

## INTRODUCTION

### Preparing for Bioterrorism

The world became a different place on September 11, 2001, when Americans learned we were not immune to acts of terrorism in our own country. A few days later, a more immediate bioterrorism threat touched North Carolina: On October 4<sup>th</sup>, a Florida man was diagnosed with inhalation anthrax after visiting in North Carolina during the presumed incubation period for this deadly disease. The source of his infection was initially thought to be in this state, therefore; it urgently needed attention.

Suddenly, without warning, our public health and emergency preparedness systems were put to a real test. These systems withstood the test in a most impressive manner, but the exercise revealed deficiencies in our resources, coordination, and the effectiveness of the results. In this issue of the *North Carolina Medical Journal*, Dr. Steven Cline, Chief of the Epidemiology Section of the state Division of Public Health, offers a detailed description of North Carolina's public health readiness to deal with threats of bioterrorism. He points out the ways in which the capacities of our current system are inadequate to sustain the pressures of a larger threat than last October's.

It is clear that we cannot dismiss the likelihood of future bioterrorist attacks on this state's population. Somehow we have to determine what it will take to ensure that our vital public health and law enforcement systems will respond immediately and effectively, including efficient communications with one another as well as with the general public. We must then find a way to make sure that the necessary resources are made available—and remain available—to guarantee that these systems will be fully functioning when needed.

In the first of three interesting commentaries following Dr. Cline's issue brief, Dr. Robert Ryder of the UNC-Chapel Hill School of Public Health offers insights on the training of public health professionals to meet the challenges of bioterrorism. Professor Jill Moore of the UNC-Chapel Hill School of Government then discusses some of the ethical issues that arise when efforts to strengthen the legal basis of public health preparedness are perceived to threaten civil liberties. Finally, George Bond, the local health director in Buncombe County and one of the leading figures in the recent anthrax episode here in our state, discusses what his agency went through as this episode unfolded.

We hope that this issue of the *Journal* will illuminate many of the underlying issues related to bioterrorism and its implications for North Carolina, and that it will also motivate public sector decision makers to consider ways of strengthening our capacity to respond to such threats. As always, we invite your letters and comments on these issues.

—Gordon H. DeFriese, Ph.D.  
*Editor-in-Chief and Publisher*