

# ANTHRAX

## ON BROAD STREET?



*A Bug's Life:  
Anthrax produces mild flu-like symptoms,  
followed by total respiratory failure.  
Untreated, it kills 90 percent of those exposed.*

**BY SABRINA RUBIN ERDELY**

**A TEAM OF GOVERNMENT AGENTS  
IS PREPARING FOR THE UNTHINKABLE:  
WHAT IF BIOTERRORISTS ATTACK  
THE REPUBLICAN NATIONAL CONVENTION?**

**P H O T O G R A P H Y   B Y   J O H N   R O M E O**



## Behind his desk at FBI headquarters,

Tom Dowd fiddles with a nail clipper. "Do you *have* to use the Republican Convention as an example?" he asks unhappily. "Why don't you use the dentist convention, 2002?"

He looks up from his desk, mouth set in a grimace. Supervisory Special Agent Dowd's job is to prevent terrorists from attacking our region. It's a job he takes very seriously. Which is why he's understandably squeamish about discussing the topic at hand: the possibility of an anthrax attack on the First Union Center during the Republican National Convention.

"We're talking about incredible casualties," he says, flicking the metal tab of the nail clipper. "Massive casualties." He looks uncomfortably at FBI spokesperson Linda Vizi, who's sitting in a nearby chair.

"You can make up a convention," suggests Vizi.

Dowd nods. "Like the dentist convention."

A patient, direct man in a graying buzz cut and a floral necktie, Tom Dowd heads the Joint Terrorism Task Force in Philadelphia, a consortium of representatives from the FBI, the Secret Service, the police department, the fire department, the INS and state police devoted to investigating terrorist threats and incidents. The group is busier than one might like to think. "We get an awful lot of anthrax threats," Dowd says wearily. "And you have to treat every event as if it were the real thing. 'Cause you never know."

His team helped defuse a situation just recently, in fact, when, on April 24th, the Hillel Foundation at the University of Pennsylvania, the campus Jewish community center, received an envelope in the mail. Hillel's director opened it to find a white powder and an epithet-laden letter declaring that the substance was anthrax, a deadly biological agent which, when inhaled, kills within a week. Terrified, the director called 911. Police and the fire department's hazardous materials (HAZMAT) crew screeched up to the building within minutes, hearts pounding, adrenaline levels soaring. The health department and the terrorism task force were called in. There at 36th and Walnut streets, the HAZMAT team strapped on oxygen tanks and zipped into their chemical suits. Then, while police held back curious onlookers—including reporters who'd heard the call over the police scanner—the HAZMAT team trooped into Hillel. They peered anxiously at the powder through protective face-shields. It didn't look like anthrax, which has a darkish cast; this powder was pure white. They performed a rudimentary test for biological agents, which came up negative. Even so, they carefully double-wrapped the stuff and handed it over to the FBI, which transported it to a lab. Within three hours, tests proved the substance no more toxic than talcum powder. A hoax.

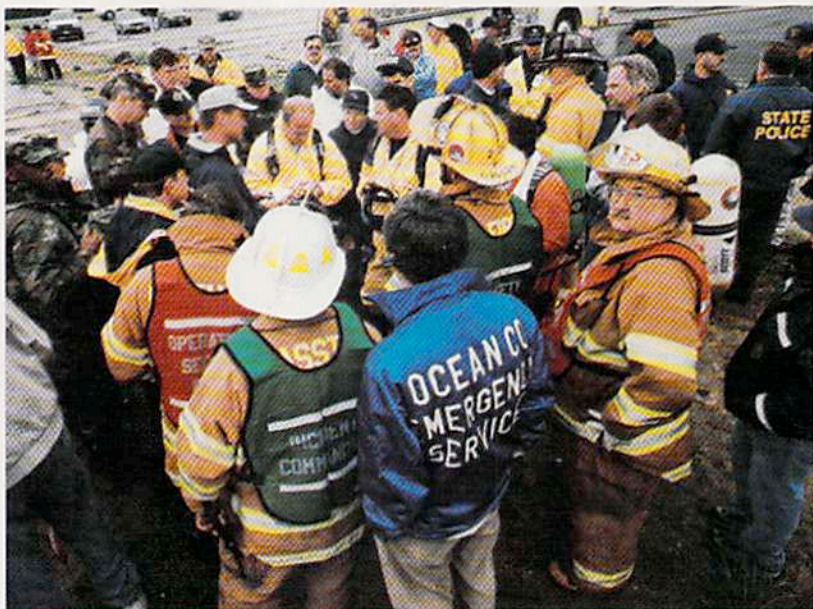
But eventually, it won't be a hoax. This is the sort of thing Tom Dowd spends his time thinking about in his window office at 6th and Arch streets.

