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Conference on The Next Big One:
Preparing for a Global Pandemic

Columbia Preparatory School
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A. Introduction—Stephanie Raps

As a nation whose foundation is built on the premise that human life consists of freedom and opportunity, the United States has worked to better the quality of life for millions. We currently play a primary role in Global Health; we serve as a donor to low-and-middle-income countries, encourage research and development efforts, operate programs all over the world, and provide technical assistance to those in need. In an effort to reduce the prevalence of myriad health problems, we have launched a multitude of global health initiatives including the Global Health Initiative (GHI) which, over the course of six years, will contribute a total of $63 billion to the issues of HIV, TB, malaria, and maternal and child health. With the intention of mitigating the world's health problems, we want to continue our efforts to improve global health—we do recognize this is not an easy task. While donations have been our primary source of contribution, we hope to expand our influence in global health to include programs focused on direct causes of health problems: including the restructuring of public infrastructure in developing countries, the provision of affordable and accessible health care, and the prevention of health migration and health tourism.

B. Key Points:

- **Governance:** The association of political power with wealth has influenced United States government: those making policy decisions may not have the appropriate perspectives to make health care-related decisions—they may not pass laws that benefit the whole country. As a result, the quality and lack of health insurance for some citizens has become an issue of diminished significance within our government.

- **Global Public Health:** The United States, with the passage of the Affordable Care Act (Obamacare), has a responsibility to ensure equal treatment for all citizens in public health emergencies. In the event of a public health emergency, we would have difficulty keeping our domestic promise of equal treatment for all citizens given that resources are limited and the world must be provided for.

- **Law:** The United States has not recently modified some of its laws. Consequently, some of our laws may be seen as outdated and unclear; they may not reflect all new diseases, may possibly violate human rights, and might be passed on an "as-needed" basis (which may result in confusion on which government—whether federal, state, or local—has absolute authority).

- **Human Rights and Ethics:** As cogently delineated in possible U.S. acceptance of martial law, we may not be able to protect all human rights in the event of a public health emergency.

- **Medicine and Science:** The United States may not receive critical information about emerging diseases from developing countries. Consequently, despite the implementation of various surveillance programs, our medical community might be unprepared for health emergencies.

- **Security:** The United States is not as involved in international cooperation as it could be—consequently we may not be able to act globally if a health emergency were to occur.

- **Resources and Economics:** Even though the United States has stockpiled myriad resources, we might run out of essential supplies in the event of a health emergency.

C. Background—Stephanie Raps

Initially consisting of 13 British colonies, we, the Unites States of America, have expanded to include 50 states and one federal district—a territory encompassing more than 3.5 million square miles of land. We are frequently associated with variety as our physical environment ranges from the subtropical to the Arctic, rainforests to deserts, and mountains to prairies—our populations consist of myriad ethnic, cultural, and racial types. Although our states differ in their natural environments and populations, they share both sovereignty with the federal government and a constitution that has engendered our legislative, judicial, and executive branches of government. Rich natural resources and continuous agricultural production, combined with our thoroughly developed industry, have made the United States the world's largest economic power. Our prosperity, in the form of social, political, economic, and technological success, has encouraged large numbers of immigrants to come to the United States in an effort to achieve greater opportunities. As a successful and prospering nation, we are focusing our attention on alleviating world problems: evident in our role in Global Health.

The United States of America became the first European colony to permanently achieve independence from the British. Escalating taxes conflated with limited government representation under British colonial rule became our incentives for independence. These incentives invoked the American Revolution and Revolutionary War—both of which resulted in Britain's defeat. With our Declaration of Independence and adoption of the Constitution and Bill of Rights in the late 1700s, myriad civil rights and freedoms were granted to our people—we were founded on the idea that sovereignty belongs with our citizens and not with our government; an idea that continues to effect our actions.

After establishing our freedom, we focused our attention on territorial, economic, social, and technological growth; new territories were acquired, trade became the ubiquitous, the American Civil war had abolished legalized slavery, and the United States

was rapidly industrializing. We became powerful enough to achieve success in the Spanish American War, WWI, WWII, and the Cold War—by the end of these wars we had become one of the most powerful and influential nations in the whole world. As a world power, we have tried to resolve some of the world's escalating problems and have thus become an important contributor to a plethora of Global Health initiatives.

