Folks who drill together, save together

The nation’s public health system has been undergoing a quiet revolution. September 11, 2001, brought the country’s attention to the roles of public safety agencies, such as fire and police departments, in protecting homeland security. Not much later, the anthrax outbreaks and scares in the fall of 2001 reminded us all that public health must be prepared to take the lead in detecting and responding to an act of biological terrorism. Public health has not been the same since. We are not your father’s health department.

Our goal is to make sure that every community is served by a public health department that can detect a biological attack early, contain it, and inform the public what to do. Since 2001, Congress has appropriated almost $1 billion each year to help state and local public health agencies improve the multitude of necessary capacities that have long been neglected, including epidemiology and disease surveillance, emergency planning, public health laboratory capacity, information technology, and electronic communication.

Across America, local public health departments are undertaking new challenges and developing new partnerships. They are working more closely with the local healthcare community, as well as with public safety agencies. If a devastating communicable disease, such as anthrax, plague, or smallpox, is ever detected anywhere inside our borders, our world will change once again. We will all have to work together to stop it in its tracks. If the food or water supply should become contaminated, we will all have to work together to find the source of contamination and protect our communities.

A great advantage of the new federal resources is that preparing our communities for an act of bioterrorism also prepares them for naturally occurring disease outbreaks. For instance, public health agencies have been planning and practicing their ability to provide mass smallpox vaccination if a case of smallpox ever occurs. They can use the same systems to provide mass immunization against influenza if a flu pandemic should begin.

Similarly, many health departments have been improving their disease-surveillance systems, using reports from hospital emergency rooms, physicians, pharmacies, and laboratories to monitor continuously for unusual events that would require a public health response. Clinical medical laboratorians, who may be the first to identify an unusual or deadly pathogen, are integral partners in this work. They are essential to every community’s bioterrorism-preparedness planning.

A key element in readiness is not just having a plan but also exercising it to make sure it works and learning how to make it work better. Across the country, health departments and their community partners have gathered to engage in “tabletop” exercises, starting with a written scenario and working out among themselves what would need to happen. Real-time drills, in which an act of terrorism is simulated and volunteers “play” the “victims,” are helping some communities identify for their planning what people and skills are necessary and where unpredicted gaps exist.

We in public health know that the first clues of an outbreak may well come from astute laboratorians. On behalf of nearly 3,000 U.S. local public health departments, I encourage you to contact your health department and learn more about its bioterrorism-preparedness work. Protecting the public from disease outbreaks resulting from terrorist acts or natural occurrences is a responsibility of every partner in the healthcare system. We want you to know what to look for, who to call, and what you can do to help before such an event happens — not after the fact.

Terrorism preparedness is as much a matter of personal relationships and training as it is about technology and systems. In the end, it is dedicated professionals who have worked and drilled together who will save lives if the unthinkable occurs.