"We have to be ready for when it happens," he says simply.

Dismissed by the United States until recently as paranoid, "domestic preparedness" has become the burning security issue of the new century. Experts now say it's no longer a mat-

ter of *if* a biological attack will occur on U.S. soil, but *when*. Known as the "poor man's nuclear weapon," biological agents—like anthrax, smallpox, Ebola and plague—can be easy to develop and easy to distribute, and even in small amounts can create havoc and result in terrible casualties, in part because we may not even know we've been attacked until the death toll begins to mount. According to the Department of Defense, at least seven of the United States' potential adversaries have worked to weaponize biological agents—including Iraq, which in the wake of the Gulf War was discovered to have a bioweapons cache large enough to kill off the entire human population of Earth several times over. Yet it took a deadly sequence of events in 1995—a sarin gas attack in Tokyo, followed one month later by the Oklahoma City bombing—to shock Congress into realizing how vulnerable we are to terrorism. The following year, legislators frantically allocated \$200 million for domestic preparedness programs; this year, federal funding will reach \$10 billion.

But we still have a long way to go. Last July, a panel headed by Senator Arlen Specter and a former CIA director concluded



Get Ready: A recent emergency preparedness exercise at the Lakehurst, New Jersey, Naval Air Engineering Station coordinated responses to a biochemical attack.

that the United States remains "woefully unprepared" for a biological attack. Specter has since become a loud advocate of stockpiling more anthrax and smallpox vaccines. Congressman Curt Weldon is outspoken on the issue as well. "Are we prepared today? Absolutely not," declares Weldon, who has been pushing for more domestic preparedness funding because "the sarin gas attack on the Tokyo subway, something of that nature, that's the eventuality that will occur here. And I say *will* occur," he adds, "because there is no doubt that we *will* have an incident that will involve a chemical or a biological agent."

As a result, preparedness drills now go on all the time across America—including national efforts like TOPOFF, the huge multi-city terrorist simulation performed in May. The U.S. military is being vaccinated for anthrax. And we're reaching a point where people assemble only with the utmost caution. In New York, Y2K provoked anxiety so great that manhole covers in Times Square were welded shut and mailboxes were

removed from street corners. Atlanta prepared itself for airborne biological warfare and the poisoning of its water system prior to the '96 Olympics—and was hit with an explosive device. Little wonder there has been some unease about the upcoming Republican gathering. "Of course we're concerned. The last time we had a big convention that backfired, it was Legionnaire's disease!" jokes Tom Dowd.

The riotous protests that disrupted the World Trade Organization's conference in Seattle late last year—not to mention the fact that protesters have ominously nicknamed the Republican convention "R2K"—haven't made law enforcement officials feel any better. And so for months, local, state and federal authorities have been preparing for potential emergencies ranging from hostage crises to chemical and biological attacks, running exercises complete with protective suits, decontamination tents and military helicopters. With 35,000 out-of-towners descending upon Philadelphia, nothing can be left to chance at the Republican National Convention.

"You mean the *dental* convention," says Dowd.

## Let's say, for argument's sake,

someone did decide to unleash anthrax on the final day of the Republican convention.

"What kind of article *is* this?" asks horrified police spokesperson Lieutenant Susan Slawson.

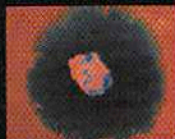
"I don't know if you want to use *that*," balks Dr. Esther Chernak, of the Philadelphia Department of Health's division of disease control. "That'll really terrify people."

No one interviewed for this article was willing to walk through such an awful scenario. But as unpleasant as the idea is, no one could deny that the August convention seems to have pretty much everything that might be on a terrorist's checklist. After all, it'll be in a major metropolis, where panic would traumatize millions of citizens. It'll be held indoors, where a biological agent could linger for maximum casualties. It has, obviously, political significance. Even the fact that it's in Philadelphia, a city brimming with American symbolism, could make it a tempting target.

