



Foreword
Bioterrorism



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The end of the Cold War and the perceived geographic protection afforded by two large oceans have engendered complacency among the American citizenry concerning the collective safety of those within our “island” nation. Until recently, the public has been relatively oblivious to the possibility of an imminent terrorist threat. Acts of terror occur somewhere else ... on the other side of the Atlantic or Pacific. There had been no act of war on continental U.S. soil since the War of 1812. Even the explosion at the World Trade Center in 1993 and the wanton destruction of the Murrah Federal Building in 1995 did little to shake that sense of well-being. This sense of protection and security was suddenly, violently, and irrevocably shattered by the multiple terrorist attacks of September 11, 2001 ... “9-1-1” events that have surely raised the public’s sense of apprehension. Since then, the public has become considerably aware that it really *can* happen here.

Subsequent to the September 11th event, the delivery of letters laden with anthrax spores to media and governmental representatives by the U.S. Postal Service led to unprecedented fear and illness and death, considerable expense and significant disruption of our daily lives. These latter events further underscored our vulnerability to terrorist acts and raised public anxiety to unparalleled levels. Before those mailings, the deliberate use of a biological agent as a weapon of terror was considered by many to be so “morally repugnant” and difficult to accomplish as to be a near impossibility.

The recognition that citizens and visitors residing in the continental United States might well be exposed to terrorism, including the employment of *biowarfare*, has abruptly become all-too-real. America has received its

“wake-up call.” Protection from and response to weapons of mass destruction are now the highest of priorities for federal, state and local officials, and emergency planners. Readiness and capability to respond is “topic A” in the media. Communities across the country are engaged in building the expertise, obtaining the resources, and developing the plans necessary to effectively respond.

Fire fighters, police, and emergency medical technicians are considered the traditional first-responders to those abrupt acts of terror caused by fire, explosion, or dispersal of a chemical or radiological agent. The consequences of such events are immediate, readily discerned, and well defined in scope. Not so, however, with the biological weapon. In the event of a deliberate introduction of a biological agent, emergency health care professionals (EHCP) will likely be the “first responders.” The initial effects of such an attack will be delayed, insidious, and difficult to distinguish from a naturally occurring event. EHCPs must therefore be astute enough to identify those patients whose signs and symptoms or whose frequency of occurrence are extraordinary presentations of such an abhorrent event. The EHCP will be confronted with conditions either never taught, or only superficially and briefly addressed in school, and only rarely, if ever are a part of the routine of emergency medical practice. He or she must be able to recognize a possible evolving bioterrorist event, discern the responsible agent, quickly initiate appropriate therapy, and rapidly mobilize resources necessary to contain the incident and manage its myriad consequences.

One cornerstone of preparedness is education and training. This volume of the *Emergency Medicine Clinics of North America* is an exceptional treatise to begin that preparation. It presents the myriad clinical and operational facets of bioterrorism. Use it as a tutorial, reference, and teaching guide. With the unfortunate possibility of another dreadful act of bioterrorism being ever present, this monograph will be invaluable in helping the emergency health care professional appropriately and effectively mitigate its consequences.

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