Our involvement in international health increased over a century ago: as international trade and travel increased, the United States (and other developed nations) became concerned about disease dissemination. This concern invoked the International Sanitary Conference of 1851—convened by France in an effort to standardize quarantine regulations and develop systems of disease notification. By 1892, the first standardized health measures were approved. Growing globalization, cross-border movement, new disease threats, and environmental challenges have continued to invoke international health agreements and initiatives.

With a globalized world, a disease outbreak in any country can affect the United States; a truism cogently delineated in the 2003 SARS and 2009 H1N1 outbreaks. Improving global health, can consequently, prevent health problems in the United States and bolster diplomacy, economic growth, and political stability. As a result, we currently play a primary role in Global Health: we serve as a donor to low-and-middle-income countries, promote research and development efforts, direct programs throughout the world, and provide technical support. We have launched various global health initiatives—initiatives that target specific diseases. These initiatives are controlled by the United States Agency for International Development (USAID) and the State Department. A few of our major health initiatives include: the Global Health Initiative (GHI), the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), the Neglected Tropical Disease Initiative, the Water for the Poor Act, and the Global Hunger and Food Security Initiative. Myriad government agencies including the State Department, Millennium Challenge Corporation (MCC), USAID, the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Food and Drug Administration (FDA) all contribute to fulfilling these initiatives. The United States also contributes to various multilateral organizations such as the World Health Organization (WHO).

While it is clear that the U.S. has contributed to many health programs and organizations in an effort to better the health of the world, our system may not be perfect—U.S. donations can only be so effective. Our health policies should focus on prevention, not just specific communicable diseases. In order to shift our attention to prevention, we should address public infrastructure, economics, social disparities, and problems arising from globalization in developing countries. If our goal really is to better the health of all people, our donation policies should be modified and other forms of intervention should be established.

D. Issues

Committee on Governance—Pieter Hoekstra

Our system of governance is a representative democracy with three primary branches, in which the directly elected officials constitute the legislative branch. This branch, also known as Congress, is made of an upper house and a lower house—the Senate and the House of Representatives. Every four years, congressmen place votes on who will be the next president, basing their votes on how their constituents vote. The president is the head of the executive branch. The third branch, the judicial branch, is tasked with determining if the laws passed by the legislative and executive branches are legal according to our country's Constitution and its amendments.

For a law to be passed in the United States, it must first be introduced in the House of Representatives. If the House of Representatives approves it by simple majority, it must receive a majority vote from the Senate. Once this has been attained, the president has 10 days to sign or veto the bill. If the law is vetoed, it is sent back to Congress who can override the veto if they achieve a two-thirds majority. This is the process by which both national and international health agreements are managed. International treaties function like any other piece of legislation, requiring the same ratification.

We are a major participation in global health agreements, often directly funding aid towards low-and-middle-income countries. The Obama administration has stated a commitment to "engagement, dialogue, and shared responsibility" in international affairs. A notable example of this is the Global Health Initiative, which began under President Obama in 2009. It has three major areas of focus, which reflect our global health interests: investment in women and mothers, creating an AIDS-free generation, and ending preventable child deaths. Global health existed as an issue of concern before the Obama administration, with a notable legacy of George W. Bush's presidency being PEPFAR, the President's Emergency Plan for AIDS Relief. A study performed by the Kaiser Family Foundation identified 50 major international health agreements in 2010, of which we had ratified 36.

The U.S. uses a semi-privatized system of health care for its citizens, within which several public plans exist. For those over 65, our Medicare system provides coverage. For those under 65, the current options are Medicaid, paying for a private insurance program, or being uninsured. According to the CDC, 48.2 million are currently uninsured, while 61.2% of Americans younger than 65 have private insurance. However, this system is currently undergoing extreme change—under the recently passed plan, dubbed "Obamacare," all citizens will be required to be insured by 2014. This public system aims to provide everyone with a base level of coverage, beyond which our citizens can purchase private insurance to receive a higher standard of care. Part of the reason such a system was seen as necessary comes from the economic environment within the United States—recent polls have found that 61% percent of Americans find the economic system to be unfair, and recent movements such as Occupy Wall Street illustrate this dissatisfaction. The CIA World Factbook lists the United States as 41st in GINI index, a measure of income inequality. With a large disparity of wealth comes unequal access to health care, especially in a more privatized system. The wealth gap ties into politics and governance in our country particularly, as wealth allows one to more easily campaign and having a political seat allows one to protect their worth. Joseph Stiglitz noted that at times our democracy seems closer to "one dollar one vote" rather than "one person one vote."

