

It's Public Health, Stupid!

*by John Steen, Consultant (written September 2001)
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As I write this, it is one week after the terrible events of September 11, 2001. Along with other Americans, I've absorbed the many perspectives and reflections on those events provided by the media, and a context for better understanding their import is just beginning to emerge. All will agree that there are many critically important lessons for us here, but I wonder if we will again be blind to one of the most important ones.

What did we see in that media coverage? I hope we saw government services doing their very best, within their resources, to protect us. And I hope that we then realized that we have vested our trust in these services, and saw the people who were providing them acting with such selfless dedication as to embarrass us. By now, I hope we all see these services as worthy of our trust and invaluable in such situations. If we do, and understand that only government is entrusted with this responsibility on behalf of everyone in our nation, then we may now be able to see the necessity for government planning against terrorism.

We have good reason to be fearful of what terrorism could do to our nation, but the greatest threat to us from terrorist organizations and rogue nations lies in bioterrorism.

"If someone asks you to guess which technology will be the first to kill 100,000 Americans in a terrorist incident, you shouldn't hesitate; bet on biotechnology." (1)

As these events spotlight our vulnerability, they reinforce our determination to strengthen our military and paramilitary defenses, but we cannot afford to once again neglect the crucial role of public health. In a bioterrorism event, our safety will depend on our public health infrastructure, with police and fire playing a supporting role.(2)

No other major nation spends so little of its healthcare budget on public health. When terrorists exploit this weakness, the death toll will be tremendous.

The explosions by terrorist activity in New York City and Washington, DC had their worst effects in the first two hours. The nature of the resulting catastrophe was immediately visible, and stabilization and recovery efforts got underway almost immediately. If the agent employed by the terrorists had been aerosolized smallpox virus, anthrax spores, or botulinum toxin, for example, none of this would have been possible. Days or weeks might pass before the nature and scope of the event was understood. By that time, millions might be dying; those people exposed to a contagious agent like smallpox would themselves be the vectors for its spread all over the country and beyond, and unprecedented panic would result. That panic could ultimately be the most destructive agent.

The only effective defense against this is local public health. Preparation for bioattack would require a major city like New York to stockpile millions of doses of vaccines and antibiotics – something no city has done.(3)

If the target of our moral outrage can be redirected from terrorists to our own failure to adequately protect ourselves, there will be some real benefit to our having learned this lesson from such evil events. That redirection must involve a reassessment of the role of government in protecting us and in promoting our well-being, and with it, a long overdue appreciation of the role of public health and health planning. If that is achieved, the public's obsession with health, and the money now wasted on it, might well make public health the most respected and well-paid profession in our nation.

Just as it deserves to be.

References

(1) R. Wright "Be very afraid." *The New Republic*, May 1, 1995, pp 19-27.

(2) A General Accounting Office report (November, 2000) found that "the federal government lacks a national strategy to guide resource investment for combating terrorism." The public health response to terrorism, including most aspects of the medical response, would be overseen by the Federal Emergency Management Agency (FEMA) working with local public health authorities. For 2001, the federal anti-terrorism budget allocated only \$34 million, about three-tenths of one percent of the total budget, to FEMA.

(3) On September 5, 2001, former Senator Sam Nunn reported to the Senate Foreign Relations Committee that the U.S. has only 12 million doses of smallpox vaccine. From other sources, it is known that these have been stored for over 20 years, and so much deterioration has occurred, that less than half may now be viable. The CDC has contracted for 40 million more, but these will not be available for several years.