Spring 2003, Volume 4, Number 4

Biodefense QUARTERLY

A publication of The Johns Hopkins Center for Civilian Biodefense Strategies

September 11th and the Role of the Neighborhood Association

By DIANE LAPSON

Editor's Introduction

The Johns Hopkins Center for Civilian Biodefense Strategies is engaged in a project designed to offer information and useful principles to policy makers and local response planners on involving the public in bioterrorism response. Often mischaracterized in response scenarios as a mob of individuals consumed with personal survival, the actual responses of the general public to disasters show that, in most cases, private citizens are inclined to show compassion for, and offer assistance to others in their communities. A stereotypical portrayal of a "panicked public" undermines the potential for policymakers and local planners to include citizens in crafting thoughtful response measures that can ultimately shape the way a disaster unfolds within a community.

In support of this project, on February 4, 2003, the Hopkins Center convened a conference entitled 'The Public as an Asset, Not a Problem: A Summit on Leadership during Bioterrorism." Among the cadre of distinguished speakers, Diane Lapson described her experiences living in Tribeca in the immediate aftermath of the September 11 terrorist attacks. Ms. Lapson is Vice President of the Independence Plaza North Tenant Association, a community organization that serves approximately 3,500 residents of a building complex located three city blocks from Ground Zero. She is Co-founder of the 9/11 Environmental Action Group, a member of the World Trade Center Residents Coalition, and has been a community activist in lower Manhattan for 30 years. As we approach the second anniversary of the September 11 attacks, Tribeca residents continue to deal with issues emanating from those events, but their actions during and in the aftermath of September 11 should serve as an example of positive and meaningful communitywide response, and can help inform planning measures. We at the Hopkins Biodefense Center were inspired by Ms. Lapson's story and are pleased to share it with practitioners and policy makers.

Portrait of a Community

Independence Plaza North (IPN) is a large middle-income housing complex located at Ground Zero in Tribeca. There are 1,345 apartments in three towers and lower townhouses. The three towers of the complex are referred to as Building 1, Building 3 and Building 9. There are approximately 3,500 people of all ages, races and denominations, with a large concentration of senior citizens.

Columbia University once reported that IPN is a microcosm of New York. Most residents moved in during the early 70s, and we're the pioneers of Tribeca. We built the streets, schools, parks, commercial businesses, and gentrified an area that consisted of nothing but factories and a few loft buildings. We are used to working together.

Faced with serious tenant issues in 2000, a group of us decided to revamp our tenant association, the IPNTA. At the time, we were unaware that we were

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> "There are three sayings in Buddhism that inspire me daily.
>
> One is, the muddier the swamp, the more beautiful the lotus flower that grows from it.
>
> Another is, with strong faith, poison can surely be turned into medicine.
>
> And the third is, that winter will never fail to turn into spring."

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Sense of COMMUNITY

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Neighborhood Association

laying the foundation for surviving a terrorist attack. As currently organized, the IPNTA has one president, six vice presidents, a secretary and a treasurer. I'm the vice president of Building 3. Perhaps most important and maybe unique to our tenant association is the army of floor captains. Ideally, there's a captain on every floor; we now have 90 floor captains, and our goal is 115.

Terrorism Hits Home

September 11, 2001 was primary election day, and Greenwich Street was full of activity. Our City Council Member, Kathryn Freed, a friend and neighbor, was running for a higher position. Three blocks away was our familiar backdrop, the Twin Towers. Suddenly above our heads came a loud roar as a huge plane sped downtown and exploded into Tower Number 1. The next hour was horrific.

Diane Lapson and neighbor John Lynch helped during citizen-led response to Sept. 11

After rushing to evacuate the schools, Kathryn and I ran to the 1st Precinct Police Station for assistance with the wave of people pouring onto the streets. Someone shouted that the Pentagon was hit; it seemed like it was the end of the world. The one officer who was left to man the police station said, "We can't help you. Do what you have to do." Kathryn said she was afraid the buildings would fall. I was speechless.

Left to our own devices, we tried to move the crowd uptown. Smoke poured through the streets, and people were jumping from the towers. The towers were crumpling. Later, Number 7 fell and Number 5 split in half. The tangled steel piled high over a raging fire became our new backdrop. But through it all, my instinct was to keep helping and we'd live through this. The instinct to help is not unique to me. In the midst of this crisis it became increasingly apparent that the human tendency toward compassion is stronger than the instinct for personal survival.

