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October 21, 2001

Questions for Dr. Paul Rega on Being Prepared for Bioterrorism

By LISA BELKIN

Q "Bio-Terry: A Stat Manual to Identify and Treat Diseases of Biological Terrorism" came out more than a year ago. What got you started worrying about bioterror?



Jim West

I was afraid. I was a member of a disaster medical assistance team in Ohio, and we were deployed by federal authorities to events like the Atlanta Olympics in case there was an incident, including a bioterrorism incident. I felt comfortable with my knowledge of hazardous materials, explosives and so forth, but where I didn't feel comfortable was with bioterror. And I was medical commander of my team.

They didn't teach you the basics of bioterrorism in medical school?

They don't really teach it anywhere. There's a lot of information out there, but not in a nice concise format for a regular E.R. doc. I need to be able to recognize what biological agent I'm dealing with, know how to protect my people and treat my patient. If you look in the books, they don't tell you how to do that -- boom, boom, boom. Some of the books give adult doses, but not pediatric doses. Some go too deep into the pathophysiology of the disease. They'll tell you what viral hemorrhagic fever can do to the vascular system, but when you're up against the wall in the E.R., that's irrelevant.

So how do you treat viral hemorrhagic fever?

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To tell you exactly, I'd have to go look it up in our manual. This is information you don't want to keep in your head. The routine E.R. doc is going to memorize the things they're going to be seeing every day. They're not going to do a lot of reading about bioterror because until Sept. 11 they didn't see that on the radar screen.

Since there haven't been any clinical trials of the proper pediatric dose against anthrax, for instance, how did you arrive at a dosage?

A lot of the time, it's a best guess. There is a consensus, for example, that ciproflaxin is effective against anthrax. The dosages are generally all for the adult population, because cipro isn't used in children. But you're not going to kill someone with a cockeyed dose at the beginning. If the disease is worse than the treatment, then you give the treatment. Some of these drugs are not normally given to pregnant women or children, but if your other alternative is death, then experts say it's probably better to give it than not to give it. You get the ball rolling. Then you put in the call to the people in the ivory tower.

The ivory tower?

The C.D.C. They're the experts. My expertise is centered on being an emergency physician. My goal is to heighten the awareness of other emergency workers, to educate the first responders who never knew they were going to be first responders. A bioterror attack won't stand up and announce itself. It will be sniffed out clue by clue, and it will be done by physicians, nurses and local health departments.

Are you selling your manual to nonmedical, nongovernment people?

It's not meant for the lay public. People have called asking for it, and I tell them this is not for you. They want to stockpile antibiotics, but that doesn't make sense. It makes no public health sense to have everyone out there with meds they don't know how to use -- that can cause resistant disease. These drugs have side effects.

So you haven't stockpiled antibiotics?

Absolutely not.

Have you taken any personal precautions?

I've done what I believe every citizen should do: have your three days of water, your three days' worth of food, have at least three-quarters of a tank of gas in your car, have maps in your car so you know how to get out of town if something hits. That's just common-sense disaster preparation for something like a flood or an earthquake. The biological preparedness is in addition to this. Gloves, antibacterial soap -- those are things that might help and they don't hurt anyone.

Your daughter is away at college. Does she have an emergency bag packed?

I'm sure if she had it, she couldn't find it. And my wife doesn't believe in any of this stuff. She says if it's going to happen, it's going to happen.

What have you worried about in the weeks since the attacks? The anthrax cases in Florida and New York?

I'm more pleased than worried -- pleased with the response to the case down in Florida, to the fact that it was detected in the first place. They thought to look for anthrax, and that's the first step. You have to know what to look for. I've never seen a case of anthrax. No one really has.

You said you started this manual because you were afraid of what you didn't know. Now that you know more, what are you most afraid of?

I'm scared that my children have to live under the specter of terrorism. My daughters are 15 and 20. In another age, I could be relieved that I don't have any sons to fight and die in a war. We're all vulnerable now.

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