

DINNER/DISCUSSION SUMMARY**The threat to the UK from biological and chemical terrorism:
what can be done and what is the risk?**

Held at The Royal Society, 6-9 Carlton House Terrace, London SW1Y 5AG
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CodaSciSys

In the Chair: The Rt Hon the Lord Jenkin of Roding

Speakers: Sir William Stewart FRS FRSE

Chairman, Health Protection Agency

Dr Pat Troop

Chief Executive, Health Protection Agency

Mr David Veness QPM CBE

Assistant Commissioner, Specialist Operations, The Metropolitan Police

SIR WILLIAM STEWART outlined the increasing threat from global diseases caused by increased travel and new developments such as viruses resistant to anti virals. Global bugs, global numbers, and global transportation mean the UK is at risk from the bugs of 6.3 bn people. And that is before bioterrorism. Bioterrorism is not new; it is not difficult to undertake; it can be low tech; it can cause widespread fear and disruption without killing many – or any – people. So you need to think carefully about how to deal with it in advance and consider not only the immediate response but also the consequences and public communication. You need to be aware that covert use of biological weapons is easy and can take many different forms – e.g. “slow” viruses, plant diseases. You need a robust interdisciplinary team to deal with all this. Don’t despair. The UK is well prepared with world class facilities and ability to respond quickly to threats – look at the speedy reaction to SARS. But there is more to do – we need better global surveillance and intelligence; we need assured electronically available information in real time; we need to have better standards and protocols; better training and research; and everyone needs to be alert, without becoming paralyzed by fear. Research might aim at a generic short-term immune stimulant; or the possibility that human genome research will spill over into the defence sector. Thought, unfortunately, be given about the consequences of a biological agent, which targeted only specific groups of people.

DR. TROOP outlined the role, structure and functions of the Health Protection Agency (HPA). It advised government on policies and practice; it delivered services and supported the NHS; it gave impartial authoritative advice and information to professionals and the public; it sought to improve knowledge, research and training;

and to provide a rapid response to new threats. It worked in partnership with the Department of Health and the NHS to integrate local and national strategies and practice. Through its regional divisions it had 42 local health protection teams to provide the robust interdisciplinary response that Sir William had mentioned. The key principles of emergency planning which it sought to implement were building on existing knowledge; ensuring that an integrated infrastructure was in place; giving guidance on countermeasures and carrying out exercises to train teams on dealing with incidents. The success of the HPA in emergency planning would be to become a one stop shop; simplify communications; anticipate problems (horizon scanning); give early warnings; secure a national high standard; provide a dedicated resource for emergency planning; deliver an integrated response; and issue easily available authoritative information.

MR. VENESS said the police welcomed the HPA as a valuable help in dealing with the enduring threat of terrorist activity, which would not change for at least 5 years. The current dangers grew from the global range of terrorist targets (e.g. US, UK, Canada, France, Italy); of venues for attacks (e.g. N. Africa, Middle East, Indonesia); and new and harmful technology. The threats came from long term global bodies such as al-Queda; from associated groups who might share a common experience or regional background (Bosnia, Chechnya) or from unconnected individuals who, whether through a divine mission or deep grudge, wished to destroy. The aim was always to create a high public impact, fear and horror with spectacular or suicidal events. The counter terrorist strategy was to tackle the threat at all stages of development, but as early as possible – e.g. keep them out through border control; monitor their planning;

harden whatever targets they are observing; interrupt their preparations; and, finally, stop the attack. This needed skilled staff, understanding of terrorist psychology; and good technology. Early warning, and prevention were crucial but, if an event did occur, then it was vital to assess and analysis the incident and work quickly to restore normality. Any delay in understanding precisely what happened and why; and informing the public and restoring normal life could be very damaging. It was the only means of denying the terrorist the public impact he wanted. To combat terrorism effectively you needed not only the political will but also diplomatic, financial, defence, international intelligence and law enforcement work. Fortunately, there was an active alliance of agencies and functions. As a policeman, his wish list for research would include the ability to detect and identify immediately any chemical /biological substances used in attacks in cities; flexible, user friendly personal protection kit for use in urban areas; and speedy effective decontamination devices or measures.