A Neighborhood Responds

Immediately following the attack, our tenant association command structure took over and we realized we were facing serious issues. Building 9, which is closest to the Trade Center, lost all power and had been hardest hit by the dust and debris. Many people had no choice but to evacuate. The other buildings had electricity but no hot water. All phone service was out. Cell phones worked sporadically. We didn't know if our buildings were structurally safe or if they would fall down as the towers had. All businesses were closed, including our supermarket and drug store. Barricades were set up around the neighborhood and people who left Ground Zero were prohibited from returning. The special needs of our disabled tenants and senior citizens had to be addressed.

Some tenants had been in the Twin Towers when the attacks occurred; some had been below. Some tenants died; some lost relatives and friends. The majority had witnessed the attacks and all had witnessed the terrible aftermath, including young children. People were getting sick, traumatized, confused, depressed and very frightened and for better or worse, a few of us were in charge with no disaster experience at all.

The vice presidents set up posts in our respective lobbies. Following the attacks we were either in the streets or at our posts for about 16 hours a day, and that's how we ran the complex—with the help of an antiquated intercom system which miraculously worked for the first time in 20 years! When the floor captains came down to the lobby, they knew they were part of a team.

The building manager helped out by providing us with a list of senior citizens and disabled residents in each building.

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Report DIGEST

By ROBERT GROW & LEWIS RADONOVICH

Impact of Smallpox Vaccination Program on Local Public Health Services

In January of 2003, the National Association of County and City Health Officials (NACCHO) conducted a Web-based survey of local public health agencies to measure the impact of the smallpox vaccination program on other public health initiatives. 79% of responding agencies reported that the smallpox vaccination program had negatively affected other bioterrorism preparedness endeavors. 53% of surveyed agencies acknowledged that the smallpox program had "taken away from" other public health programs and responsibilities such as routine immunization programs and STD clinics. However, 37% responded that the focus on smallpox vaccination had helped their other activities. Read the full report at:

http://archive.naccho.org/Documents/Research_Brief_9.pdf

Health Care at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released the report, "Health Care at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems." A product of JCAHO's Public Policy Initiative, this call to action cites an urgent need for expanded and revitalized community-based emergency preparedness across the United States and notes that "a tightly knit system among emergency preparedness participants…simply does not exist in most communities today." It offers recommendations for enlisting communities in preparedness programs, designing systems that preserve and enhance a community's ability to manage health care resources, and providing leadership, funding, and accountability for community-based initiatives. Read the full report at: http://www.jcaho.org/news+room/news+release+archives/emergency+prepdrness.pdf

State Budget Update: February 2003

Based on information gathered from state legislative fiscal directors in January 2003, The National Conference of State Legislatures (NCSL) is projecting that state legislatures will be forced to reconcile a minimum $68.5 billion budget shortfall for FY 2004. This follows a $49.1 billion shortfall addressed in FY 2003 budgets. NCSL's fiscal report states, "State budgets are under siege," and attributes the financial woes to a stagnant national economy and stock market, rising health care costs, a slow down in the manufacturing and high-tech sectors, and a lingering concern that federal programs and mandates such as No Child Left Behind and homeland security will remain underfunded. States are addressing the shortfalls by delaying capital projects, cutting Medicaid and higher education spending, enacting layoffs, and considering tax increases. More information at:

http://www.ncsl.org/programs/press/2003/pr030204.htm

The Anthrax Attacks

This report, by Patricia Thomas of the Century Foundation's Homeland Security Project Working Group on the Public's Need to Know, examines public communication strategies during the anthrax attacks of autumn 2001. The report is critical of the federal government's media communication strategy, and cites a drought of information supplied to the press during a time when private citizens needed guidance about how to best protect themselves. The report notes that media representatives were not given adequate access to government or scientific experts during the first few weeks of the anthrax attacks of 2001. The report also concludes that if bioweapons are used again, the assault will likely unfold more slowly, in more locations, and may well involve an organism that spreads easily from person to person. Communication challenges will be greater than in 2001, and the media will require "clear guidelines for coordinating messages with those emanating from Atlanta or Washington so that alarmed citizens are not bombarded with conflicting advice." Read the full report at: http://www.tcf.org/Publications/Homeland_Security/thomas_anthrax.pdf

The Clinicians' Biodefense Network is a new web-based communication system for health care professionals that is managed and operated by the Center for Civilian Biodefense Strategies. To subscribe to the Network, visit

http://www.HopkinsCBN.org

Recent PUBLICATIONS

Compiled By MICHAEL MAIR

Bioterrorism and Biological Weapons

Better plan needed to protect U.S. agriculture from bioterrorism. *Journal of Environmental Health*. 2003 Mar;65(7): 40.

