



Pandemic Disease Is a Threat to National Security

Washington Should Treat It Like One

By **Lisa Monaco**
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Trump briefs the press on the coronavirus outbreak at the White House, February 2020
C.S. Muncy/Redux

On January 13, 2017, national security officials assembled in the White House to chart a response to a global pandemic. A new virus was spreading with alarming speed, causing global transportation stoppages, supply-chain disruptions, and

plunging stock prices. With a vaccine many months away, U.S. health-care infrastructure was severely strained.

No, I didn't get that date wrong. This happened: it was part of a transition exercise that outgoing officials from the administration of President Barack Obama convened for the benefit of the incoming team of President Donald Trump. As Homeland Security and Counterterrorism Adviser to President Obama, I led the exercise, in which my colleagues and I sat side by side with the incoming national security team to discuss the most pressing homeland security concerns they would face. Obama and Vice President Joseph Biden made ensuring a professional transition a top priority, so we followed the excellent example of our predecessors, who held a similar exercise in 2009. After 9/11, congressional legislation mandated such efforts in order to safeguard the country's security through presidential transitions.

During the exercise, we put together plausible scenarios and offered lessons learned. Although the exercise was required, the specific scenarios we chose were not. We included a pandemic scenario because I believed then, and I have warned since, that emerging infectious disease was likely to pose one of the gravest risks for the new administration.

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As the United States now grapples with the 2019 novel coronavirus (COVID-19) epidemic, the time is long past to make pandemic disease a national security priority commensurate with the threat it poses to global security and stability. The United States should organize its government to reflect this understanding and build its capacity to deal with new outbreaks—not if, but when, they occur.

A NATIONAL SECURITY ISSUE

There is ample reason to treat pandemic disease as a national security priority. In its annual worldwide threat assessment, the U.S. intelligence community ranked vulnerability to a large-scale outbreak of contagious disease among the top threats facing the country.

Since COVID-19 emerged in China, nearly 3,000 people have died and close to 90,000 have been infected (likely an undercount) across dozens of countries, with community transmission now reported in multiple locations in the United States. Already, the United States has felt a wide impact—through job cuts, the disruption of global transportation and supply chains, a decline in corporate earnings, and last week’s record-setting plunge in the stock market.

Some will recoil at applying the national security label to yet another issue and will object to “securitizing” public health. Such concerns are fair. An appropriate strategy should be tailored to the multifaceted nature of the threat pandemics pose and should include diplomacy and foreign aid along with public health preparedness.

Above all, making pandemic disease a national security issue means getting organized. The government’s halting response to COVID-19 is the foreseeable result of neglect. The White House is on its third attempt to define a structure for the U.S. response. First, the president announced a coronavirus task force. Then, amid the global spread of the disease and plummeting stock markets, he designated Vice President Mike Pence to lead the U.S. effort. Less than 24 hours later, the administration announced a different White House coronavirus coordinator. Assigning high-level responsibility and accountability is critical. But the administration is wasting precious time shifting titles around and reinventing the wheel.

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The Obama administration took valuable lessons from the Ebola crisis in West Africa in 2014. One was that the National Security Council, which for decades has been the focal point for national security crisis response and decision-making, should include a dedicated

group of experts on pandemic disease. To that end, we established a global health security and biodefense directorate, headed by a career expert. But that unit was dismantled in 2018, and its well-regarded leader was reassigned.

Moreover, for the first time since 9/11, the White House lacks a Homeland Security Adviser empowered to oversee its response to the top transnational threats of terrorism, cyberwarfare, and pandemic disease. The government needs to restore permanent leadership within the White House and build a dedicated staff of experts who can plan and prepare for crises like the one now confronting the country.

THE LONG HAUL

As it responds to COVID-19, the U.S. government must take immediate action to remedy some preventable problems. In an outbreak, the first priority should be to test, isolate, and treat patients. With such needs in mind, in 2014, the Obama administration established a network of Ebola and other special pathogen hospitals equipped to provide the highest standard of care and safety to patients with highly infectious diseases. But funding for the network is set to expire in May and would in any case cover only some of the most advanced hospitals. Many of the facilities that screen, test, and provide initial treatment for infectious diseases are not included in this funding. The government should be strengthening the network and further providing frontline facilities and responders the clarity and protection they deserve.

There is a great deal that is still unknown about today's threat, and that lack of knowledge can limit the government's response. The United States has conducted only a fraction of the number of diagnostic tests for the coronavirus that other countries have run, which means that the reported number of infections may not be reliable. The true scope of the problem will be known only after working test kits are rapidly developed and distributed and clear and consistent guidance is given to those deploying them.

