
Foreword

This valuable collection is designed not just to make you think but to help us act. The committed enemies of Western society—including home-grown ones—have new capacity to strike terror and spread death. To cope with these threats we must respond ethically and build a consensus around appropriate policies and procedures.

I first heard Jonathan Moreno speak about how the threat of bioterrorism is challenging the field of bioethics at a meeting of the Critical Incident Analysis Group at the University of Virginia in April 2002. The group included current and former law enforcement, defense and intelligence officers, medical specialists, and experts in a variety of fields. His discussion of past episodes—the CIA's MKULTRA experiments and the Army's secret LSD tests—evoked memories of how appalled I felt when I first heard of them in the mid-1970s. I was an NBC News correspondent covering congressional investigations of past abuses by intelligence and law enforcement agencies.

To put it in perspective, authorities in decades past were responding to a national emergency, the Cold War and Vietnam, and were trying to protect America. As a Pentagon news correspondent I was shocked by the extent of United States research into chemical and biological weapons; but the rationale—to defend against attack—seemed compelling to those in a position to order such activities. Keeping people in the dark, including those unwittingly participating in research studies, appeared justified in facing an “evil empire.”

Military programs that in peaceful times may seem grossly exaggerated can appear prudent in times of great stress. After 9/11 we find ourselves wondering how to protect against newly apprehended risks. Ethical norms in public health that seemed very appropriate in normal

times may have to be reconsidered for emergency conditions. This volume suggests several areas that require careful consideration.

One that is highest on my list is determining before the event how our society will protect itself against an attack using a contagious disease. For example, if enemies use smallpox as a weapon, our health system will be extraordinarily taxed. Triage may be necessary at hospitals. The demand for vaccinations will be great. Public health and law enforcement will have to impose restrictions, including quarantine. Health care personnel will be overwhelmed. People will be urged to stay home or be quartered in institutions that are not designed for health care. Society urgently has to develop a consensus around the best policies. We must communicate with the public before another attack.

I have had the advantage of thinking about these challenges from more than one perspective. After I left the news profession I practiced law and consulted for corporations on public health issues. As a society we must consider whether the current market in health care is adequate, whether medicines can be made available widely and affordably. The fairness of resource allocation has to be evaluated in the light of the hostile threat of a biological or chemical attack.

For most people, medical information is so complex it is hard to comprehend in a time of stress. For those concerned about security—national, local, or corporate—secrecy is usually the default mode. In emergencies law enforcement personnel are used to ordering, not explaining. But the biggest challenge is to involve the general public as participants in developing norms and procedures for worst-case situations. This will require specialists unlearning familiar behaviors that thwart communication. The threshold requirement is for clear, understandable, and candid discussion of the risks, objectives, problems, options, and underlying values at stake.

I have become convinced that the key to effective risk communication is to identify the values that are perceived by the public to be at risk. These may not be the same as the ones experts quantify. Good risk communication requires an interactive process that involves people in decision making, preferably before urgent conditions demand action.

The need for preparation and communication was demonstrated for me last November when one of my clients, a large financial institution,

decided to test for anthrax spores in mailrooms at major facilities on the East Coast. No one in the offices had reported symptoms of anthrax but the company was concerned because it had received mail from contaminated post offices. On a Friday afternoon we received word that one test was positive at an employees' cafeteria in a downtown office building. There was instant concern among senior managers. Immediate questions had to be answered:

- Should the building be evacuated?
- Should employees be informed before they left for the weekend?
- Should employees be informed over the weekend or on Monday morning?
- If so, how should that be handled?
- Should employees be advised to start taking antibiotics?
- Should the company bring in medical professionals to treat employees?
- Should local police be notified?
- How about the FBI or CDC or local public health officials?
- What should be done about vendors, customers, and tenants in the building?
- Should the news media be informed?
- If so, what should the company say publicly?
- Should the company wait until additional tests were conducted on the suspected substance found in the cafeteria?

As it turned out, the company opted for the last choice and the results the next day showed that the initial, alarming finding was a false positive. If you think a false positive anthrax test is trivial, you should have felt the angst of Friday's deliberation. Imagine if it had caused the building to be decontaminated or, worse yet, if people had become sick. The best outcomes can inform our worst-case planning. The relief felt that autumn Saturday should not obscure the lesson from the near miss. The hurried debate over what to do on the previous evening showed the importance of planning ahead. Such situations and options for dealing with them should be considered now, when less adrenalin is flowing and when ethical and policy considerations can be carefully weighed in designing protocols for dealing with risky contingencies.

The dreadful events of autumn 2001 spurred new defensive programs. This collection of essays articulates some of the ethical issues that our society must consider. It serves a valuable purpose of stimulating public discussion and building consensus about how we should face the uncertainties of the future.

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