Atran S. Genesis of suicide terrorism. *Science*. 2003 Mar 7;299(5612):1534-9.

Brower V. Biotechnology to fight bioterrorism. *EMBO Reports*. 2003 Mar;4(3):227-9.

Colmers JM, Fox DM. The politics of emergency health powers and the isolation of public health. *American Journal of Public Health*. 2003 Mar;93(3):397-9.

Fox JL. US budget/Bioshield initiative emphasizes bioterrorism countermeasures. *Nature Biotechnology*. 2003 Mar;21(3):216.

Malecki J, Brumback CL. Need for physicians trained in preventive medicine and public health: Implications for a bioterrorism response. *Journal of Public Health Management and Practice*. 2003 Mar-Apr;9(2):89-90.

Moran GJ, Talan DA. Syndromic surveillance for bioterrorism following the attacks on the World Trade Center-New York City, 2001. *Annals of Emergency Medicine*. 2003 Mar;41(3):414-8.

Terriff CM, Schwartz MD, Lomaestro BM. Bioterrorism: pivotal clinical issues. Consensus review of the Society of Infectious Diseases Pharmacists. *Pharmacotherapy*. 2003 Mar;23(3):274-90.

Category A Agents

Anthrax

Chopra AP, Boone SA, Liang X, Duesbery NS. Anthrax lethal factor proteolysis and inactivation of MAPK kinase. *The Journal of Biological Chemistry*. 2003 Mar 14;278(11):9402-6.

Coker PR, Smith KL, Fellows PF, Rybachuck G, Kousoulas KG, Hugh-Jones ME. Bacillus anthracis virulence in Guinea pigs vaccinated with anthrax vaccine adsorbed is linked to plasmid quantities and clonality. *Journal of Clinical Microbiology*. 2003 Mar;41(3):1212-8.

Enstone JE, Wale MC, Nguyen-Van-Tam JS, Pearson JC. Adverse medical events in British service personnel following anthrax vaccination. *Vaccine*. 2003 Mar 28;21(13-14):1348-54.

Kim SO, Jing Q, Hoebe K, Beutler B, Duesbery NS, Han J. Sensitizing anthrax lethal toxin-resistant macrophages to lethal toxin-induced killing by tumor necrosis factor-alpha. *The Journal of Biological Chemistry*. 2003 Feb 28;278(9):7413-21.

Lee JS, Hadjipanayis AG, Welkos SL. Venezuelan equine encephalitis virus-vectored vaccines protect mice against anthrax spore challenge. *Infection and Immunity*. 2003 Mar;71(3): 1491-6.

Luna VA, King D, Davis C, Rycerz T, Ewert M, Cannons A, Amuso P, Cattani J. Novel sample preparation method for safe and rapid detection of Bacillus anthracis spores in environmental powders and nasal swabs. *Journal of Clinical Microbiology*. 2003 Mar;41(3):1252-5.

Steichen C, Chen P, Kearney JF, Turnbough Jr CL Jr. Identification of the immunodominant protein and other proteins of the Bacillus anthracis exosporium. *Journal of Bacteriology*. 2003 Mar;185(6):1903-10.

Sylvestre P, Couture-Tosi E, Mock M. Polymorphism in the collagen-like region of the Bacillus anthracis BclA protein leads to variation in exosporium filament length. *Journal of Bacteriology*. 2003 Mar;185(5):1555-63.

Weber DJ, Sickbert-Bennett E, Gergen MF, Rutala WA. Efficacy of selected hand hygiene agents used to remove Bacillus atrophaeus (asurrogate of Bacillus anthracis) from contaminated hands. *JAMA*. 2003 Mar 12;289(10):1274-7.

Wein LM, Craft DL, Kaplan EH. Emergency response to an anthrax attack. *Proceedings of the National Academy of Sciences of the United States of America*. 2003 Mar 21.