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These problems can and must be addressed in the coming weeks. But the United States needs to think both locally and globally if it is to be prepared for pandemic disease over the long haul. In the wake of 9/11, the federal government established state and local grant funding to prepare law enforcement officers, firefighters, and other first responders across the country to deal with new threats. Public health workers at the state and local levels are on the frontline of the pandemic threat and are first responders, too; the federal government should treat them that way by funding and reinforcing a sustained program of state and local pandemic preparedness.

Ultimately, the best way to protect the United States is to stop outbreaks at their source, and that is where the global response comes in. Skyrocketing population growth, mass migration, and urbanization make the whole world vulnerable to rapidly transmitted, deadly diseases. In 2014, nearly 70 countries together with international organizations and private-sector companies formed the Global Health Security Agenda with the aim of preventing and mitigating disease around the world. [A bipartisan study](#) has called for fully funding the GHSA and for long-term planning and investments to stave off health crises before they reach American shores, in part by incentivizing countries to invest in their own health-care systems through a new international fund for that purpose. Rather than responding to each pandemic as if it were a black swan event, the United States should prepare for a threat that will be with us for as long as there are organisms on the planet.

SCIENCE NOT SPIN

The first casualty in a crisis is reason. Mixed messages and confusion fuel panic. The American public needs facts from experts whose agenda is science, not spin. Public health experts must be able to speak their minds—unmuzzled—to offer the community valuable information about how to stay safe. If the American people lose confidence in the veracity of their government during a public health crisis, the damage will extend beyond any news cycle. It can cost lives.

The time has not come to panic. But it is well past time to prepare—and, to borrow a medical metaphor, to make preparedness and response to pandemic disease part of our national security DNA. 

