Review of L.H. Kahn’s *Who's In Charge? Leadership during Epidemics, Bioterror Attacks, and Other Public Health Crises*

Arnauld Nicogossian, *George Mason University*

**Author Notes:** Reviewed by Arnauld Nicogossian, MD, FACPM, FACP, Distinguished Research Professor Director Center for the Study of International Medical Policies and Practices School of Public Policy, George Mason University, 4400 University Drive, MS 3C6, Fairfax, VA, 22032. Office (703) 993 8217, Cell (703) 728 7277, Fax (703) 993 2284, http://policy-csimpp.gmu.edu.

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**Who's In Charge? Leadership during Epidemics, Bioterror Attacks, and Other Public Health Crises**
236 pages, List Price: $49.95 (UK Sterling Price: £34.95)

This is an interesting, timely, and well-written book by a scholar from the Program on Science and Global Security at the Woodrow Wilson School of Public and International Affairs, Princeton University. The author is a physician with degrees in nursing and public health, with extensive experience in health policy, biodefense, and crisis management. Her exceptional career spans the private sector, federal and state government, and academia. Thus, the author is well qualified to address and analyze the leadership attributes for successfully handling public health crises.

This excellent book starts with an acknowledgment section listing an impressive number of experts and preeminent public health leaders who either reviewed or contributed information and advice in the preparation of this book. This is followed by 10 well-written, concise, and interconnected chapters leading to the conclusion of what constitutes leadership in the time of crisis. The core of the book details public health and political leadership response and management of five diseases that challenged the healthcare systems in four different countries: the anthrax attack of 2001, severe acute respiratory syndrome (SARS), bovine spongiform encephalopathy (BSE), foot-and-mouth cattle disease, and avian and swine influenza.

Chapter 1 is devoted to leadership qualities. The author accomplishes this task in eight well-summarized and comprehensible pages. This chapter sets the stage for the remainder of the book, which is well laid out and delightful to read. The author describes the historical events and accomplishments leading to the current structure of the public health system, and then proceeds with congenial discussions of bioterrorism, biological weapons of mass destruction, and the links between human and animal health. Interviews and news media accounts of management and communications during major public health crises are presented to highlight both successful and suboptimal responses. Throughout the book the author does not lose sight of the set goal to describe what constitutes preparedness, response, and leadership. In this process the author discusses and interprets the many laws resulting from the emergencies presented in the book.

Reading this book, I anticipated more in depth discussion of the major U.S. legislation passed in the aftermath of SARS and the 2001 anthrax attacks, directed at defining accountability and public health leadership for preparedness and response to disasters.
This landmark legislation was passed by the U.S. Congress and signed into law by the U.S. President in December 2006. The legislation entitled the Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417, has far-reaching implications for U.S. preparedness and response to public health challenges. As written, the Act authorizes new programs for planning, surveillance, and response, the creation of a new authority for the advanced development and acquisition of medical countermeasures, and calls for the establishment of a quadrennial National Health Security Strategy. The Secretary of the U.S. Department of Health and Human Services (HHS) is directed to establish the position and Office of the Assistant Secretary for Preparedness and Response (ASPR) to coordinate all interagency activities and serve as the HHS Secretary’s principal advisor on bioterrorism and other public health emergencies. Thus, the responsibility for the implementation of the Act and the complex national coordinating role squarely rests with the Secretary of the HHS. That might be a defining answer to the author’s question “Who is in charge in the U.S. during medical crises?” But even this clear grant of power may not be comprehensive enough for the distributed and shared system of medical and health responsibility in the U.S. Too many departments and agencies in the U.S. and globally have a piece of the action in times of public health emergencies. This can make the coordination complex, at times confusing, and has the potential to drain time and resources, especially in case of rapidly evolving crises. The PAHPA legislation should be discussed and assessed in future editions of this otherwise well-written book.

On September 24, 2009, at the request of the APR, the U.S. Institute of Medicine (IOM, National Academies) produced a consensus letter report entitled “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations.” This report detailed the steps to be taken by the federal and state governments and healthcare providers to effectively respond to emerging medical threats and on how to handle scarce medical resources. HHS did acknowledge this report and its findings, which was also the subject of a recent Congressional hearing. Hopefully, in the succeeding phases of its preparedness planning and assessments, the IOM will consider the materials presented in this book as a useful source of reference.

In conclusion, this publication has all the prerequisites for becoming a useful textbook, containing important information and analyses for students and teachers interested in health policy. Officials in charge of protecting our health and communicating with the public in times of health crisis would also benefit from the case studies and historical events presented by the author.