Williams RC, Rees ML, Jacobs MF, Pragai Z, Thwaite JE, Baillie LW, Emmerson PT, Harwood CR. Production of Bacillus anthracis protective antigen is dependent on the extracellular chaperone, PrsA. *The Journal of Biological Chemistry*. 2003 Feb 26.

Recent PUBLICATIONS

Smallpox

Smallpox vaccination and adverse reactions: Guidance for clinicians. *The Annals of Pharmacotherapy*. 2003 Mar;37(3):467-8.

Aldern KA, Ciesla SL, Winegarden KL, Hostetler KY. Increased antiviral activity of 1-O-Hexadecyloxypropyl-[2-(14)C]cidofovir in MRC-5 human lung fibroblasts is explained by unique cellular uptake and metabolism. *Molecular Pharmacology*. 2003 Mar;63(3):678-81.

Baxby D. Smallpox vaccination techniques. 2. Accessories and aftercare. *Vaccine*. 2003 Mar 28;21(13-14):1382-90.

Bray M, Wright ME. Progressive vaccinia. *Clinical Infectious Diseases*. 2003 Mar 15;36(6):766-74.

Centers for Disease Control and Prevention. Smallpox vaccine adverse events among civilians—United States, March 4-10, 2003. *MMWR Morbidity and Mortality Weekly Report*. 2003 Mar 14;52(10):201-3.

Centers for Disease Control and Prevention. Smallpox Vaccine Adverse Events Monitoring and Response System for the first stage of the smallpox vaccination program. *JAMA*. 2003 Mar 5;289(9):1094-5.

Centers for Disease Control and Prevention. Smallpox vaccine adverse events among civilians—United States, February 25-March 3, 2003. *MMWR Morbidity and Mortality Weekly Report*. 2003 Mar 7;52(9):180-1, 191.

Centers for Disease Control and Prevention. Smallpox vaccine adverse events among civilians--United States, February 18-24, 2003. *MMWR Morbidity and Mortality Weekly Report*. 2003 Feb 28;52(8):156-7.

Centers for Disease Control and Prevention. Smallpox vaccine adverse events among civilians--United States, January 24-February 18, 2003. *MMWR Morbidity and Mortality Weekly Report*. 2003 Feb 21;52(7):136.

Cohen HW, Eolis SL. Smallpox vaccine: Don't do it. *The American Journal of Nursing*. 2003 Mar;103(3):13.

Cono J, Casey CG, Bell DM. Smallpox vaccination and adverse reactions. Guidance for clinicians. *MMWR Recommendations and Reports*. 2003 Feb 21;52(RR-4):1-28.

Dropulic LK, Rubin RH, Bartlett JG. Smallpox vaccination and the patient with an organ transplant. *Clinical Infectious Diseases*. 2003 Mar 15;36(6):786-8.

Fulginiti VA. The risks of vaccinia in laboratory workers. *The Journal of Investigative Dermatology*. 2003 Mar;120(3):FMVIII.

Habeck M. Germany's smallpox jab plan meets with resistance. *The Lancet Infectious Diseases*. 2003 Mar;3(3):120.

Lane JM, Goldstein J. Evaluation of 21st-century risks of smallpox vaccination and policy options. *Annals of Internal Medicine*. 2003 Mar 18;138(6):488-93.

Lee AJ, Norton SA. The scars of smallpox. *Archives of Dermatology*. 2003 Mar;139(3):279-80.

Mortimer PP. Can postexposure vaccination against smallpox succeed? *Clinical Infectious Diseases*. 2003 Mar 1;36(5):622-9.

Schwartz MD. The United States civilian smallpox vaccination program: Have we thought through the whole issue? *Pharmacotherapy*. 2003 Mar;23(3):271-3.

Szajner P, Jaffe H, Weisberg AS, Moss B. Vaccinia virus G7L protein Interacts with the A30L protein and is required for association of viral membranes with dense viroplasm to form immature virions. *Journal of Virology*. 2003 Mar;77(6):3418-29.

Plague

McDonald C, Vacratsis PO, Bliska JB, Dixon JE. The Yersinia virulence factor YopM forms a novel protein complex with two cellular kinases. *The Journal of Biological Chemistry*. 2003 Mar 6.

