The Forgotten Anniversary

The anthrax attack of Oct. 15, 2001, marked the beginning of the modern era of bioterrorism, says a homeland defense expert

By David Schanzer

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Note to Editors:
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DURHAM, N.C. -- Each Sept. 11, we pause to remember those who perished on that tragic day and take stock of the nation's progress combating terrorism.

Oct. 15th is a significant anniversary as well -- it has now been four years since an envelope containing a white powder substance was sent to, and opened, in Sen. Tom Daschle's office, releasing millions of anthrax spores into the Hart Senate Office Building. This attack, coupled with additional anthrax-laden letters sent to other government officials and media figures, marked the beginning of the modern era of bioterrorism.

Yet, this is the forgotten anniversary. The attack is rarely discussed (perhaps because the criminal who launched it has not been captured), and, more problematically, there is insufficient discussion over the past four years on how our nation is addressing this grave national security threat. This needs to change.

Today, the concern of the moment is our lack of preparedness for a possible avian flu pandemic. The steps that need to be taken to deal with a naturally occurring disease, like avian flu, are strikingly similar to preparations for a bioterrorist event. Health and Human Services Secretary Mike Leavitt's stunning concession last week that "we need a plan" to deal with the feared avian flu outbreak shows just how little progress we have made to address threats posed by deadly biologic pathogens, whether they occur in nature or are intentionally introduced by terrorists.

More than a year ago, the administration released a strategy document called "Biodefense for the 21st Century." It outlines strategies not only for preventing terrorists from launching bioterror attacks, but also for responding once an attack occurs. These response strategies contain essentially the same elements needed to prepare for the avian flu: creating a health surveillance system to provide early warning that the disease has spread to the United States; developing safe and effective treatments for those who get sick; planning public health response scenarios and determining how information will be communicated to the public. Yet, the government's scramble to address the avian flu threat this month demonstrates that the year-old strategy has barely begun to be implemented.

Similarly, President Bush's recent comment that perhaps the military should be empowered to enforce quarantines in response to a deadly flu outbreak shows just how little of the basic thinking has been completed about how to deal with a rampant, infectious disease.
Fears of an infectious disease outbreak, however, are not new. More than three years ago, the administration was so worried about a possible bioterror attack that it began vaccinating thousands of emergency and health care workers for smallpox. We knew then that the public health laws across the nation were an outdated, inconsistent, patchwork of procedures that were not designed to cope with a mass casualty event. Nonetheless, most states still have not revised their public health laws for the 21st century, Congress has not debated whether and what kind of public health authority should be exercised by the federal government and certainly no one has considered, let alone legislated, the role of the military during such a crisis.

It is true that the government has launched a number of significant bioterrorism preparedness initiatives since 2001: we have stockpiled hundreds of millions of doses of vaccines and antibiotics, initiated a multi-billion dollar biodefense research campaign and deployed air monitoring systems in 30 cities to provide early warning of an aerosolized bioterror attack. These achievements are a start, but in light of the risks we face, they do not represent, in either scope or level of investment, the type of comprehensive strategy we need for dealing with the health risks of the 21st century.

The threat presented by deadly pathogens is not going away. We need a long-term program for countering this threat, with specific benchmarks to measure progress and a steady, reliable funding stream. Congress should hold annual hearings to determine whether adequate progress is being made and what changes to the plan are warranted. Holding such hearings on Oct. 15 each year would be an appropriate way to mark the anniversary of the day the U.S. government faced its first bioterrorism attack.