

Preparing the Fight Against Domestic Bioterrorism: A health Professional's Response to the Terrorist Threat

Doctor Charles WILLIAMS and Mr. David HARVILLE:
Preparedness Architects.



Dr. Charles B Williams, MD, one of the two Preparedness Architects presenting at the meeting, has a long experience in the field of bioterrorism. Not only did he direct the exclusive tactical medical unit to provide initial response to the bombing of the Alfred P Murrah Building in Oklahoma in April 1995, he has also been involved in emergency medicine and assessing, teaching and handling consequences of domestic terrorism

Mr. David Harville, on the other hand, has served in the US Army Infantry and Police Corps and has been involved in various matters to include infantry tactics and anti/counter terrorism operations, including biological and nuclear defense. He is well experienced as trainer and consultant in all the aspects around urban terrorism.

Dr. Williams and Mr. Harville have created an extensive program addressing preparedness initiatives in the event of urban terrorism and bioterrorism, that will have impact on the US as a whole. They are able to anticipate the evolution of preparedness initiatives based on historical data and current trends in terrorism as they pertain to the healthcare provider and traditional first responders.

Learning from the Past, Preparing for Tomorrow

Their presentation discussed response initiatives of domestic terrorism from the past, present and future, focusing on proactive measures in terrorism.

Amongst the keypoints that they highlighted following the anthrax scare, the most important referred to primary lessons that emerged for physicians, namely:

1. Assess the threat and identify vulnerability
2. Plan and train aggressively
3. Share sensitive information
4. Do not assume that the case/event is isolated

Vulnerability

An important fact that the two architects underlined, is that it is pivotal to realize that the US is not only vulnerable on home soil for attacks from foreign interest (for example the initial and recent WTC attacks), but that the US is also very exposed to onslaughts from within.

The examples that they referred to included one of the very first incidents, in 1994, when a court leader received a poisoned

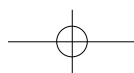
letter, which caused illness in over 700 people. Other cases mentioned the smaller scale incidents such as the attacks involving clinics (abortion issue).

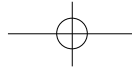
Training and Planning

Terms like "homeward defense", "homeward security", "bioterrorism", "terrorism" are words and concepts that we only talked about as a society prior to September 11. Now they have become awful everyday terms. "It illustrates how the society is moving into a new direction", they said.

Williams and Harville stressed the fact that it is important for Americans, to protect the important resources. That includes water and oil reservoirs, nuclear plants, mass-transportation, etc. It is equally important to see it through the eyes of the enemy defining what the important and vulnerable points might be in their opinion.

"By analyzing the potential areas of attack, we realize how vulnerable we all are in so many possible areas. We just have to sit down and define these weak spots and then prepare to protect ourselves there", they continued. They made the actual point, that this does not only include airports and federal buildings, but that we





DOCTOR CHARLES WILLIAMS, MR DAVID HARVILLE

have to include ourselves as well in being particularly careful and diligent. The two preparedness architects clearly stated that this will demand significant time and consideration, taking into consideration the processes and procedures we currently have available to deal with hazard. That includes how to deal with access of violence, with the protection equipment available and modifying those where necessary to incorporate the threat of weapons of mass destruction, as well as the use of a chemical agent or mechanism intended to induce mass casualties. An exercise run by the federal government, to test the ability of the country to respond to a biological attack showed the significant problems that we would have, dealing with a terrorist attack in the United States. It was able to demonstrate that we have very little capability to actually deal in and in a true operational basis responding to critical actions that were intentionally driven to generate mass casualties.

They said that all this demonstrated that we have to focus on training as many individuals as possible, developing plans, policies or procedures. This is all according our actions given the resources, personnel, equipment and the funds available. "When one identifies and understands this, it becomes clear that one has to do something, devising a process or procedure, with which you can make the population as a whole, operational. Then you are getting to the point of importance", the two experts noted.

Communication and Sharing Information

They said that it is essential that Americans, especially healthcare practitioners, begin to break down the barriers that exist between the various specialties. We should increase the level of communication between all the disciplines. "We simply have to work to-



gether", they underlined strongly. "We have to be pro-active", they warned firmly. "Individual awareness is key". They continued by stressing that these two aspects namely awareness and preparedness, are particularly applicable to the potential first responders in such a catastrophe. This is an evolving process, as the dynamics keep on changing, people move around, and political, social and economical factors change continuously.

Sharing of sensitive information is another crucially important factor in preventing an incident, during an incident, and even in the recovery phase. We must be able to talk to each other. Every incident involves more talk to each other, to the police, to the healthcare providers, even to the civilians, especially in dealing with mass casualty incidents. It is absolutely critical that all people involved can be able to communicate and share information and disseminate all information effectively.

Awareness, Knowledge, Preparedness and Cooperation

According to the two preparedness architects, we all have to have a basic capability to deal with threats and attacks, without relying on the authorities only. This makes the training of bigger numbers of potential first responders so much more valid and necessary. They continued with a very important point: "The training of first responders does not imply their specific area of interest or specialization, but necessitates the understanding of and cooperation

with other disciplines in the community in a joint effort".

Physicians' responsibilities and role of the Community

We should eventually not only spend money and time to educate and train our traditional first responders such as the fire fighters, physicians and other specialty teams, because the majority of the victims come from the general population. "Training of the community is also indispensably necessary," they recommended strongly. That increases the size of the network to create awareness, knowledge and preparedness. It also includes action during an attack. It takes time to achieve these goals. Waiting for the "reaction" rather than "preparedness", wastes time and lives. Now that people are aware and the reality has dawned upon most, we have to avoid stepping back into a level of complacency. We must remain informed and diligent. The medical fraternity has a special responsibility in the community regarding this important issue. The two speakers recommended that we should develop and apply a new perspective regarding this real threat. We should learn from our mistakes and from the lessons that we have been taught over the last months. Williams and Harville referred strongly to the challenge for the Federal Government today not only to concentrate on developments and programs in foreign countries, but to focus also on the internal evolution of hostile programs and people.

In short, physicians have an undeniable responsibility to be amongst the first to be ready to act on short notice as first responders when and where necessary.

Charles Williams, M.D.
et Mr. David Harville