Osorio JE, Powell TD, Frank RS, Moss K, Haanes EJ, Smith SR, Rocke TE, Stinchcomb DT. Recombinant raccoon pox vaccine protects mice against lethal plague. *Vaccine*. 2003 Mar 7;21(11-12):1232-8.

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Net WORTH

Compiled By MOLLY D'ESOPO

American Academy of Pediatrics

AAP's main terrorism page provides links to many resources on chemical and biological weapons and also includes guidelines for assembling a readiness kit for families to use in times of crisis.
http://www.aap.org/terrorism/index.html

American Psychiatric Association

When Disaster Strikes: Managing Mental Health in the Workplace. A useful site for employers and interested employees.
http://www.workplacementalhealth.org/resources/APA_brochure_Aug02.pdf

American Red Cross

American Red Cross Homeland Security Advisory System developed Recommendations for Individuals, Families, Neighborhoods, Schools and Businesses.
http://www.redcross.org/services/disaster/beprepared/hsas.html

ready.gov

The Department of Homeland Security's website offers guidance on preparing for terrorism disasters—including biological, chemical, radiological, nuclear and conventional explosives.
http://www.ready.gov

Substance Abuse and Mental Health Services Administration

The Center for Mental Health Services' Disaster Mental Health homepage lists numerous resources for dealing with the mental health impacts of terrorism and other disasters.
http://mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp

The Johns Hopkins Center for Civilian Biodefense Strategies has recently posted updated Guidelines for Civilian Preparedness. Visit our website at

www.hopkins-biodefense.org

EMPLOYMENT OPPORTUNITIES

The National Institute of Allergy and Infectious Diseases
The National Institutes of Health
Department of Health and Human Services

Consider joining the national effort to build a new research program aimed at the global problem of bioterrorism and emerging infections. The National Institute of Allergy and Infectious Diseases (NIAID), NIH, conducts and supports a global program of research aimed at developing better ways to diagnose, treat and prevent infectious, immunologic and allergic diseases. The NIAID will lead the NIH response to the threat of bioterrorism by vastly accelerating basic and applied research intended to ensure protection of civilians around the world. Dynamic and committed individuals are invited to join the scientific and medical forces at NIH programs. Non-scientific support positions are also available. For details about specific NIAID job opportunities, and to apply on-line, please visit

http://healthresearch.niaid.nih.gov

NIH is an Equal Opportunity Employer

[Editor's note: The Biodefense Center does not necessarily endorse the entire content on the above referenced websites; rather, these links are provided merely as a service to readers.]

Biodefense EVENTS

Compiled By MOLLY D'ESOPO

May 18-22, 2003
Washington, DC
American Society for Microbiology, 103rd Annual Meeting
http://www.asm.org/mtgsrc/generalmeeting.htm

June 2-4, 2003
Washington, DC
Amer. Acad. of Pharmaceutical Physicians, Amer. Public Health Assn., Assn. of Schools of Public Health, MA Biotechnology Council, Research America, VA Biotechnology Assn.
Biodefense Vaccines, Therapeutics and Diagnostics: Policy Funding, Development, Testing, Production, and Distribution
http://www.infocastinc.com/Biodefense/Biodefense_home.asp

June 8-10, 2003
Richmond, VA
Association of Public Health Laboratories
2003 APHL Annual Meeting
http://www.aphl.org

June 8-11, 2003
Reno, NV
National Environmental Health Association
67th Annual Education Conference and Exhibition
http://www.neha.org/tracks.html

June 8-12, 2003
San Antonio, TX
Association for Professionals in Infection Control and Epidemiology
APIC 2003 Annual Conference
http://www.apic.org/apic2003/

June 15-18, 2003
Scottsdale, AZ
Commissioned Health Officers Association of the U.S. Public Health Service
2003 Professional Conference: Weaving Tomorrow's Public Health Infrastructure
http://www.coausphs.org

June 22-26, 2003
Hartford, CT
Council of State and Territorial Epidemiologists
2003 Annual Conference: Practicing Epidemiology in Time of Change
http://www.cste.org/Conference/2003home.htm

July 16-19, 2003
Baltimore, MD
National Association of Local Boards of Health
NALBOH's 11th Annual Conference: Boards of Health: Stewards of Public Health
http://www.nalboh.org/confer/confmain.htm