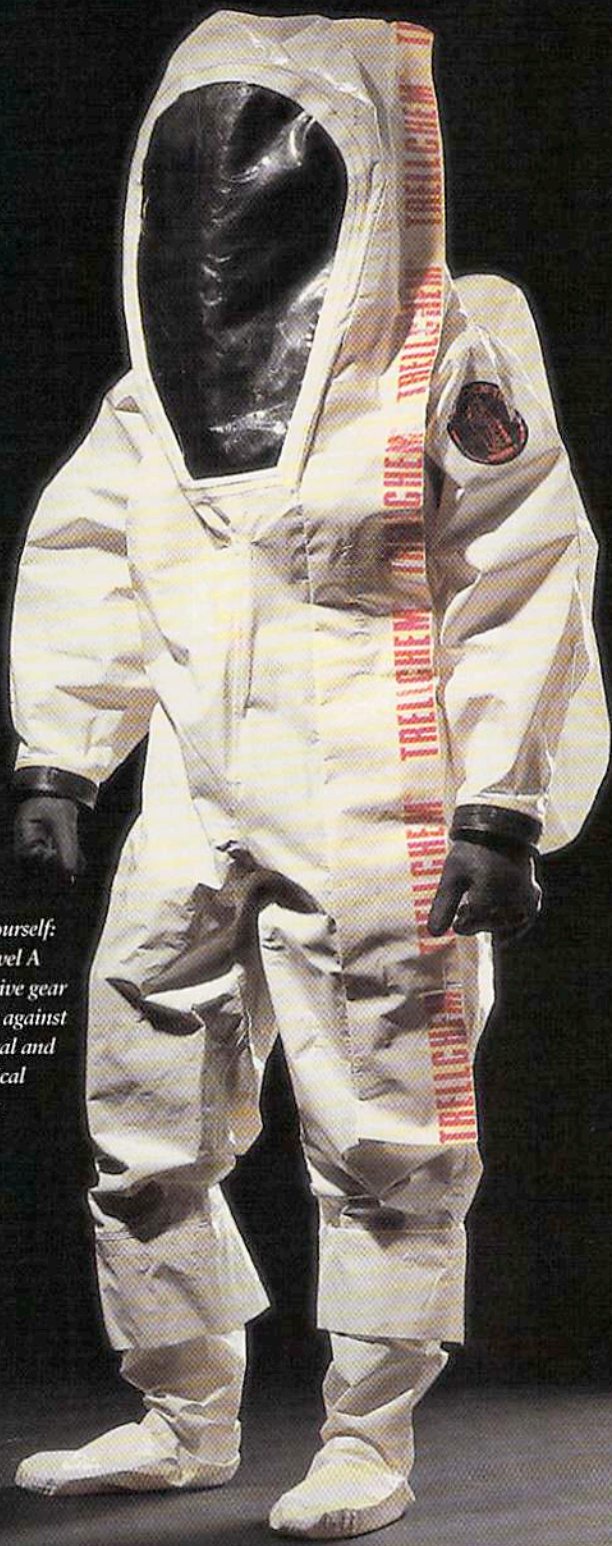
"Maybe we shouldn't be giving anybody any ideas," warns Inspector Frankie Heyward, head of the Philadelphia Police Department's Emergency Response Team.

The unleasher of biological havoc could have any number of motives. Maybe he'd be an international terrorist; U.S. intelligence has already intercepted efforts to smuggle technology for biological and chemical assaults into the country. And we've recently come to realize that Russia has an enormous arsenal of biological weapons—and has been selling them off to such upstanding nations as Iran, Iraq, Syria, Libya and North Korea. But perhaps our RNC terrorist isn't an overseas agent; perhaps he's the sort of lone wolf America has been plagued with lately, a rogue like the Unabomber, Timothy McVeigh or (allegedly) Eric Rudolph. Such solitary killers pose a significant problem for investigators; because they're not affiliated with anyone, their schemes are harder to prevent and their identities are more difficult to discover. As it happens, the majority of anthrax threats come from isolated individuals. Whatever his cause, the killer wouldn't need to be all that bright to pull off an attack. Anthrax is the easiest biological agent to develop as a weapon; with some germ spores, petri dishes and a biology textbook, it can be a cinch. "You can just go on the Internet to find out how to make it, and develop it in a makeshift lab," confirms Tom Dowd.

Of course, the killer *would* have to manage to get into the First Union Center, which should (continued on page 98)



*Sore Spot: Ten days after exposure to smallpox, victims spike a fever and erupt with blisters. One-third die. Highly contagious; no known treatment.*



*Suit Yourself: This level A protective gear guards against chemical and biological agents.*

*Blood and Guts: What starts as a fever quickly turns into gory death as Ebola dissolves victims' internal organs. No known treatment.*



# ANTHRAX

(continued from page 69)

take some finesse. The convention will be heavily guarded, with Secret Service men swarming everywhere and Philly's Finest tightly surrounding the building; protesters will be contained across Broad Street, just in case. But a terrorist could slip through using well-forged conventioners' passes. Or he could simply steal someone else's credentials. Then it would just be a question of how to disseminate the anthrax. If he's the high-tech type, he might plant a device in the center's air-conditioning unit. According to some experts, it wouldn't be the first such sinister act in America; they say that honor belongs to the 1993 World Trade Center bombing. Though their assessment wasn't made public, these analysts concluded that not one but *two* devices were planted in that building: the explosive, *and* a cyanide bomb rigged to the air-conditioning and heating system that was incinerated in the explosion.

