Victoria Sutton, “It will be too late for Congress to act after bioterrorism attack is launched,” op-ed, Lubbock Avalanche Journal (Saturday, Sept. 22, 2001):

The tragic and horrific terrorist attack against the United States on Sept. 11 has left most of America in shock and disbelief that it could have happened. Our trust in our intelligence services — the FBI, domestically, and the CIA, internationally — has given us an earned sense of security in the past. Terrorist cells were identified and stopped during Desert Storm, and many potential terrorist attacks against the United States were aborted, and lacking any information, the public developed an unwarranted sense of security.

The seriousness of this attack is more profound than the effect it will have on our way of life on air transportation or on our sense of safety in New York City or the Nation’s Capital area.

It forebodes a kind of terrorism which we have never experienced in America.

Our understanding of mass disaster, debris removal, emergency medical response, and burn and crush victim medical knowledge has been developed and shaped over the decades.

Even the response to the World Trade Center disaster draws upon the experience gained following the bombing in the World Trade Center in 1993; in particular for New York City’s Emergency Services and St. Vincent’s Hospital.

Our national response teams were also well-experienced following natural disasters and practiced with mass emergencies calling for temporary triage units and rapid response.

What does not bode well for our future in America is the threat of bioterrorism and the potential for mass destruction with no political, legal, scientific or coordinated national medical response structure much less a practiced response yet in place.

What works well with disasters like those involving the World Trade Center and the Pentagon has little relevance to a bioterrorism event.

Our ability to respond differs greatly from that following the World Trade Center disaster simply in that we may not know when we have been attacked. The release of a biological agent may not become evident for a week or more, and the silence of the attack will belie its deadly consequences. The response, too, must be different. Instead of a contained disaster within a given locality, the evacuation area will be vague and arbitrary because of the uncertainty of exposure to the biological agent.

For example, had a biological agent been released in New York City at the World Trade Center at ground level or at the 100th floor, the exposure would potentially extend to anyone who walked by in the preceding hour, with subsequent movement onto the subway system and into the suburbs, and onto aircraft and trains to all parts of the nation.

Our medical response teams would be faced with questions of quarantine and rapid identification of biological agents present in human tissues. The likelihood of genetically engineered organisms, with no existing vaccine, greatly exacerbates the danger. But this is just the beginning of the emergency,
according to the mandate of the U.S. Constitution; the time at which a biological event becomes an emergency is much too late in the context of a biological event. It is during times of peace that the federal government must be involved in monitoring and tracking the existence of biological agents; but in issues of public health, the U.S. Constitution clearly reserves those powers to the states, and they are not within the powers of the federal government.

This leaves a disjointed, uncoordinated assemblage of state jurisdictions recognizing geographic boundaries which biological agents certainly will not. Furthermore, in the disaster scenario, medical personnel will be unable to quarantine groups of people exposed, or believed to have been exposed, to biological agents, because our civil rights protections ensure that each person will have a separate hearing before they can be confined in quarantine against their will.

It is however, within the power of the U.S. Congress to respond to these legal impediments by developing a system of surveillance and protection from the threat of biological agents in accordance with U.S. constitutional protections for state sovereignty and individual freedoms.

Unfortunately, the U.S. Congress tends to respond only to disasters — Superfund legislation was the result of the Love Canal disaster; the Emergency Planning and Community Right to Know Act was the result of the Bhopal, India, disaster.

I can only hope that if anything good can come from the September 11 tragedy it will be a call to action on the part of the U.S. Congress to exert leadership in establishing and funding national coordinated medical response systems needed. We need a legal system that can return a sense of security and safety to the American people and that recognized fully that America is in war with international terrorism.