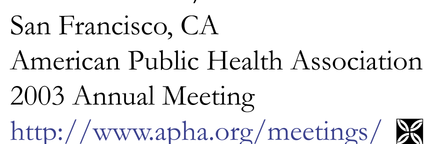
September 9-12, 2003
Phoenix, AZ
Association of State and Territorial Health Officials
National Association of County and City Health Officials
ASTHO-NACCHO 2003 Joint Conference
http://www.astho.org

September 14-17, 2003
Chicago, IL
American Society for Microbiology
43rd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC)
http://www.asmusa.org

October 9-12, 2003
San Diego, CA
Infectious Diseases Society of America
IDSA 2003: The 41st Annual Meeting of the IDSA
http://www.idsociety.org

October 12-15, 2003
Boston, MA
American College of Emergency Physicians
Scientific Assembly
http://www.acep.org/sa/

November 15-19, 2003
San Francisco, CA
American Public Health Association
2003 Annual Meeting
http://www.apha.org/meetings/



Sense of COMMUNITY

Continued from page 2

This became our "A-List"—i.e., the people we'd check on first. Everyone talked to their neighbors and made sure the elderly were okay. We made mental notes of who returned home safe, consoled the frightened, watched the news hoping people would be found alive, and prayed the attacks were over. We all did whatever was necessary.

Although rescue services and armed forces were all around us, it was as if community residents were invisible. Reporters used our building for video, but all eyes were understandably on the rescue site and we were on our own. We didn't know it would be for 10 days.

On the morning of September 12, a resident psychologist with Red Cross training and experience organized a trauma drop-in center, and tenants came immediately. We identified those who had medical needs—i.e., those who were blind, paraplegic, partially paralyzed, living with Alzheimer's, immobile, etc. Visiting medical attendants were not allowed to enter the area, so these people were alone in their apartments.

> "In the midst of this crisis, it became increasingly apparent that the human tendency toward compassion is stronger than the instinct for personal survival."

By afternoon, Red Cross volunteers appeared in the lobby, informed us that Building 9 must be evacuated, and offered assistance by going door-to-door to other buildings, checking in first with those residents on our "A-List." Red Cross also added a few volunteers to staff our drop-in center.

Meeting Basic Needs

With no power, water, or stores available, we knew food would be an issue. We needed at least 60 meals for the people on our "A-List." Although a lot of food had been brought to Ground Zero, we were told it was only for rescue workers. It took days to negotiate with the Salvation Army for food relief. A rescue worker who also happened to be an IPN resident heard about the problem and quietly showed up with 60 meals twice a day for all seniors and disabled tenants.

A few days later there was so much food being donated to the general relief effort that some food was designated specifically for our building, so we sent teams of people to pick it up. We shared our food, water and trauma center with other area residents. One night, Minister Diane Dunne set up a soup kitchen—with tenant assistance—to provide hot meals. Many who were traumatized were put to work and it helped them heal faster.

Facing Medical Challenges

Tenants' prescription needs, too, became an issue. We discovered that many people were expecting prescription medications to be delivered in the mail, but mail delivery in the area had been suspended. The drug stores were still closed. We turned to Kathryn Freed, our City Council Representative, who arranged for a doctor to come from Chinatown the following day and we posted signs in our buildings directing residents who were in need of medical supplies to report to our community room the following morning.

By day three no doctor came. However, Kathryn found the owner of our area drug store and literally smuggled him in. Tenants volunteered to run the cash register and manage the store as he filled residents' prescriptions. Some of our board members delivered the prescriptions to those unable to leave their apartments.

Neighbors Keep Area Afloat

We were fortunate that our building manager lived in IPN. She became part of the team and gave us use of the office, typed up memos, and with a small maintenance staff, assisted us in our needs. The fact that our City Council Representative lived in IPN was also fortunate. Without her, our situation would have been far worse. When the power company, Con Edison, told us that the electricity and gas in Building 9 wouldn't be back for three to five weeks, Kathryn had it up and running in five days. However, there were many problems Kathryn was powerless to solve.

When Building 9 was evacuated, some tenants moved into other buildings, others went to shelters. Before evacuating, many people waited in the streets for hours with the elderly—putting the needs of their neighbors before their own. Four days after the attacks we were still without hot water; we all smelled like smoke. The air was terribly polluted and it

was hard to breathe. Paper masks were distributed, but they only helped with the smell. Though we were really trying to be good citizens, we were still operating completely on our own and we needed help. No assistance came. After strongly registering some of our concerns, we were told that people with proper identification could now leave and return to the neighborhood. Tenants trekked in and out of the area bringing shopping carts full of staples back for their neighbors, and home attendants were finally allowed back in to care for elderly and disabled residents. That was a big relief, as the situation in their absence had often been overwhelming.

