

# US panel proposes executive biodefence office

Centralized approach promoted to streamline response and reduce overlap between government agencies.

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U.S. Air National Guard photo by Senior Airman Cody Martin.

The US government's biodefence assets should be coordinated by a single official, a panel recommends.

A focus on weapons such as bombs and nuclear missiles has left the US government ill-prepared to deal with bioterror attacks and even natural threats such as [Ebola](#), according to a group of former government officials.

In a report released on 28 October, the [Blue Ribbon Study Panel on Biodefense](#) panel lays out 33 recommendations for the US government to improve its [biosecurity policy](#). Chief among them are the creation of a centralized biosecurity office and a greater emphasis on detecting biological threats through intelligence gathering and surveillance.

The six-person panel is sponsored by the Hudson Institute, a think tank in Washington DC, and the Inter-University Center for Terrorism Studies in Arlington, Virginia, and co-chaired by former US secretary of homeland security Thomas Ridge and former US Senator Joseph Lieberman. The group has met four times over the past year with representatives from government agencies that have biosecurity programmes, private consultancies, industry and think tanks.

Panel co-director Ellen Carlin says that the panel was conceived before the Ebola outbreak, but that the US response in both West Africa and domestically was a perfect embodiment of their concerns. Hospitals and medical staff in the US were unprepared to deal with patients, and it was sometimes unclear which government agency was in charge of training workers or monitoring travellers who returned from affected areas. Given these gaps, an outbreak of a more transmissible disease such as pandemic influenza could be catastrophic for the United States. The effect of Ebola on the United States was minimal because of the nature of the disease, Carlin says, "but personally for me it didn't inspire a lot of confidence."

## Biosecurity czar

Seven months after the first reported cases, the White House appointed an Ebola czar to coordinate efforts domestically and in West Africa, but this was not until after the first US case had highlighted the government's unpreparedness. "We should have had a biosecurity czar," says Amesh Adalja, an infectious-disease physician at the University of Pittsburgh Medical Center in Pennsylvania.

The panel proposes that such a position be created in the vice-president's office. Carlin says that this would allow it to have both the

ear of the president and the ability to coordinate budgets and plans across agencies.

The panel also recommends overhauls of several programmes such as the [Biomedical Advanced Research and Development Authority](#), which develops medical countermeasures through private contracts, and the Federal Select Agent Program, which permits researchers to obtain dangerous pathogens for study.

Although the panel was not designed to look specifically at lab safety, it did address issues such as the US military's failure to inactivate anthrax before shipping it to hundreds of labs over about a decade. "We view biosafety lapses ultimately as biosecurity lapses," Carlin says. "If a pathogen can escape the lab and cause an outbreak, it is a biosecurity issue."

Adalja praises the report's emphasis on improving biothreat detection. Nuclear-weapons facilities are fairly detectable, he says, but it is much harder to determine whether a lab that claims to be making vaccines might be making biological-warfare agents instead. He says that the US government intelligence officials had mostly missed the existence of the Soviet Union's bioweapons programme until defectors informed them about it.

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