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To: "Dr. Baruch Fischhoff - Chair, National Academy of Sciences Study on Social & Behavioral Science and Improving Intelligence for National Security" <baruch@cmu.edu>

From: Lloyd Etheredge <lloyd.etheredge@policyscience.net>

Subject: The Getting Governments to Listen chapter; Fwd: Graham & Talent on bioterrorism & political behavior

Dear Dr. Fischhoff & Colleagues:

Your Study Group's mandate includes assessment of the behavioral and social science evidence relevant to "communication by intelligence analysts" and ideas for effective upgrades.

There were several different kinds of cases in the Bush Administration. Now, about a year into the Obama Administration, I am forwarding, for your review and the public record, a statement of the problem re bioterrorism and preparedness by Graham and Talent in the Washington Post of 1/4/2010. This would be an important area for constructive social science/political behavior ideas. So far as I can tell, this kind of communication should have worked. Do you have any idea why not?

Lloyd Etheredge

H1N1 response shows need for better medical emergency plans

By Bob Graham and Jim Talent
Monday, January 4, 2010; A13 . Washington Post.

For generations, the United States has neglected to nurture the technologies and systems needed to respond to emergencies related to disease. Nowhere has this been more evident than in the response to H1N1.

To make flu vaccine, we rely on a 60-year-old production method based on chicken eggs. It is safe but slow and has led to long lines at clinics and shortages of vaccine. It is not just that priority groups have been left unprotected. We learned last

month that this method leads to multiple manufacturing issues, such as the recall of 800,000 children's vaccine doses, due to diminished potency.

Our nation relies on a disease surveillance system that doesn't give useful information about an epidemic, such as the severity of illness, transmission rates and spread of disease in communities. Even today, we have no idea how many people have had the H1N1 virus. If this country had an up-to-date system, we could make better decisions about school closings, infection control guidance and antiviral drug use.

We also rely on an outdated, slow method for diagnosing cases of H1N1. Our diagnostic technologies are difficult, expensive and time-consuming. If rapid tests were available, people who are sick could get treatment sooner, and we could determine the size of an outbreak, whether the disease is getting more severe and how to target limited health resources.

In short, despite the tireless efforts of public health and health-care workers, America's experience with H1N1 shows that the nation is not prepared to deal with a flu pandemic.

The really bad news is that we are far more prepared to respond to a flu outbreak than to any other biological event, natural or manmade, such as the ebola virus.

In six to nine months last year, the United States was able to identify this new H1N1 virus, make vaccine and begin distributing it, though in inadequate amounts. There is no other disease to which our public health infrastructure could respond anywhere near as quickly. For most new diseases, the response time would be more like six to nine years.

We are the leaders of the congressionally mandated Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism, which found in 2008 that it was not just possible but probable that terrorists would succeed in using a weapon of mass destruction somewhere in the world by 2013 and that the weapon would most likely be biological. We can anticipate the likely pathogens terrorists would use, but this information is meaningless if we do not have the stockpiles, medical countermeasures and tested plans for distributing them to affected areas. Terrorists will not give us six months' warning before deploying a biological weapon.

The major review that Secretary of Health and Human Services Kathleen Sebelius announced recently for our nation's capabilities for developing and distributing countermeasures is a step in the right direction. But this must happen quickly, and it is only the beginning of the journey to full preparedness.

The good news is that science has the means to develop and stockpile countermeasures to known pathogens, and to vastly improve our capacity for responding to new diseases. Unfortunately this will not happen through private-sector action alone, and our government, including the last several administrations, has not given this issue the consistent priority it deserves.

If the planned review is simply a sporadic response to the high visibility of H1N1, or to the repeated and highly public warnings by our commission, it will result in yet more talk without action. The H1N1 epidemic will subside and be forgotten, and our commission will go out of business in the spring. But the danger, both natural and manmade, will grow.

As bad as H1N1 has been for affected families, it could have been much worse. It could have been a human-to-human transmissible form of H5N1, which could kill up to 70 percent of those infected. It could have been an anthrax or ebola attack on a major city, which could expose several million people to deadly pathogens.

We don't know how to repeat our warning or our recommendations more plainly: In the judgment of our bipartisan commission, such an event is not only possible but likely; and it could result in the death of a few people or hundreds of thousands, depending on whether our government develops the complete chain of response, including links for surveillance, diagnosis, stockpiles of medical countermeasures and effective distribution networks.

We know from the attempted airplane bombing on Christmas Day that al-Qaeda is a determined enemy. We also know -- from the discovery and dismantling of biological weapons labs in Afghanistan -- that they are pursuing biological weapons research.

The necessary investment of public funds is relatively modest. What has been in short supply is leadership. The announced review is a good first step. But will real action follow, and will it happen in time?

Bob Graham, a former Democratic senator from Florida, and Jim Talent, a former Republican senator from Missouri, are chairman and co-chairman of the Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism.

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