On September 15, the Red Cross volunteers told us they were leaving our trauma center. Somebody thought we didn't need their help. We had to replace those volunteers with a few tenant social workers. I realized later that we community leaders should have gone for counseling, too. We didn't understand how traumatized we ourselves were. We were burning out, but couldn't stop. We dealt with each situation as it cropped up and didn't have time to assess the bigger picture. We had no experience and would do some things differently in hindsight.

I'm sorry to report that during this entire time we received no response from the Office of Emergency Management. Adding to my full plate was the fact that my cell phone number was mysteriously distributed as a Tribeca emergency number and I became the contact person for area residents who did not have tenant associations. I was left with a $400 cell phone bill for helping my neighbors navigate the crisis.

Lessons Learned

After the attack, researchers from the Johns Hopkins Center for Civilian Biodefense Strategies asked me how our community was able to organize so quickly. I explained that we were organized well before 9/11. No one questioned the Tenant Association leaders taking charge of the building complex because they knew us as elected officers, neighbors and friends. Many had worked with us in the past. (I initially questioned my taking charge of the complex, but that's another story!)

> "People are going to volunteer, so make sure they're ready, and be ready for them."

There's a lot that should be learned from IPN's experience during September 11 and the aftermath. To citizens: it's important to be prepared. Organize your neighborhood now. Start a small group, a large group. Elect officers, enlist volunteers and give them assignments. Meet regularly and create bylaws. Charge a nominal membership fee—you can always use it to buy emergency supplies such as batteries, flashlights and first aid kits, or you can use it to invite groups in to train residents. If nothing else, have a great party once a year to celebrate each other. It's a great way to bring back a sense of community in these troubling times.

To government and relief agencies: recognize that people will come forward and want to help during an emergency. Plan for it; arrange for training—at least one person in each community should have Red Cross training. The police departments and fire departments and even the armed forces can provide instruction. Start more outreach programs so that community groups feel they are being communicated with. People are going to volunteer, so make sure they're ready, and be ready for them.

Conclusion

I've only hinted at the enormous challenges we've faced in Tribeca; we're still struggling with a lot of longer term issues. The rest of the country may think we're back to normal, but we're not. Because we have a strong community, we will continue to overcome each obstacle.

Late one night during the difficult week of September 11, I stood in the street looking at where the World Trade Center had been. I remembered that someone once asked me: "How can you live in the middle of a city? There's no landscape, no hills and no forest, just concrete and glass." "That's true," I responded, "but in New York City the people are the landscape." On September 11, 2001 and during the days that followed, we let go of our personal issues and focused on the common good, and that sentiment became ever more precious to me. The people are the sunrises, the sunsets, the mountains, the rivers, the flowers and valleys. The community is what fills my heart with inspiration and hope.

Recent PUBLICATIONS

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Botulism

Foynes S, Holley JL, Garmory HS, Titball RW, Fairweather NF. Vaccination against type F botulinum toxin using attenuated Salmonella enterica var Typhimurium strains expressing the BoNT/F H(C) fragment. *Vaccine*. 2003 Mar 7;21(11-12):1052-9.

James AN, Ryan JP, Parkman HP. Inhibitory effects of Botulinum toxin on pyloric and antral smooth muscle. *American Journal of Physiology. Gastrointestinal and Liver Physiology*. 2003 Mar 26.

Luvisetto S, Rossetto O, Montecucco C, Pavone F. Toxicity of botulinum neurotoxins in central nervous system of mice. *Toxicon*. 2003 Mar 15;41(4):475-81.

Park JB, Simpson LL. Inhalational poisoning by botulinum toxin and inhalation vaccination with its heavy-chain component. *Infection and Immunity*. 2003 Mar;71(3):1147-54.

Tularemia

Feldman KA, Stiles-Enos D, Julian K, Matyas BT, Telford SR 3rd, Chu MC, Petersen LR, Hayes EB. Tularemia on Martha's Vineyard: Seroprevalence and Occupational Risk. *Emerging Infectious Diseases*. 2003 Mar;9(3):350-4.