Protecting our people is a major issue for the United States, and our government has taken drastic steps in recent years to give itself the power to enforce this, particularly since September 11th, 2001. Especially notable is the USA PATRIOT Act, which allows the government to more easily collect intelligence regarding crime, particularly terrorism. This was pushed through Congress after September 11th, but has since come under criticism as giving the government too much power. From a health perspective exclusively, the bill does have merit though, as bioterrorism is a threat that only becomes more real as technology advances.

Addendum: Global Governance for Health

On a more global scale, governance related to health is an intricate issue in which we carry an important role. In the last century we have been one of the primary actors in global health and global governance, through the UN and its health agency, the World Health Organization, as well as through the World Trade Organization. In acting with these groups, we face the quandary of how to deal with national sovereignty and display our credibility as an international health actor, while remaining accountable for our actions.

While nations ultimately have the final say in their health policies, health issues tend to cross borders more and more and ultimately can put the rest of the world at risk. The response to this is the idea of global governance as mentioned above. However, the larger an issue that health across borders becomes, the more confusion and debate there is regarding who holds responsibility in what situation. The result is that response to health care needs within a nation becomes slower and less effective.

Credibility and accountability require additional consideration in this regard. The United States has a reputation in many parts of the world as being entitled, and as a result may not have credibility in the eyes of either a government we are trying to aid in a health crisis, or the people within that nation. Because actions through the UN play out on the global stage, the United States is held accountable for any action of the UN it supports or any decision it makes regarding governance that is independent of the UN. Part of the issue with accountability, though, is that it is for the nation with which we are interacting, not that nation's people. Obligation to a government rather than a population means that the United States may not have a say in how it treats a nation that is abusing the democratic or human rights of its people. These people may not agree with the actions of the government, but the United States must tailor its actions to the government's desire, as they have ultimate sovereignty.

Committee on Global Public Health—Ben Rosenberg

For America, the country at the heart of globalization who "has become a global abstraction made manifest in the concrete behaviors [of the rest of the world]," health-related danger looms. Put simply, the increased interconnectivity of the world makes global pandemic (both natural and man-made in the form of bioterrorism) an ever-more inevitable occurrence. Despite the scope of its resources and international influence, our capability to deal with global pandemic remains unclear: given our history of private sector support for public health policy, the rampant inequality that exists within our

society, and relative inexperience in dealing with disease, pandemic will prove trying for our health system. Yet, there are reasons for hope: the passage of Obamacare, for example, will inevitably increase equality of access to health care and a successful CDC has the communications means to fight the threat of and mitigate the effects of epidemic. In short, despite the folly in deeming our health care system "the best," we do have the capacity, if our resources are used rightly, to deal with the growing global concern of pandemic.

In assessing our capability to respond to disease outbreak, it is important to evaluate particular aspects of the American health care system. For example, consider contemporary American health insurance. In his criticism of health care in the United States, T.R. Reid urges that private health insurance in our country is cruel, and unnecessarily so. Reid explains: "If a customer is hit by a truck and faces big medical bills, the insurer digs through records looking to cancel the policy." Reid goes on to explain that our insurance companies function like large businesses, assessing people as risks. So long as health care is thought of as a for-profit "business," insurance companies will continue to deny care to those who need it most (the poor) as they view the poor as a poor economic investment. In short, private health care (what currently accounts for a majority of possible care) in our country is inherently unequal. The recent passage of Obamacare, however, will likely mitigate such inequality, giving the notion of "equality of access" real legal teeth, and thereby decreasing the influence and power of private health insurance companies. Still, Obamacare does have significant shortcomings in the event of pandemic: if a disease were to break out, increased access to care will inevitably put a burden on a coordinated public health response as never heretofore seen numbers of our citizens will claim a legal right to vaccination.