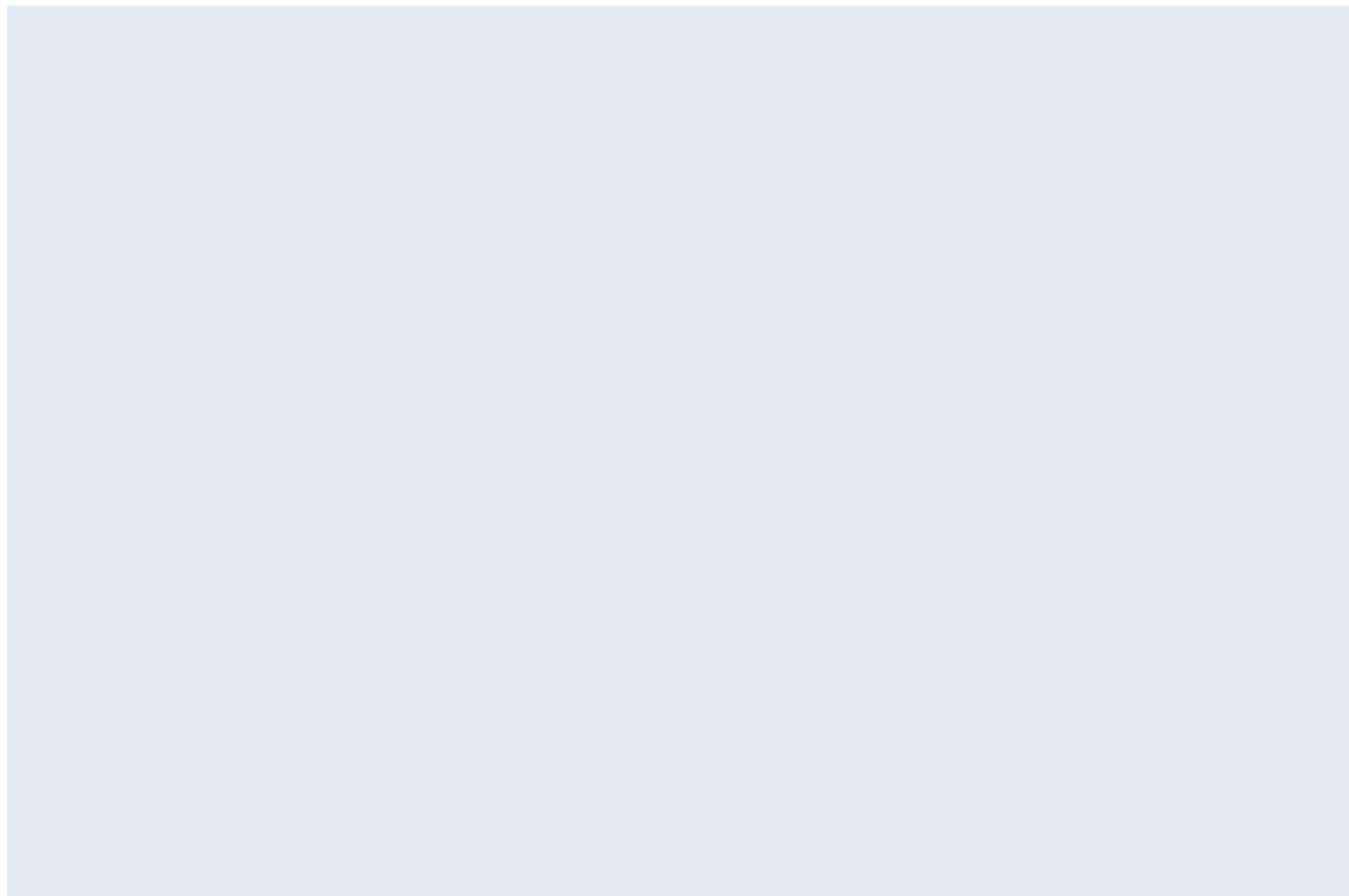
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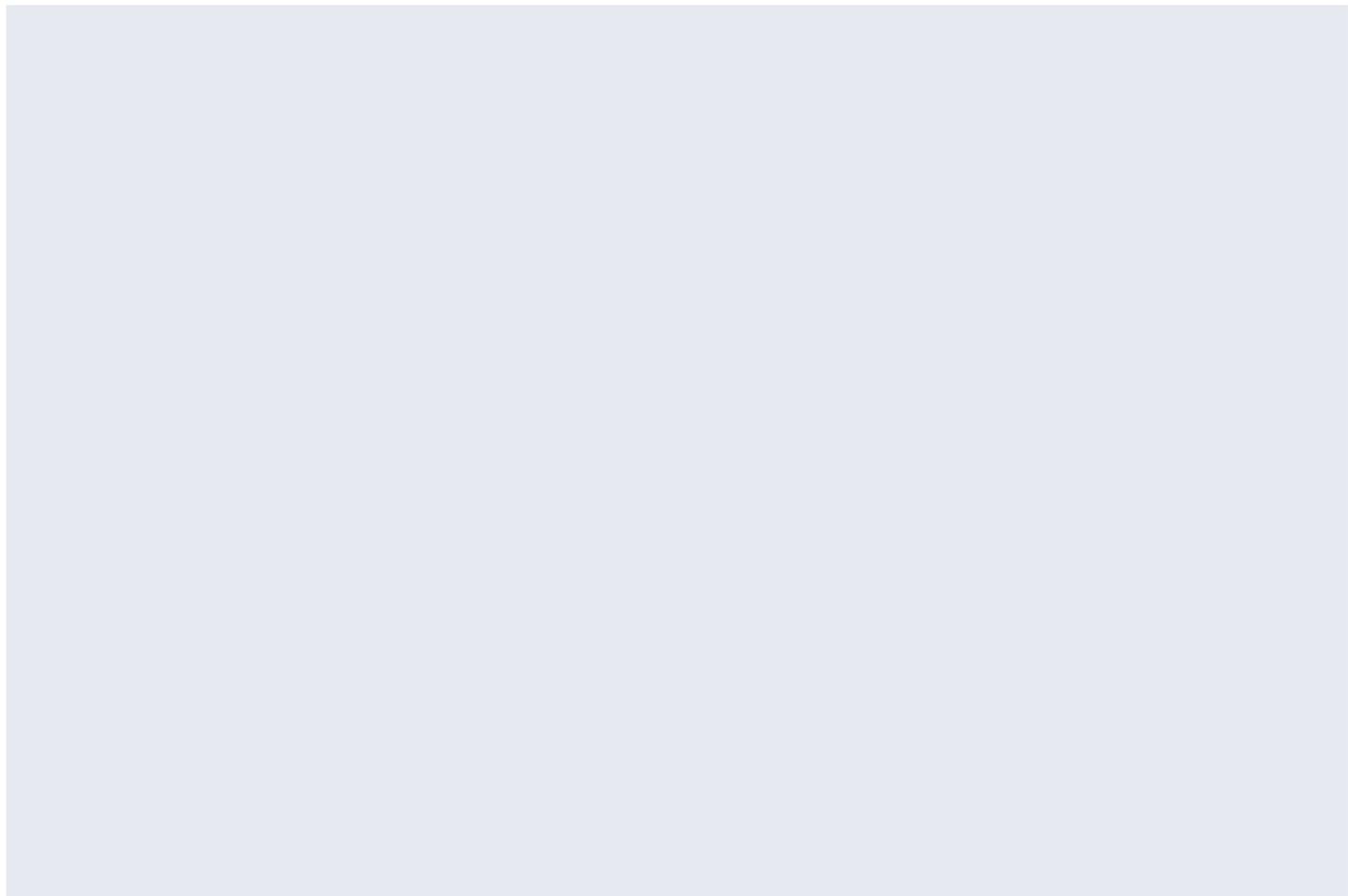


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