The magazine of the UW School of Public Health

Northwest
PUBLIC HEALTH

From the Editor

Public Health Prepares for Bioterrorism

Writing this note in early April 2002, I am consumed not by thoughts of interagency collaborations or syndromic surveillance. Rather, my heart is wrenched by the latest horrible news from the Middle East. I stretch, as I did on September 11 and the days and weeks after, to understand what motivations, what thoughts, what desperation can lead to the brutalities we have witnessed, and (for too many) experienced, in the recent months. And I wonder if we, as a society and as a species, will ever be wise enough to prevent crises rather than wait for them— or, worse, help cause them— to occur before we act.

Prevention. Isn't that the hallmark of public health? That's what I learned in my public health training way back when, and I know that's what drives most practitioners of public health in communities across the Northwest. Having been starved of funding for decades— politicians thinking either that we'd vanquished all those public health threats or that the market would take care of them— the sudden availability of millions of dollars for bioterrorism preparedness is, potentially at least, a great step forward. Finally, there's money for updating outdated communication technology, for networking with first responders, for better monitoring systems.

But is preparedness the same as prevention? Jack Thompson, in this issue's leadoff article, and Mohammed Akhter and Brian Saylor's viewpoint from the APHA give us some hope that one can lead to another, that public health can use the spotlight on bioterrorism to restrengthen its capacity to protect community health more broadly. And we see evidence of how that is already happening in articles about new interagency collaborations across the states (Patrick O'Carroll et al.), and in Montana (James Aspevig) and Wyoming (Annette Heryford and Laura Boodleman). Surely, Maxine Hayes's advice on page 12 about effective communication during crises can help in non-crisis efforts to improve health.

But, still, is preparing for and being able to quickly detect unusual disease outbreaks (natural or nefarious) the same as working to prevent their occurrence? Public health is about "creating the conditions" within which a community can maintain and promote its health and well-being. We have long known that such conditions include not only immunizations and food service inspections but also decent housing and stable employment, social justice and personal liberty. The emphasis on preparedness could help, but it could also divert our attention from the longer-term work of creating those conditions if we fail to keep primary prevention at the top of the agenda. Indeed, as Ken Wing's critique of the Model State Emergency Powers Act suggests, some preparations could actually undermine the conditions that are necessary for community well-being, such as protections of legal, civil, and human rights.

So, in addition to the important work of rebuilding its infrastructure, does the public health community have any responsibilities to prevent what occurred on September 11 or this spring in the Middle East? In 1945, C.-E.A Winslow told us, "Public health which in its earliest days was an engineering science and has now become a medical science must expand until it is in addition a social science."* I suggest we now add

that public health must become also a political science. Because if we are to be true to that prevention principle, we must admit to ourselves and to the public that bioterrorism preparedness, although critical, does not address the basic conditions that led to the threat we all now feel.

What will? One place we can find guidance were the efforts beginning in the early 1960s to prevent the use of nuclear weapons. Based on the public health model of prevention, health professionals organized locally, nationally, and globally to support domestic policies and international treaties to prevent nuclear war. This and so many other public health initiatives have taught us that political analysis and action are necessary tools of prevention.

*Quoted in Terris M. C.-E.A. Winslow: Scientist, Activist, and Theoretician of the American Public Health Movement Throughout the First Half of the Twentieth Century. *J Public Health Policy* 1998 19(2):140.

Aaron Katz, Editor-in-Chief
Director, UW Health Policy Analysis Program