The success of the United States' response to pandemic involves our ability to regulate the access and provision of vaccines. Consider today's method for distribution of vaccines (in particular that of the influenza vaccine, which is telling of CDC strategy in general). Currently, the Centers for Disease Control and Prevention (CDC) "cannot carry out or control vaccine distribution" but does recommend "manufacturers provide vaccine to all provider types (offices, clinics, hospitals, senior centers, etc.) to allow for the broadest possible access." Yet, in studying vaccination distribution in our country, Jan Medlock and Alison Galvani explain that: "Optimal vaccination is achieved by prioritization of schoolchildren and adults aged 30 to 39 years," making the CDC recommendation for general allocation of vaccines "suboptimal for all outcome measures." The CDC, Medlock, and Galvani would agree, however, with the basic assertion that despite efforts made for an equality of provision of vaccines, the wealthier tend to receive vaccination first. As we look to outline a cohesive plan for vaccine creation and distribution in a time of emergency, such inequality may spell out danger for a successful response not only to an unexpected pandemic but also to a bioterrorist attack.

If we were to successfully respond to a wide-scale bioterrorist attack, the first step would be successful communication of the scale of the health issue at hand. Luckily for the United States (according to the CIA), it has the highest level of communications (TV, Internet, Phone, etc) in the world. The Centers for Disease Control and Prevention (CDC) is in charge of using our advanced communications to respond to health crises. The CDC, funded through global funding and taxation, is responsible for disease detection, studying the patterns of the mutation and change of known diseases. It is also responsible for

responding to health emergencies by securing the necessary information about an outbreak to coordinate the generation of a successful vaccine. In the case of a pandemic, our CDC would work in tandem with the WHO (World Health Organization) to coordinate a global response.

To understand U.S. policy toward bioterrorism, it is telling to highlight our response in the Anthrax scare of 2001 (in which anthrax-covered letters were to be mailed to American political figures). Once word spread of the attack, "untoward fear rose within the American population." Our CDC and other governmental agencies then raised upwards of $1 billion to coordinate a successful response. After the initial scare passed, "the reaction from Congress was swift: the Public Health Security and Bioterrorism Preparedness Response Act passed in June 2002." Since the anthrax attack of 2001, there has not been another noted bioterrorism attack, speaking to the success of the Act. Still, the point must be made that the anthrax attack was an isolated incident not on the scale of an epidemic or pandemic. In the case of a wider-scale incident, it could be expected that the process of response would be as follows: the CDC and other organizations would raise funds to isolate the outbreak and find a vaccine, our government would legislate a preventative response for the future, and the CDC and the government would coordinate (using American communications) to raise awareness.

Our health care may very well be "a costly, confusing bureaucratic mess." Yet, as our citizens await the next pandemic nervously, they do find solace: given the scope of our resources (monetary and administrative like the CDC) and an effort to increase health care equality (through, for example, Obamacare), the United States is poised to successfully respond to the growing health risks of today's global society (epidemics, pandemics, bioterrorism). Does danger remain? Surely. But in raising awareness and considering the health emergencies to come, we have sharpened the tools necessary for a coordinated, successful response.

Committee on Law—Stephanie Raps

The Department of Health and Human Services (HHS) is our government's primary agency for protecting the health of all Americans. Within the HHS is the CDC, Centers for Disease Control and Prevention—our principal agency for responding to public health emergencies, whether natural, accidental, or intentional. The CDC has committed itself to protecting our health through the prevention and control of public health emergencies. Public health emergencies are detected through surveillance systems that involve routine observation and analysis of disease patterns and death. When unusual patterns of diseases emerge, the HHS declares a public health emergency. Legal preparedness is an integral part of exhaustive preparation for possible health emergencies—in the event of a public health emergency, myriad laws are enforced to facilitate the fulfillment of protocol and emergency preparedness plans.

