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DIDEROT ET LA SOCIETE DU BARON DHOLBACH ETUDE SUR LE XVIII SIECLE, 1713-1789



RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 44 pages. Original publisher: Maxwell Air Force Base, Ala.: USAF Counterproliferation Center, Air University, 2002 OCLC Number: (OCoLC)269367370 Subject: Bioterrorism -- Prevention. Excerpt: . . . Surveillance and Detection. . . 5 II. Local Disease Surveillance and Detection by Physicians The current system of medical response to a bioterrorism attack in the United States emphasizes the critical role of the first responders, the local emergency care systems, in the initial period of a biological attack. Knowing that a biological attack has occurred (detection) is the first challenge faced by first responders, since biological agents lend 13 themselves to clandestine dissemination in the air, food or water supply. The release would most likely be unannounced by the attacker and would most certainly be undetected. For example, an airborne or aerosol release would produce a cloud that would be invisible, odorless, and tasteless. Depending on the biological agent used, no one would know until days or weeks later that anyone had been infected. This knowledge would come long after a considerable amount of damage had been done. It is highly probable that most victims of an unannounced biological attack will delay seeking medical care because most of the biological agents used in such 14 attacks will manifest flu-like symptoms in the early stages of infection. Because of this delayed reaction, even the possibility of a bioterrorist attack causes trepidation in the medical community. It is not surprising that first responders from 22 cities who attended federal bioterrorism preparedness planning, training and equipment programs provided an average self-assessment rating of 4. 1 out of a possible 10 points for their 15 municipalitys medical bioterrorism response capability. These poor ratings are indicative of just how far emergency officials in...

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