There is widespread belief amongst clinicians that terrorism (and torture) produce the highest rates of psychiatric sequelae of all the types of disaster and, further, that the traumatic effects of terrorism are not limited to the direct victims alone; they extend to families, helpers, communities, and even regions far from the affected site. This new book follows on from Ursano et al.'s earlier title *Individual and Community Responses to Trauma and Disaster* to expand the focus on terrorism as a particular type of disaster.

The authors and editors assembled here represent the world’s experts in their respective fields, and together they examine the effects of terrorism, assessing lessons learned from recent atrocities such as 9/11, the Tokyo sarin attack, and the Omagh bombing. Issues of prevention, individual and organizational intervention, the effect of leadership, the effects of technological disasters, and bioterrorism/contamination are all examined in detail. This is essential reading for all professionals working in trauma and disaster planning.

Robert J. Ursano, Carol S. Fullerton, and Ann E. Norwood are all based in the Center for the Study of Traumatic Stress, Department of Psychiatry at the Uniformed Services University of the Health Sciences in Bethesda. This group of editors are internationally known and recognized for their long experience of clinical work and research in the area of posttraumatic stress disorder associated with disaster, terrorism, and bioterrorism.

From reviews of the previous book:

'Comprehensive, scholarly, gripping reading. This is a SUPERB book. This volume is the most comprehensive, scholarly and well-done book covering the entire range of traumata and disasters . . . Material never before presented in such a readable and definitive form.'

Margaret T. Singer.

'A sterling compilation of authors and researches . . . this book will establish a new gold standard for mental health responses to traumatic effects.' Terence Keane.
Terrorism and Disaster

Individual and Community Mental Health Interventions

Edited by
Robert J. Ursano
Carol S. Fullerton
Ann E. Norwood

Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine, Bethesda, USA
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Every effort has been made in preparing this book to provide accurate and up-to-date information that is in accord with accepted standards and practice at the time of publication. Nevertheless, the authors, editors and publisher can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors and publisher therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.
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This volume broadens the scope of *Trauma and Disaster: The Structure of Human Chaos* to include an expanded focus on a special type of disaster, terrorism. Terrorism seeks to achieve political, ideological, or theological goals through a threat or action that creates extreme fear or horror. Many believe that terrorism (and torture) produce the highest rates of psychiatric sequelae amongst all types of disasters. The Tokyo sarin attack, the 9/11 attacks on the Pentagon and World Trade Center, and the anthrax letters have raised the specter of unconventional weapons (chemical, biological, nuclear, radiological, and high-yield explosives: known as CBRNE) and the employment of the familiar such as airliners in novel and terrifying ways. While disasters often are extraordinary events, trauma is all too common throughout the world. The effects of trauma are not circumscribed to direct victims; they extend to families, helpers, communities, and even regions far removed from the affected site. They extend over time as well as space as secondary stressors such as relocation, job loss, and traumatic reminders occur.

Like its predecessor’s, the goal of this book is to examine commonalities across disasters as well as to highlight important differences. Several selected chapters from the previous edition related to terrorism have been included and updated. Data and observational ‘lessons learned’ distilled from recent terrorist events—9/11, USS Cole, Oklahoma City, the bombing of the US embassy in Nairobi—are presented from several perspectives. The section on acute interventions considers assessment and treatments of individuals and groups from a wide vantage point ranging from the molecular to health care delivery systems. The final section of the book explores the effects of contamination on individuals and communities. The belief in exposure to an invisible toxin or organism and its implications for psychological and social function is a critical interface between disasters and terrorism especially CBRNE.

Many people have supported our work and to them we owe our deepest gratitude. We thank Cambridge University Press for its early recognition of the importance of psychological and behavioral consequences of disasters and trauma. We are indebted to the superb authors who have shared their experience and knowledge in the chapters that follow. They represent the cutting edge of thinking in disasters and traumatic stress and its real world applications. We also greatly appreciate the
support of Drs Harry Holloway, David Marlowe, James Zimble, Larry Laughlin, Val Hemming, and Jay Sanford. They have afforded us the vision and the opportunity for much of the work that is reflected in this volume. Finally, and most importantly, we thank those individuals, groups, and communities that have shared their experiences with traumatic events that we might better assist those affected by future tragedies.
Part I

Introduction