During a public health emergency, containment of infected individuals becomes our principal focus. Containment, in the form of isolation and quarantine, is a necessary measure for controlling an infectious disease outbreak—it aims to prevent the spread of disease and ensure that infected individuals receive attention and treatment. Isolation involves the separation of already ill individuals from the general public, while quarantine involves the separation of well individuals who may have been exposed to a

contagious disease from the general public. State laws vary in regards to quarantine—some of our states have them, some don't. Usually states provide quarantine laws and myriad regulations in response to traditional killers (smallpox), sexually transmitted diseases, and emerging or re-emerging diseases (such as TB). The Federal government gets involved in quarantine when states are unable to provide proper protection for the general public. Federal law gives two simple sources of authority for exercising power in the event of an infectious disease outbreak: Title 42 of the U.S. Code and the Stafford Act. Title 42 of the U.S. Code provides the HHS and CDC with the authority to control the movements of people into and within our country: restriction/prevention of travel, arrest, detention, examination, and release of possibly infected individuals are permitted. The Stafford Act, like Title 42 of the U.S. Code, also permits quarantine in the event of the declaration of a health emergency.

The effective distribution of medical resources and treatment becomes another principal focus in a public health emergency. The Strategic National Stockpile (SNS), controlled by our CDC, is a depository of essential medical supplies—in the event of a public health emergency, the SNS works to supply state and local public health agencies with essential resources in as little as 12 hours. Although the SNS provides a plethora of medical resources, there is always the chance that resources will be depleted in a severe enough health emergency: this is why we have the Emergency Management Assistance Compact (EMAC), a national interstate mutual aid agreement through which resources can be shared across state lines during disasters and emergencies. We have also recognized that there will always be treatment options (drugs, biologic products, and other devices) that do not have US Food and Drug Administration (FDA) approval: given the importance of treatment options during a health emergency, the US Emergency Use Authorization (EAU) authorizes the FDA to approve the urgent use of medical products (like diagnostics), devices, and drugs that were not previously approved, licensed, or cleared by the FDA. Even with all of these measures, there can still be resource scarcity: if resources are limited, high-risk people (i.e. pregnant women, children, the elderly, those with chronic health conditions, and medical personnel) will be vaccinated first. Still, distributing treatment and resources isn't enough—we need to ensure that the public takes them. In order to encourage the public to receive treatment, the Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to provide patients appropriate screening for emergency medical conditions regardless of citizenship, legal status, or ability to pay—if the patient is found to have a condition, the hospital must treat the patient.

The Department of Defense (DOD) can impose martial law if it is needed. If martial law is imposed, our government military personnel have the authority to enforce civil and criminal laws: consequently habeas corpus may be suspended and certain civil liberties are taken away (such as the right to be free from unreasonable searches/seizures). Due to the restriction of human rights, martial law is not readily imposed; it has only been instituted on the national level once (during the Civil War) and on the regional level once (during WWII). Although martial law is not readily imposed, we are not against imposing it; if a public health emergency becomes severe enough to prevent the government from doing its job, we may impose martial law. However, as previously delineated, the installation of myriad other laws is aimed to facilitate the country's

emergency preparedness plans—it is highly unlikely that martial law will be enforced in the future.

As a nation that places constant emphasis on its sovereignty, we the United States do not take away the sovereignty of other nations in the midst of public health emergencies. With the exception of foreign land on which U.S. embassies are located, we have no federal jurisdiction in foreign countries. The DOD clearly cautions that its instructions in the event of a health emergency are limited to the United States. Since this is the case, we are familiar with the protocols, procedures, and emergency laws in other nations.

Although the U.S. has laws that are effective in mitigating public health emergencies, there are some legal issues that need to be addressed. Some U.S. public health laws may need revision; they do not always reflect the newest diseases, they may violate human rights, and they are not always clear in establishing which government (federal, state, or local) has direct authority. Lastly, U.S. laws may not always have legal protections against liability for nongovernmental volunteers. As a result, health workers might be discouraged from offering their services.

