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CONTAGIONS

The Scourge You Know

by Malcolm Gladwell

If you are wondering what to worry about when it comes to biological weapons, you should concern yourself, first of all, with things that are easy to deliver. Biological agents are really dangerous only when they can reach lots of people, and very few bioweapons can easily do that. In 1990, members of Japan's Aum Shinrikyo cult drove around the Parliament buildings in Tokyo in an automobile rigged to disseminate botulinum toxin. It didn't work. The same group also tried, repeatedly, to release anthrax from a rooftop, and that didn't work, either. It's simply too complicated to make anthrax in the fine, "mist" form that is the most lethal. And the spores are destroyed so quickly by sunlight that any kind of mass administration of anthrax is extremely difficult.

A much scarier biological weapon would be something contagious: something a few infected people could spread, unwittingly, in ever

widening and more terrifying circles. Even with a contagious agent, though, you don't really have to worry about pathogens that are what scientists call stable--that are easy to identify and that don't change from place to place or year to year--because those kinds of biological agents are easy to defend against. That's why you shouldn't worry quite so much about smallpox. Deadly as it is, smallpox is so well understood that the vaccine is readily made and extraordinarily effective, and works for decades. If we wanted to, we could all be inoculated against smallpox in a matter of years.

What you really should worry about, then, is something that is highly contagious and highly unstable, a biological agent that kills lots of people and isn't easy to treat, that mutates so rapidly that each new bout of terror requires a brand-new vaccine. What you should worry about, in other words, is the influenza virus.

If there is an irony to America's current frenzy over

anthrax and biological warfare--the paralyzed mailrooms, the endless talk-show discussions, the hoarding of antibiotics, and the closed halls of Congress--it is that it has occurred right at the beginning of the flu season, the time each year when the democracies of the West are routinely visited by one of the most deadly of all biological agents. This year, around twenty thousand Americans will die of the flu, and if this is one of those years, like 1957 or 1968, when we experience an influenza pandemic, that number may hit fifty thousand. The victims will primarily be the very old and the very young, although there will be a significant number of otherwise healthy young adults among them, including many pregnant women. All will die horrible deaths, racked by raging fevers, infections, headaches, chills, and sweats. And the afflicted, as they suffer, will pass their illness on to others, creating a wave of sickness that will

cost the country billions of dollars. Influenza "quietly kills tens of thousands of people every year," Edwin Kilbourne, a research professor at New York Medical College and one of the country's leading flu experts, says. "And those who don't die are incapacitated for weeks. It mounts a silent and pervasive assault."

That we have chosen to worry more about anthrax than about the flu is hardly surprising. The novel is always scarier than the familiar, and the flu virus, as far as we know, isn't being sent through the mail by terrorists. But it is a strange kind of public-health policy that concerns itself more with the provenance of illness than with its consequences; and the consequences of the flu, year in, year out, dwarf everything but the most alarmist bioterror scenarios. If even a fraction of the energy and effort now being marshalled against anthrax were directed instead at the flu, we could save thousands of lives. Kilbourne estimates that at least half the deaths each year from the flu are probably preventable: vaccination rates among those most at risk under the age of fifty are a shameful twenty-three per cent, and for asthmatic children, who are also at high risk, the

vaccination rate is ten per cent. And vaccination has been shown to save money: the costs of hospitalization for those who get sick far exceed the costs of inoculating everyone else. Why, under the circumstances, this country hasn't mounted an aggressive flu-vaccination program is a question that Congress might want to consider, when it returns to its newly fumigated, anthrax-free chambers. Not all threats to health and happiness come from terrorists in faraway countries. Many are the result of what, through simple indifference, we do to ourselves.

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