category of terrorist threat. The potential power of bioweapons is easy to lose sight of in the aftermath of the thankfully limited anthrax attacks of 2001. But it is important to keep in mind that bioterrorism occupies a special category of terrorist threat that deserves careful scrutiny. The Hart-Rudman Commission noted in its first volume of analysis that

“ . . . the most serious threat to our security may consist of unannounced attacks on American cities by sub-national groups using genetically engineered pathogens.” [US Commission on National Security/21st Century, Sept. 15, 1999]

As we design programs to prevent and respond to bioterrorist attacks we must proceed carefully, especially so since these weapons are largely unfamiliar to policy experts. However we decide to proceed in organizing federal bioterrorism activities, the nation's ability to respond to mass casualty situations and to effectively contain spread of contagious disease remains a grave concern. We must use our prodigious talent in bioscience to create the vaccines and therapies needed to respond to the bioweapons of today and of the future. We cannot afford a pause or loss of momentum in accomplishing these tasks.