Committee on Human Rights and Ethics—Jenny Schackett

We recognize that every citizen's human rights are protected under the Constitution, but human rights violations are difficult to prevent. There are certain unavoidable aspects of life that stand in the way of providing everyone with equal opportunities of receiving the rights they deserve, such as economic inequality and limited resources. If the U.S. doesn't currently protect the human rights of every citizen on a day-to-day basis, what would happen in the event of a public health emergency? The Department of Health and Human Services (HHS) is our government's primary agency for protecting the health of all Americans during a public health emergency. Within the HHS, there are many branches dedicated to the prevention and control of disease such as the Centers for Disease Control and Prevention (CDC). The only division that focuses on providing everyone with the rights they deserve is the Office for Civil Rights (OCR). They help protect our citizens from discrimination in certain health care programs and they enforce the Privacy and Security Rules to protect the privacy of an individual's health information. They will also respond to complaints filed relating to civil rights violations. While the OCR is a great resource, it isn't powerful enough to ensure that every citizen's rights are protected. In the event of a public health emergency, the lack of protection of human rights will only get worse.

The CDC controls our emergency preparedness and response plans in the event of bioterrorism, a pandemic, or another great emergency. There is no definite way to tell whether the United States could deal with, say, a pandemic, but there is hope that we could be successful. The CDC has the means to handle the effects of smaller emergencies. If it distributes its resources correctly then it can deal with the increasing concern of a larger health emergency. There is also hope that we can overcome the current health inequality issues. With the implementation of Obamacare, the U.S. is looking forward to a more equal and protected country. The goal of the recently implemented Patient Protection and Affordable Care Act is to increase access to health coverage, insure 32 million additional people, and prevent coverage from being refused because of medical

history. Obamacare will inevitably fix the current unfair health system and will protect the human rights of our citizens. If we are faced with a public health emergency, at least with the passage of Obamacare, human rights will be better protected in that health services will be provided on a more equal playing field.

Within the CDC, there are smaller agencies that focus on response in a public health emergency. The Strategic National Stockpile (SNS) is in charge of depositing essential medical supplies to states and local public health agencies as soon as possible. If the SNS happens to run out of resources, the Emergency Management Assistance Compact (EMAC) allows resources to be shared between states. Even with this backup plan, there are still chances that there will be a scarcity of resources. If there is, the human rights of all Americans are put in jeopardy.

In the event of a public health emergency, personnel will begin to be distributed on a local level. The *Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors* is a guide for the health professionals who are responsible for distributing personnel during the first 24 hours of a health emergency. After the local response, there is a regional response, then a state response, a federal response and finally non-government responders. Between all of the responders, hopefully we would be able to get through any emergency we face.

The Department of Defense (DOD) is in charge of imposing Martial Law if it is necessary. If an outbreak of a disease were uncontrollable, it would be easier for our government to handle it if we had complete control over the population. If Martial Law were to be imposed on U.S. citizens, their human rights would virtually disappear, as they would no longer be protected under the Constitution. It has only been implemented twice before: once during the Civil War and again during WWII. Since it is so extreme, it is unlikely that it will be enforced in the future, but it is still a plausible plan. Is it justifiable to violate human rights for better health? The line needs to be drawn somewhere, but citizens should *never* have to give up their human rights.

The United States is on the right track towards protecting everyone's human rights in relation to health, but if our country is ever faced with a public health emergency, that progress will be in jeopardy. There must be a more efficient and specific plan for dealing with an emergency that doesn't involve the government's strict control over the population. There must be a better way of protecting our citizen's human rights.

Committee on Medicine and Science—Ben Shipley

Of the organizations dedicated towards monitoring the health of population of our country, the most well known and the one that receives the most funding at 2.1 billion is the CDC. However, the CDC itself has many sub-divisions, each dedicated to a more specific task.

The first is an outfit known as the Global Disease Detection Program. Its job is to develop and strengthen the capacity to identify and contain infectious disease threats from around the world. Its main activities include rapid outbreak response, creation of surveillance systems, pathogen discovery, and training and networking. Bases are in China, Egypt, Guatemala, India, Kazakhstan, Kenya, Thailand, and South Africa. CDC's eight Global Disease Detection regional centers help strengthen public health systems and improve the infrastructure in host countries to identify and control emerging

infectious diseases rapidly at the source. The Global Disease Detection Operations Center, an epidemic intelligence and response unit in Atlanta, is often the first to alert partners to the potential for a disease or adverse health event. In addition, its Technical Support Corps, based at CDC headquarters in Atlanta, provide support to the GDD Centers as needed in the field 24 hours a day. Finally, CDC is designed as a WHO Collaborating Center for National Surveillance and Response Capacity. In this role, the United States helps implement the revised International Health Regulations, helping countries develop programs to detect and control diseases.

