A panel of former top federal and congressional officials that is examining how well the nation is addressing its biodefense challenges is finding that there likely needs to be centralized leadership and a national strategy that can bridge presidential administrations, one of the co-directors of the Blue Ribbon Study Panel on Biodefense said in an interview.

The panel is being co-chaired by former Sen. Joseph Lieberman (I/D-Conn.) and former Pennsylvania Governor and the first U.S. Homeland Security Secretary Tom Ridge. Their report is expected to be released this fall.

Institutionalized, centralized leadership, “probably at the White House,” would be a key driver in helping to mitigate the nation’s biodefense challenges, Ellen Carlin, staff co-director of the panel, told Defense Daily on Thursday. Institutionalizing a central leadership role for biodefense will help ensure that biodefense efforts are carried over from one administration to the next and also provide oversight of where different responsibilities and funding currently reside within the federal government, she said.

This person would then be in a position to help make “better decision about how to use limited resources,” whether there are duplicative efforts and if things aren’t happening that should be, Carlin said.

At a February hearing hosted by the Senate Committee on Health to review U.S. preparedness for future medical and public health threats, Sen. Richard Burr (R-N.C.). said that during the Ebola crisis last year, it was unclear who in the United States was in charge of spearheading the government’s response.

“I still get the impression that we’re not sold on who’s in charge,” Burr said.

Another finding of the panel’s ongoing effort is that there is no national biodefense strategy, Carlin said. There are a lot of different documents such as presidential directives, executive orders, statutes, regulations and guidelines but “they are all over the place,” allowing “different administrations to focus on different priorities,” she said.
These various directives and regulations “haven’t been cataloged” and are so “scattered” across the government that it’s difficult for anyone to do the proper oversight, Carlin said.

Central leadership and a national strategy go hand-in-hand, she said.

“Central leadership would help keep everyone on the same page and accountable,” Carlin said.

Other general findings that the panel is leaning toward include a greater focus on science and technology to advance to new capability levels in areas such as software, diagnostics, vaccines and therapeutics, Carlin said. One such area where far more attention is needed is rapid diagnostics, whether in the field or patient-side in a hospital, to more quickly determine what someone may be carrying or afflicted with, she said.

Carlin also said that industry needs to have a more confident, long-term picture of the government’s spending plans, which are erratic now with government shutdowns and continuing resolutions.

More attention also needs to be paid to the human-animal interface, Carlin said.

“The majority of disease agents we worry about, whether they are agents of terror or of Mother Nature like Ebola, most of these have their sources in animals or can also infect animals,” Carlin said. The panel will likely have some recommendations around the need for the United States to better integrate human and animal health, she said.

As for automated, early detection of a potential bio-attack, Carlin said more work also needs to be done here. “What I don’t quite think we’ve figured out yet is really the best way to do that,” she said.

The Department of Homeland Security currently manages the BioWatch program for environmental monitoring of potential bio-attacks. However, this system is labor intensive and relatively slow in that it can be days before public health officials may be alerted that a potential bio-terror threat has occurred. Carlin believes the more likely scenario for uncovering a bio-attack now is that a doctor in a hospital figures out that a patient is a victim, which means “the infection is already out there and probably has been circulating for a few days.”

A little more than a year ago DHS canceled the Generation-3 BioWatch program, which was intended to provide automated, early warning of a bio-attack, after cost and schedule overruns couldn’t be contained. Whether the Gen-3 program was the right project is debatable, Carlin said, adding that having a national biodefense strategy could better shape where the proper investments need to be made.

Whatever path is chosen, “We need to come up with better methods for early detection before agents have infiltrated the population,” Carlin said.

The institutional sponsors behind the Lieberman-Ridge panel are The Hudson Institute and the Potomac Institute for Policy Studies. Other panelists include former Secretary of Health and Human Services Donna Shalala, former senator Tom Daschle (D-S.D.), former Rep. Jim Greenwood (R-Pa.), and Kenneth Wainstein, homeland security adviser under President George W. Bush.