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0521814723 - Bioterrorism: Psychological and Public Health Interventions - Edited by Robert J. Ursano, Ann E. Norwood, and Carol S. Fullerton

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## **Bioterrorism**

### Psychological and Public Health Interventions

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After the sarin gas attack on the Tokyo subway system in 1995 just 12 people died but more than 5000 sought medical care for possible exposure. Bacteria, viruses, prions, and gases can create chaos and disruption on a national and international scale. Moreover, bioterrorism is believed to incur the most devastating psychological sequelae of all disasters and terrorist events.

Planning and pre-disaster exercises are essential for preventing panic in overstretched professionals; determining how best to allocate resources for sudden surges of need; preventing transmission of disease; devising effective mental health preventive strategies and interventions; providing constantly updated, networked, information across multiple channels by way of widely recognized and trusted sources; and for training in how to handle fear, demoralization, and public loss of confidence in national institutions.

Including two CDs showing an international panel of experts discussing and teaching how best to plan for a bioterrorist event, this book is essential reading for health care providers, public health officials and community leaders involved in planning, preparation, and treatment for bioterrorism.

**Robert J. Ursano**, **Ann E. Norwood**, and **Carol S. Fullerton** are all based in the Department of Psychiatry at the Uniformed Services University of the Health Sciences in Bethesda. All have long experience of clinical work and research in the area of post-traumatic stress disorder associated with disaster, terrorism, and bioterrorism.

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# BIOTERRORISM

## Psychological and Public Health Interventions

Edited by

Robert J. Ursano,

Ann E. Norwood, and

Carol S. Fullerton



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## Preface

Bacteria, viruses, and prions can create chaos and international disruption. When used as biological agents of terrorism these unseen and unfamiliar agents disrupt the continuity of nations by instilling fear, decreasing our sense of safety and creating concern for the future. Infection, contamination, fear of contamination, and the belief that one has been exposed are critical aspects of bioterrorism. Bioterrorism can affect the workplace as well as our loved ones. Many feel the distress of a bioterrorist attack. Some change their travel plans or smoking habits while others may develop mental health problems. Consequence management for mental health after a bioterrorist event must consider the needs of those directly exposed and those who may have been vulnerable before the attack and now bear the additional burden of lost supports and increased demands.

The contributors to this book are the international experts with critical expertise for responding to the mental health needs of individuals and communities exposed to bioterrorism. Their words provide information to prepare clinicians, researchers and community leaders. Their knowledge can guide prevention programs and treatment interventions at the individual, community, national, and international level.

Critical lessons for preparing and responding to the psychological consequences of a bioterrorist attack can be learned from the 2001 anthrax attacks as well as our past efforts preparing for influenza and special events like the Sydney Olympics. Primary health care providers are a critical link in the community response to a bioterrorist attack. Working collaboratively, providers of primary health care and of mental health care can provide care to large numbers of people. The workplace, our vertical communities in high rise buildings, are an important population often neglected in mental health planning after disasters of all kinds including bioterrorism. Children and adolescents require particular attention. The development of community disaster plans and the training of leaders in the stresses of a bioterrorist event will aid in recovery after such an attack. Education about legal issues, risk

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communication, and the psychosocial consequences of bioterrorism is needed to increase the knowledge base for these interventions.

This volume, similar to our others in this area, has been a collaborative effort. We wish in particular to thank Harry Holloway, David Marlowe, James Zimble, Larry Laughlin, Mary Dix, and Jay Sanford for their support and commitment to the importance of this work. We are deeply indebted to have had the opportunity to continue our efforts to find structure in the chaos that can appear in an individual's life after a traumatic event, in a community after a disaster, and a nation after a bioterrorist attack.