Gutierrez MP, Bratos MA, Garrote JI, Duenas A, Almaraz A, Alamo R, Rodriguez Marcos H, Rodriguez Recio MJ, Munoz MF, Orduna A, Rodriguez-Torres A. Serologic evidence of human infection by Francisella tularensis in the population of Castilla y Leon (Spain) prior to 1997. *FEMS Immunology and Medical Microbiology*. 2003 Mar 20;35(2):165-9.

Titball RW, Johansson A, Forsman M. Will the enigma of Francisella tularensis virulence soon be solved? *Trends in Microbiology*. 2003 Mar;11(3):118-23.

Hemorrhagic Fever Viruses

Hujakka H, Koistinen V, Kuronen I, Eerikainen P, Parviainen M, Lundkvist A, Vaheri A, Vapalahti O, Narvanen A. Diagnostic rapid tests for acute hantavirus infections: Specific tests for Hantaan, Dobrava and Puumala viruses versus a hantavirus combination test. *Journal of Virological Methods*. 2003 Mar;108(1):117-22.

Mahanty S, Hutchinson K, Agarwal S, McRae M, Rollin PE, Pulendran B. Cutting edge: Impairment of dendritic cells and adaptive immunity by Ebola and Lassa viruses. *Journal of Immunology*. 2003 Mar 15;170(6):2797-801.

Modrof J, Becker S, Muhlberger E. Ebola virus transcription activator VP30 is a zinc-binding protein. *Journal of Virology*. 2003 Mar;77(5):3334-8.

Biosecurity and Bioterrorism

This new peer-reviewed journal is issuing a call for papers on topics pertaining to the science, strategy and practice of preparing for and responding to bioterrorism. Guidelines for authors can be accessed online at

www.biosecurityjournal.com

On COURSE

From June 2-June 20, 2003, the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health will hold its 7th Annual Summer Institute. As part of this Institute, the Center for Civilian Biodefense Strategies is offering a course entitled "Medical and Public Health Aspects of Bioterrorism" on June 17-19, 2003.

Bioterrorism, an unusual hybrid of a national security threat and an infectious disease emergency, presents unprecedented challenges in protecting the public's health. Designed for health care and public health professionals, government officials and graduate students, this course will enhance student awareness of the threat of biological weapons as a pressing medical and public health matter, review current policy issues in prevention and response, and provoke discussion with leaders in the field about some of the practical and political obstacles faced by government, medicine, and public health authorities in devising solutions.

Topics to be addressed by this academic offering include: The Threat of Biological Weapons; Preparing Public Health and Medical Systems to Respond to Bioterrorism; The Public Response During a Crisis; Smallpox: From Eradication to Biothreat; Smallpox Vaccination: Ethical and Legal Issues; Formulating Policy, Implementing Programs—The Case of Smallpox Vaccination; The Role of Intelligence in Biodefense; Bioforensics and Pathogen Detection; Public Communications; and Reducing the Threat of Biological Weapons.

The format of the course includes both lecture and interactive activity.

Students taking this course for graduate academic credit will be evaluated based on a final paper. The paper will be due within one month after the conclusion of the course, on a date to be determined by the instructor. No assignment will be accepted after August 8, 2003.

There are additional courses being offered during the same week that are germane to bioterrorism planning and response. Specifically, "Surveillance for Public Health" and "Communicating with the Media during a Crisis" are complementary topics and would provide a week-long sequence of intensive instruction.

The HPM Annual Summer Institute provides the same academically rigorous courses offered to degree candidates during the regular academic year, only compressed into a shorter time-frame. To maximize learning opportunities, Summer Institute participants receive reading materials in advance of the course and are expected to read the materials prior to the course session. This allows Summer Institute participants to maximize discussion and application of concepts to real-world examples when they meet as a class. The Institute is intended for public health practitioners, public health students, or those for whom a public health perspective is beneficial. Past attendees have included physicians, hospital and administrators of managed care organizations, health educators, health policy analysts, and public health graduate students, to name but a few.

For details on registration and tuition, visit the Summer Institute's website at

http://www.jhsph.edu/Dept/HPM/Non_Degree/institutes/SI/sicourses.html

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- Molly D'Esopo, Managing Editor

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A summit on leadership during bioterrorism

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http://www.hopkins-biodefense.org

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