Ring Around the Pox

By Jed Babbin
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The Clinton administration failed this country in so many ways, it's hard to say which was the most important. By any measure its misjudgment of terrorism -- categorizing it as a law enforcement problem rather than a national security problem -- has to be in the top five. The Clintonoids refused the Sudan's offer to hand over OBL on a silver platter before they thought they didn't have enough evidence to convict him in court. Now, the Centers for Disease Control and Heath and Human Services Secretary Tommy Thompson are setting President Bush up for the same kind of mistake. CDC and HHS want to deal with biological terrorism as a public health problem and not a national security problem. If those decisions aren't taken out of the hands of Thompson and the CDC, we will remain vulnerable to biowar attacks that may take hundreds of thousands of lives.

The anthrax attacks that panicked Congress and the media last winter killed several people. But those attacks weren't the sort that could teach us how to respond to the kind of attack we may soon face. Anthrax, as serious as it is, is both treatable and not contagious. That makes responding to an anthrax attack relatively simple. The spread of the disease is limited to people who are exposed directly, and casualties can be minimized by treatment with conventional antibiotics. But many of our enemies, such as Iran, Iraq and North Korea, have biowar arsenals that contain much deadlier diseases. Probably the worst that is now available is smallpox. Dealing with a smallpox attack is an entirely different matter.

According to Dr. John Mann, an infectious disease expert with Johns Hopkins University Hospital, smallpox is both highly contagious and untreatable after the disease has incubated. Once a person is infected, the disease incubates for two to five days before symptoms appear. In the early part of that incubation period, a person may still be immunized. After the symptoms appear -- usually skin lesions and fever -- the infected person is both untreatable and a highly capable biowar weapon. For several days, an infected person can conceal the symptoms, and pass among us like someone who has a bad case of the flu. People who may merely be in the presence of the attacker -- and who may only breathe the air he exhales -- can be infected. An infected suicide attacker could ride the commuter trains, buses and airliners for days, infecting hundreds or thousands of others.

Most American Baby Boomers were vaccinated against smallpox in the 1950s. Those of us who were in uniform in the 1970s were vaccinated again. But since then, vaccinations against smallpox have not been given, and the old ones have worn off. America is almost completely unprotected against smallpox. Last month, a CDC
panel recommended that only about 10,000 or 20,000 hospital personnel be vaccinated against smallpox. Last week, it upped the number to about 500,000. Its decision is premised on using the "ring" method of vaccination to combat a smallpox attack.

Ring vaccinations are based on the fact that you can contain the spread of the disease by immunizing all the people who are exposed to those who are infected. If they are immunized, they won't become infected carriers. It worked in remote African villages because infected people were identified quickly, and the population didn't move readily between villages. According to a study soon to be published by the National Academy of Sciences, the ring method of vaccination will be ineffective against a smallpox terrorist attack on America. The study, "Emergency Response to a Smallpox Attack: the Case for Mass Vaccination," was written by Drs. Edward Kaplan, David Craft, and Lawrence Wein (three Real Smart Guys from Yale and MIT). It compares the results of ring vaccinations against mass vaccinations given in response to an attack that infects 1,000 people in an area populated by 10 million. The differences in the results are reason enough for the President to take this decision out of the hands of the CDC and HHS, and make smallpox vaccination a national priority.

According to the study, if mass vaccinations are begun quickly after an attack, about 1,830 people will be infected, and 560 will die. The epidemic will end after about 115 days. If ring vaccinations are used, 360,000 people will be infected, 110,000 will die, and the epidemic will last almost a year. As Dr. Kaplan explained to me, the reason for the disparity is that to be effective, ring vaccination depends on identifying those exposed to smallpox in those few days between exposure and the appearance of symptoms. In a terrorist attack, we have little chance of identifying who is exposed in time to vaccinate them before they become transmitters of the disease. In truth, we have little chance of even detecting an attack before an epidemic starts.

Dr. Kaplan is not advocating mass vaccinations at this moment. I am. But he does agree that these issues should not be left in the hands of the epidemiologists. The decisions on how to meet the biowar threat -- and the immediate decision to vaccinate Americans against smallpox -- need to be taken away from HHS and CDC. We don't have -- and won't soon have -- anything useful from Tom Ridge and Homeland Security, Inc. The president should decide that the immunization program will begin as soon as possible, and that every American who wants the vaccine should be able to get it.

Beyond that, our biowar response plan should not be posted on the Internet as it now is for every terrorist to see. "Al Qaeda could be laughing to themselves that they know precisely how we will respond to an attack, even who will do it," Dr. Kaplan told me. Looking at CDC's current plan, it is pretty easy to think of how to defeat it. Dr. Kaplan -- who I'm happy to say is on our side, and would be pretty damned dangerous working for the bad guys -- thought of a half dozen ways in about as many seconds.

Of the many freedoms Americans enjoy, perhaps the most fundamental is freedom of choice. That freedom must include the freedom to get a smallpox vaccination now, not years from now, or in the panic that would follow an attack. Smallpox vaccine is not for everyone, and there are dangers in mass vaccination that can be dealt with through careful testing of the vaccine, screening of people to be vaccinated, and other means. If there's any reason why we shouldn't have the freedom to get that done, I'd like to hear it.

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