Responding to bioterrorism

Pandora's box has been opened. At the time of writing this Editorial in early November, a magazine editor in Florida, two postal workers in the mail office of Congress and a hospital worker in New York have died of pulmonary anthrax. Thirteen more, including a 7-month-old baby, have been infected with anthrax spores sent via anonymous letters.

Distributing anthrax through the mail is not an effective way of creating an epidemic. But those who are responsible for this abominable attack have succeeded in another goal—creating panic in the US and beyond. Gas masks in New York City have sold out. Desperate citizens in the US have hoarded so much Cipro—the only antibiotic approved by the US Food and Drug Administration to treat anthrax—that many pharmacies and medical institutions have exhausted their supplies. Furthermore, hoax letters are confronting public health institutions and infrastructures around the world with perceived terrorist attacks. And this is 'only' due to anthrax spores sent by mail. What would happen if terrorists released plague, ebola or smallpox in the subway of New York or Washington during the rush hour? This scenario is too frightening to even consider.

Whoever is responsible for these biological attacks on civilians must be stopped. But following on the heels of the attack on the World Trade Center, the threat of anthrax teaches us yet another lesson about the vulnerability of free societies. If terrorists armed with knives can easily overwhelm a plane and use it as a suicide weapon, the logical consequence is to step up airport security. But it is questionable whether increased security could prevent a major epidemic caused by a biological weapon released through the mail or during a metro ride. In her book *Betrayal of Trust—The Decline of Global Public Health*, New York Times reporter Laurie Garrett provides an answer to this problem. 'If anthrax were released in Grand Central Station one morning, who would be the first in New York City to

realise such a dastardly act had been committed? [...] It would be members of the public health infrastructure, alerted by hospital reports of unusual illnesses cropping up from Brooklyn to the Bronx', she writes. Clearly, the best answer to the spectre of bioterrorism is not only increased security, but moreover, creating infrastructures that can deal with such attacks.

And there are obvious weaknesses in the public health system that need to be fixed. One of the postal workers in Washington, DC, who died of anthrax was originally sent home from hospital with a diagnosis of flu. In New York, the cutaneous anthrax in the infant was initially treated as a spider bite. The tests carried out by medical laboratories produced mixed results. And the US Centers for Disease Control (CDC) and Prevention in Atlanta, GA, have been criticised for not supplying enough information on anthrax and other bioweapons. Indeed, in October, the US government conceded that its initial response to the anthrax letters had been too slow.

As signs of strain have been revealed in the US public health system, even in light of the relatively small-scale anthrax attacks, it is clear that all governments must invest more into public health. Doctors in hospitals and private practices need to be taught how to recognise an infection with a biological weapon, how to treat it, and equally importantly, how to protect themselves. Indeed, laboratories in Florida were quick to confirm anthrax, due, in part, to the fact that laboratory chiefs had just returned from special bioterrorism training from the CDC. Furthermore, hospitals must be prepared to meet such a challenge, and the US government has already announced that it will accumulate stocks of Cipro and vaccines against anthrax and smallpox. But on another front, public institutions must also educate the public about the potential threats of, and therapies against,

bioweapons, because only better knowledge will eventually prevent mass panic.

The fight against bioterrorism should not stop at the borders of the US. All countries must co-operate to prevent the production and spread of biological weapons. In this context, it is very disappointing that, on July 25, the US government abandoned discussions designed to give more power to the Convention on Biological Weapons because it feared inspections of US military installations and biotech companies. This decision has even dismayed Britain, America's closest ally and a strong supporter of the Convention.

This is ironic because international treaties, such as the UN Convention on the Prevention and Control of Weapons of Mass Destruction, the Antiballistic Missile Treaty and the Comprehensive Test Ban, were not created to impede US military, economy or foreign policy. They are there to keep weapons of mass destruction out of terrorists' hands. If President Bush is really serious about forming an international alliance against terrorism, it would send a clear message if he rejoins the discussions. This will be seen in December—new talks are scheduled to take place in November in Geneva and it is to be hoped that the US will take a different stance this time.

Bioterrorism is so frightening because the weapons used—anthrax, plague, smallpox and ebola—evoke fears far beyond the actual threat. It is not a good strategy to give in to fear and to impose draconian safety measures or hoard gas masks and antibiotics and distrust every letter in the mail. If we do, we will surrender the very freedoms that characterise our democratic societies. Then the terrorists will have achieved their goals.

Holger Breithaupt

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