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Prepare for Biological Weapons

By Matt A. Mayer

Americans should be grateful that it is only Ebola we are dealing with right now. After all, compared with other viruses, the Ebola virus is more difficult to transmit, and the contagion period corresponds with outward symptoms. Other viruses are far more contagious, and their contagion periods occur when sick persons show no symptoms.

As has been the case with the multiple attempted terrorist attacks that failed only because of operator error, our government's prevention and response efforts to the Ebola virus leave much to be desired. Better to be lucky than good is a nice cliché, but it cannot be how America faces a 21st century fraught with danger.

Recall, it was just a few months ago that a raid in the Middle East produced a laptop with significant details on how to develop and use biological weapons. We could minimize al-Qaeda's ability to weaponize viruses, but the Islamic State has too many people and too much funding for us to take the possibility of a biological threat lightly any longer.

The response thus far to the Ebola virus indicates that the federal government has done too little over the last decade to prepare for a biological event in America. The fumbled issues we see reported on the nightly news were well known by the federal government.

Beginning 15 years ago, the federal government used a national full-scale exercise program to identify issues in preventing and responding to a wide variety of terrorist threats. As a senior official in the Bush administration, I oversaw the national exercise program, TOPOFF 3, in 2005. In TOPOFF 3 we tested the federal, state, and local response to a pneumonic plague in New Jersey.

TOPOFF 3 revealed several key deficiencies in our collective response to a deadly virus. First, we modeled the spread of the virus as those exposed on the New Jersey rail system headed north to New York City, south to Philadelphia, and boarded airplanes headed all over America. Within a few days, the model showed the virus spreading to most major cities.

We then faced critical questions on quarantining people and shutting down travel systems to contain the spread of the virus as transportation networks became compromised. Today, owing to the government's negligence in preventing one Texas nurse from traveling, we have seen schools forced to close in Ohio and legitimate exposure concerns for hundreds of individuals from an unknown number of states who may have had contact with her.

The last thing our economy needs is a mandated or selfimposed reduction in travel.

Next, in TOPOFF 3, we exposed weaknesses between all levels of government, and between government and the public, in communicating effectively to keep first responders and the public informed and calm. As a result, the "worried well" began taxing our health-care system and first responders. Studies show that people will remain calm if the government keeps them informed. Absent reliable information, fear will drive the public to engage in counterproductive actions that will tax our systems.

With this growing Ebola event, our government leaders have so far failed to demonstrate strong leadership and communicate a coherent message. On a taxi ride to the airport, the cab driver told me about the utter confusion and ineptness illustrated by "clipboard man" — the aviation worker on television surrounded by people in hazmat suits escorting the sick nurse to an airplane. He summed up the incident: "They don't know what they're doing, and that is scary."

Finally, during the TOPOFF 3 exercise, we learned that our hospitals and health-care system were wholly unprepared to deal with a new and potentially deadly threat. The deficiencies involved a lack of proper training, a shortage of qualified medical staff, and not enough facilities to effectively handle the sick.

It staggers the imagination that nearly a decade later, despite spending billions in the interim, the federal government and our health-care system remain unprepared. Knowing what the Ebola virus is exposing about our known deficiencies, imagine what will happen should a superbug appear or our enemies successfully weaponize a far deadlier virus. The mass casualties from the pandemic influenza bug a hundred years ago would pale in comparison, given modern air travel and far higher population densities.

Despite good intentions and the heroism of its staff, one hospital's failure to deal with one Ebola patient properly shows that our health-care system is behind the curve on dealing with deadly viruses. The Ebola virus has revealed that America has much to do to be truly prepared for a deadly virus. We can ill afford to waste another decade, as Mother Nature and terrorists cook up threats to our modern way of life. Our luck will run out eventually.