To: K2UYG@aol.com (Bill Schneider)
cc: "Hughes, Brian, CDR, OSD-ATL" <Brian.Hughes@osd.mil>
Fcc: DSB, WTC, TXT
Subject: DSB Ctr Terrorism Efforts -- Consequence management as priority
XDate: Wed, 17 Oct 2001 12:34:01 -0400

I regret I was not able to join you today,. Look forward to tomorrow.

I have my own ideas on priorities: see my email to Dave Abshire

But first I interject: since last week it has become obvious that consequence-management has become the first priority! If a letter-bomb can disrupt our legislative branch, what might it not do to a military base or a capital ship! We have to restore a mutual sense of responsibility between civil and military operations.

And we have to make haste in developing more reliable and evidence- based diagnostics and therapeutic management for anthrax. (See 6. below) The vehicle for that would be a restored!! (now sadly depleted) USAMRIID, with a common objective for treatment of US citizens -- the same principles apply whether in uniform or not. If the (also read soldiery) public could get a well- founded confidence that a "touch of anthrax" was not certain death, we could much better manage the outbreaks that now bid fair to paralyze our economy. And they will do the same to military operations!! It is pitiful how research on the basic pathogenesis of anthrax disease has been neglected. We aren't even close to understanding how to optimize treatment with antibiotics and other supportive measures. This is not as glamorous as sophisticated genomics, which will have its place.

We could get useful results in as little as 6 months. A 200MM allocation to investigating these pragmatic issues would be a small price, and should return dividends within 2 years. Yes, the saying goes, we should live so long; but the environment will get no better. Meanwhile, stockpiles of the drugs and vaccines we know about are our only recourse.

Else, extrapolate from the pandemonium generated by a dozen cases to what will certainly happen, a 10- or 100-fold escalation.

<<<<< To: "Dave Abshire" <cmendoza@thepresidency.org> Subject: Key items for top-level attention, responding to BW Date: Tue, 09 Oct 2001 10:09:58 -0400 From: Joshua Lederberg <jsl@jl10.rockefeller.edu>

Dave, I've already discussed some of the strategies we need to consider under prevention. This will be about mitigation / consequence management.

Top Level issues

1. A coherent, comprehensive plan with some idea of total budget, organizational structure, priorities. Obviously Gov. Ridge's central responsibility.

2. A state-of-emergency review of policies and regulatory strictures that have grossly impeded

pace of participation of the pharma/biotech industries' formidable resources in vaccine and drug development and deployment. George Whitesides and George Post can regale you with details.

Tactical priorities:

3. Enhanced reserves and logistics of antibiotic stockpiles. We have a reasonable start for a medium size level of attack with, say, anthrax. Public Health authorities have grossly underestimated the levels needed to deal with a *potentially* exposed population. One actual case of anthrax in Boca Raton has called for hundreds of poeple to undergo prophylaxis.

4. Accelerated effeort to find medications (as against ex ante vaccines) for smallpox -- there is a modest effort now going on at CDC/USAMRIID. In my view ex post treatment is vitally necessary; I doubt we will want to vaccinate the entire US population (or worldfor that matter!) even at this stage, and there are hazards connected with that.

5. Diagnostic instrumentation to define when and where an attack is being or has been lodged.

6. down to details, much more about the life history and medical management of anthrax. A lot we do now is based on frail supposition.

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