LETTERS TO THE EDITOR

Internists, Epidemics, Outbreaks, and Bioterrorist Attacks

To the editor:—Lee's otherwise comprehensive review of the role of Internists during epidemics, outbreaks, and bioterror attacks¹ neglects to mention their role in preventing such events. Internists can minimize the effects of epidemics and outbreaks by vaccinating their patients according to Centers for Disease Control and Prevention (CDC) recommendations, especially those who are immunosuppressed. Educating all staff members regarding universal precautions and how to respond to potential events should improve response while decreasing unwarranted fears. Activism for universal health care coverage (including access to a primary care provider), which would decrease the burden on emergency departments during events. Such coverage should include undocumented immigrants, who could represent a reservoir of infection and whose reluctance to visit providers could result in delays in identifying outbreaks. Laws that require health care providers and clinics to check the citizenship of patients should be vigorously opposed, and undocumented immigrants assured that their status will not be reported to governmental authorities, except in the unlikely event that the patient is suspected of being involved in a terrorist plot.

Lee also fails to note how changes in US government policies could decrease the risk of terrorism and the role of physicians in preventing war, terrorist attacks, and major radiation events.

Current administration policies that increase risk of an acute radiation event, both accidental and deliberate, include: Nuclear Posture Review (consideration of first strike nuclear weapons use); withdrawal from the Anti-Ballistic Missile Treaty; failure to ratify the Comprehensive Nuclear Test Ban Treaty; funding the development of "mini-nukes"; spending billions of dollars to support research and development of a so-called Missile Defense Shield, despite opposition from most reputable scientists and spectacular failures in highly structured tests; developing facilities to extract plutonium to create a new generation of nuclear weapons; and providing India with reactor technology that can be used to make nuclear weapons, in violation of the Nuclear Non-Proliferation Treaty. All of these policies risk another nuclear arms race and send a message to foreign governments that they might consider developing and producing nuclear weapons.

The US possesses the world's largest stockpile of nuclear weapons, enough to destroy civilization many times over. We have spent little to upgrade and protect our aged, accident-prone nuclear power plants, and have failed to develop an environmentally sustainable, fiscally responsible energy policy. We plan to bury 100,000 tons of high-level nuclear waste on Native American land at Yucca Mountain, near an earthquake fault and major aquifer. Much of the transported waste will

travel through major population centers, risking an accident or terrorist attack. Furthermore, we have allocated inadequate sums for disposal and safekeeping of nuclear weapons in former Soviet block countries and for halting nuclear materials trafficking.

Prevention of terrorist attacks and radiation accidents should include efforts to reverse current US policies, as well as enhance medical education regarding: (1) the political, cultural, economic, and religious contributors to environmental destruction, war, and human suffering;^{2,3} factors that lead to disenfranchisement, discontent, desperation, and the kind of hopelessness that impels terrorists to consider the use of radiation weapons, such as dirty bombs; (2) the horrifying short- and long-term health consequences of nuclear explosions and accidents (South Pacific weapons testing, Hiroshima, Nagasaki, and Chernobyl); (3) the shameful involvement of physicians in the development, dissemination, and use of weapons of mass destruction (e.g., Nazi and Japanese scientists who conducted biological weapons "experiments" in World War II) and human rights abuses (e.g., Serbia's Radovan Karadzic and Al Qaeda's Ayman Al-Zawahri); (4) how medical students and physicians can create peace and justice in the world; and (5) medical organizations working for peace and justice (e.g., Physicians for Social Responsibility and Physicians for Human Rights). Regrettably, these subjects are almost entirely absent from medical school and residency curricula.^{4,5}

Martin Donohoe, MD, FACP; *Portland State University, 3718 Rivers Edge Drive, Lake Oswego, OR 97034, USA (email: martin.donohoe@verizon.net).*

REFERENCES

1. **Lee BY.** The role of Internists during epidemics, outbreaks, and bioterrorist attacks. *J Gen Intern Med* 2007;22:131–6.
2. **Donohoe MT.** Causes and health consequences of environmental degradation and social injustice. *Soc Sci Med* 2003;56(3):573–87.
3. **Donohoe MT.** Individual and societal forms of violence against women in the United States and the developing world: an overview. *Curr Womens Health Rep* 2002;2(5):313–319.
4. **Donohoe MT.** Bioterrorism curricula too limited. *Acad Med* 2004. (Apr 14). Available at <http://www.academicmedicine.org/cgi/eletters/79/4/366>. Accessed 4/15/04.
5. **Donohoe M.** Prevention of the acute radiation syndrome and medical education. *Ann Intern Med* 2004. (July 6). Available at <http://www.annals.org/cgi/eletters/140/12/1037#180>. Accessed 7/07/04.

© 2007 Society of General Internal Medicine 2007;22:1380
DOI: 10.1007/s11606-007-0212-6
Published online April 25, 2007