A principal theme in the ensuing discussion was concern about the ability to control chemical and biological research in such a manner as to inhibit its use for terrorist activities. The boundary between civil and defence usage of materials or substances was porous; much science was capable of dual use, and we needed to think carefully about whether control was possible, or whether the best that could be done was for scientists to have some code of practice. Are there circumstances when research should not be published because of fears of misuse? Even where efforts for control, such as the Chemical Weapons Convention had been put in place, and signed by 150 countries, there was a lack of political will in enforcing it and seeing states lived up to their obligations. Indeed, even though the UK did more than most, getting information out of government Departments was not easy and we were not doing enough. However, one should not assume that it is only, or even primarily, new and high tech science that is the terrorist threat. There is already enough material out in the public arena – sarin, ricin etc. – to create significant harm. But the responsibility of the scientific community could not be dodged. We talk about making authoritative information available; but what do we do when politicians, either through ignorance, or a desire for headlines, exaggerate fears by making wild statements about the consequences of attacks or incidents? Who is going to stand up (particularly at times of international crisis) and possibly contradict political masters?

Participants were also concerned about whether adequate resources were being made available for the struggle against terrorism and whether they were being appropriately targeted. It would not be right to compare the resources the UK had to devote to those the US had to put in place – we had a firm and developed infrastructure; they had very little. That did not mean that more resources should not be found, but at present the HPA would be cost neutral, with a budget of £178m. (£100m government funding). The key priority was to spend that money and available resources effectively. Top priorities were seen to be developing local services, strengthening medical toxicology and substantially upgrading IT capability. However, priorities should be made clearer and the consequences of not spending more spelt out. It was very doubtful if local authorities

were adequately staffed and resourced to carry out their functions and respond to emergencies: the London arrangements needed urgently to be rolled out to the rest of the country. Surge problems also concerned speakers: could the NHS possibly cope with, say, 10,000 casualties from a catastrophe; how could information be disseminated if systems were blocked by panic calls? The answers lay in integrated systems – networks of hospitals, pre-emptive information delivery, and speed of response. The 19th century dealt with mass infections and diseases by speedy action and relying on the resilience and common sense of populations. There was no reason to believe that we had lost these skills – the recent response to the SARS scare showed this – because authoritative information was quickly disseminated, the number of queries was very small. It would always be true that there would be GPs and others who did not know how to cope with the numerous poisons and infections which terrorism might inflict; and there would be even fewer who knew about speedy and effective decontamination methods. That was why it was essential to have a one stop multidisciplinary shop whom everyone knew did have the answers and could tell them what measures to take. Continuous realistic exercises were essential to test responses and sort out problems; exercises were taking place all the time – the recent London one had only been postponed, because of manning problems, not cancelled.

A number of practical issues were raised. It was suggested that the human rights/civil liberties legislation hampered anti terrorist activity, and that what had been the right balance between personal freedom and privacy and the need to thwart and overcome threats was now inappropriate. Inevitably, perhaps, the criminal justice system moved slowly to react to new circumstances. The reaction would be quickened only if those who had to deal with the problems on the ground of getting and using information made their frustrations and difficulties public. Another issue was vaccination of key staff. Recently the US had stopped a programme of smallpox vaccination because of concern over side effects; but it would be dangerous in the extreme for those who had to deal with disease epidemic not to be adequately protected. True, but there was a real problem when people were being asked to have vaccinations, not for their own benefit, but for the benefit of society. In such circumstances one should move slowly, and subject only small and essential cohorts to the procedure. Finally, there had been great play about communication and information, but, when the chips were down, who knew about the HPA? Why had there been no ministerial campaign to make its establishment known, at a time when the public would have welcomed the opportunity to be reassured about safety? One could argue that it was better to get the HPA up and running before publicizing it; but the danger was, that an opportunity for helpful publicity had been lost.

Sir Geoffrey Chipperfield KCB