The Global Health Security Branch (GHSB) at CDC is the agency's lead engagement office for partnerships with other U.S. government entities, multilateral institutes, and international organizations in aiding countries to achieve global health security. GHSB collaborates with the U.S. Department of State (DoS) and the U.S. Department of Defense (DoD) on global health diplomacy and biosecurity issues. It also implements CDC's strategy for Global All-Hazard Emergency Preparedness and Response and addresses concerns with international terrorism and emergency preparedness and response.

The Office of International Health Affairs (OES/IHB) is the State Department's general health office. IHB works with agencies throughout the U.S. Government to facilitate policymaking regarding environmental health, infectious diseases (e.g., SARS, Avian Influenza, Polio), health in post-conflict situations, surveillance and response, and health security. IHB promotes effective strategies for global health by encouraging strong political leadership on health policy. The office works with other government agencies to represent our position on health matters in international forums and assists our diplomatic posts in our health-related activities with foreign governments.

The 2005 National Strategy for Pandemic Influenza outlines how the nation is to deal with an outbreak should it occur. Goals include vaccine production for 20 million immediately after outbreak, and for the rest of the U.S population after six months maximum. The international effort to contain and mitigate the effects of an outbreak of pandemic influenza beyond our borders is a central component of our strategy to stop, slow, or limit the spread of infection to the United States. Identifying the strain/pathology of a pathogen is top priority, and thus the sharing of information between countries is extremely important. The role of the medical community is to control the situation as quickly as possible, providing medical support to any communities that need it, while simultaneously advising state and local governments on methods of infection control.

Committee on Security—Tommy Kilmer

The Department of Health and Human Services (HSS) is largely responsible for ensuring security as it relates to health within our country. This department deals with issues such as the provision of health care, as well as the issue of disease prevention. In terms of security, the Department of Health and Human Services has several branches dedicated to the prevention and control of national health emergencies, such as the CDC (The Centers for Disease Control and Prevention). The HSS is also responsible for drafting and carrying out plans to better prepare the United States for a health emergency. One such plan is the National Health Security Strategy (NHSS). According to the government website on public health emergency, the National Health Security Strategy,

"is the first comprehensive strategy focused on the Nation's goal of protecting people's health in the case of a large-scale incident that puts health and well-being at risk". The NHSS defines and describes a vision of national health security. The goals of the NHSS are to build community resilience and strengthen and sustain health and emergency response systems. The NHSS also lays out 10 "strategic objectives," as sub-goals, each of which should be completed in an attempt to achieve the two overarching goals previously set forth. These 10 objectives include goals involving better health education for the population, increased infrastructure and organization as it relates to emergency health response, increased cooperation on a global scale, the development of better strategies in dealing with health security issues, and adequate surveillance of the current health situation in order to prepare for, or avoid, if possible, a pandemic.

The issue of health security is imperative because if we lack an effective response when a major health emergency occurs, and we inevitably will, our entire country could be thrown into chaos and disarray. If allowed to run rampant, an epidemic could wipe out a significant portion of U.S. population within a relatively short time. A serious outbreak could bring our economic production to a halt as workers flee from densely populated areas. Furthermore, if a country as large as the United States falls prey to a virulent strain, this particular bacteria or virus would infect a huge population, which in turn would very likely infect people in other countries. In such a global world, the United States as a key player in this world has a responsibility to keep its people healthy for its own sake, and for the sake of the health of other countries.

In considering health security, we must be aware of the health of other countries. The globalized and tightly connected world ensures that a disease in Europe can easily catch a flight to America. The globalization of the world also means that the economies of countries are intricately related. The economy in Europe has an effect on the economy in America, and so if some outbreak were to occur in Europe, even if the United States could guarantee the safety of its own citizens in terms of infection, it would still suffer due to the damage the outbreak would cause to Europe's economy.

Currently, there do exist some measures in place for international security cooperation, such as the WHO and the UN, but it is doubtful that these organizations will be able to effectively act in an emergency response situation. These organizations might be able to put some measures of prevention in place, but generally speaking, the WHO is slow moving due to its huge size. Forming and carrying out a plan takes a lot of time when many countries are involved in the decision. This lack of effective international cooperation and response to immediate and urgent situations is probably the weakest aspect of global health security, which in turn affects the health security of our country.

Martial law and disease outbreak are connected in that in times of intense emergency, the government may need to control the population in strict ways. The government will be able to counter a rapidly spreading disease better if it has more complete control over its population as a whole. Martial law, however, is controversial in that it allows our government to violate civil and human rights. We must consider our priorities: is the violation of rights justified in the name of increased health? At what point (if ever) do we maintain our rights and sacrifice our health? This issue has come up before as it relates to national security in general, in the form of a debate over personal privacy. Our government would be able to more effectively combat terrorism if it could tap calls and hack civilian computers, but are we willing to sacrifice these rights of

privacy for increased national security? The lack of clarity in this issue is also a weakness in the health measures the U.S. has in place. There need to be set rules in place lest the government uses a health security emergency to justify acts that defy human rights.

We have considered the possibility of a national health security threat, and have measures in place to prevent, and respond to such an occurrence. Whether or not these measures are adequate can only be known when a health emergency occurs. This lack of precedent poses a problem, but it is one that has no real solution. Major points of weakness can also be found in the lack of effective international response to a crisis, and in the possibility of human rights being violated during a national health emergency in an attempt to deal with the emergency as efficiently as possible.

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The Federal Government of our country has a very well thought out, highly refined plan to deal with any sort of major security disruption. The first step in creating this cocoon, however, was allocating billions of dollars to national organizations such as FEMA (which deals with disaster relief) and committees that create these massive, country-wide plans such as the NRP (The National Response Plan). This particular plan provides sector-specific instructions for how to deal with pretty much any major security disruption and allows for the easy transfer of these steps to the organization established to relieve and secure the affected sector. For instance, if the stock market in NYC were to be threatened with a bomb or put offline by the detonation of a bomb, the NRP comes into affect and taps the proper committees and organizations that will deal in the continuity and sustainability of the U.S. economy. If there were a pandemic, there are multiple organizations with deep pockets for research and even deeper pockets for emergencies—both funded by Congress—that are positioned to have the necessary funds and brainpower to deal with most major pandemics. Regardless of the security disruption, the Department of Homeland Security has been tapped to assess, track and deal with the preventative and active sides of a response. As for protecting water—perhaps singlehandedly the most important commodity during a major breach of security—our government has established multiple water screening stations wherein regular tests are done to insure the safety of the water being provided to citizens. Additionally, highly technological advancements and processes such as the utilization of reverse osmosis and advanced chemical treating help to further insure that U.S. water supplies will remain intact and clean. As for the other crucial commodity—oil—our government has stockpiled enough fuel to ensure the current level of consumption by citizens, governmental activities and the military's operations for at least two years. The number is greater than two years, however, because in a time of crisis, the government has expected the level of citizen consumption to dramatically decrease.

E. Five issues the United States wants addressed at the conference:

- **Medicine and Science:** The United States may not receive critical information about emerging diseases from developing countries. Consequently, despite the implementation of various surveillance programs, our medical community might be unprepared for health emergencies.

- **Security:** The United States is not as involved in international cooperation as it could be—consequently we may not be able to act globally if a health emergency were to occur.

- **Resources and Economics:** Even though the United States has stockpiled myriad resources, we might run out of essential supplies in the event of a health emergency.

- **Law:** The United States has not recently modified some of its laws. Consequently, some of our laws may be seen as outdated and unclear; they may not reflect all new diseases, may possibly violate human rights, and might be passed on an "as-needed" basis (which may result in confusion on which government—whether federal, state, or local—has absolute authority).

- **Human Rights and Ethics:** As cogently delineated in possible U.S. acceptance of martial law, we may not be able to protect all human rights in the event of a public health emergency.

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