But our terrorist wouldn't even have to go to such lengths. The nation's first confirmed bioterrorism attack was incredibly low-tech. In 1984, members of an Oregon-based religious cult, the Rajneeshees, tried to rig a local election by spraying salmonella bacteria onto salad bars, sickening 751 people. An investigation into what looked like a massive health-code violation revealed the conspiracy.

Our RNC terrorist's strategy could be equally simple. He could carry his anthrax spores in a plastic nasal inhaler, then walk around the building spritzing them into the air. He'd probably clap a tissue over his nose and mouth as he clutched the "nasal spray," hiding his face; to any bystander, he'd just be some guy with a bad cold. Maybe he'd feign a sneeze or cough, to make it all the more real. Perhaps he'd choose instead to spray the anthrax into an intake vent, and let the air-circulation system spread the spores throughout the building. Or maybe he'd get some altitude over his victims—take the elevator above the concourse, or release the anthrax from an upper level inside the arena, to allow the spores to drift down. Already vaccinated for anthrax, he wouldn't be at risk himself. His victims wouldn't notice the invisible mist; anthrax has no smell, no taste. No one would know an attack took place.

"The problem with biological [attacks] is, the effects are not going to be immediate," says Michael Nucci, director of emergency management for the city. "You don't know what you're dealing with until you've got people getting sick and dropping dead."

In the case of anthrax, it takes victims anywhere from one to six days to feel the effects. Symptoms start out mild. If the attack came on the final day of the conven-

tion, only later—with conventioners back in their homes all over the country—would those infected experience the onset of stuffed noses, achy joints, fatigue and a dry cough. They'd likely decide it's a virus coming on, and would chalk it up to having run themselves down while in Philadelphia, what with getting up early, being out late, and sleeping fitfully in hotel beds. At this point, the proper antibiotics could save their lives. But it's unlikely many victims would see a doctor, since they'd probably figure their illness was nothing more than an ordinary passing bug. Must've been something going around the convention, they'd agree; that guy with the nasal inhaler seemed to be coming down with something nasty.

## Inspector Frankie

Heyward wants to pretend it's not the Republican convention we're talking about, but a meteor landing in Fairmount Park.

"So there's a meteor on Belmont Plateau! It's giving off red radioactive gas! People saw it come down out of the sky!" Heyward is the commander of the police department's Emergency Response division, a multi-agency force trained to deal with biological, chemical and nuclear situations. Enconced in his sunny office on the second floor of an old firehouse at 13th and Race, Heyward is a friendly, serious man who speaks in urgent, staccato bursts. "Our number one priority is to prevent panic!" he cries. "People will be trying to get out of town, people going crazy! People running, they don't even know what they're running from or where they're running to!"

Heyward is even more fired up than usual today, having just returned from a weeklong domestic preparedness conference near Las Vegas. The symposium was held on the infamous Nevada Test Site, where scientists detonated nuclear bombs during the Cold War, and the grim significance of discussing new forms of weapons at the desolate, almost quaint testing ground of the old warfare was not lost on Heyward. The conference had representatives from a dozen states comparing their response strategies, and Heyward is pleased to report that "Philly came out looking pretty good." In the case of a biological emergency in Philadelphia, Heyward and his team have the unenviable responsibility for keeping pandemonium at bay, by executing basic security functions like maintaining traffic flow, protecting the perimeter of a "hot" area, helping to evacuate people, or, if the situation calls for it, making sure citizens stay indoors until the danger passes. They'll also keep a close eye on liquor and gun shops. "'Cause we know if there's civil unrest," explains Heyward, "people are likely to get the booze, get their hands on those guns, and cause us bigger problems," like

looting and rioting.

Heyward is one element within a complex infrastructure equipped to deal with catastrophic attacks on the City of Philadelphia, which has been preparing for biological and chemical events for the past four years—learning both how to deal with such emergencies itself and how to collaborate with state and federal agencies. The first test of the collaborative efforts was less than stellar, when a "tabletop exercise" was held before the '96 All-Star baseball game at Veterans Stadium. Seeing as this was a high-profile event—Bob Dole and governors Ridge and Whitman would be in attendance—a complicated scenario was devised in which during the game, a sarin nerve gas attack occurred in the subway system while at the same time a tank truck exploded at the corner of Broad and Pattison. It didn't take long for the exercise to fall completely apart, especially when the group was faced with unanticipated emergencies, as when the wind began blowing the "sarin" toward the Walt Whitman Bridge.

After two years of practice, however, the group had another chance to prove itself when the Army's Chemical and Biological Defense Command staged a mock sarin attack in Fairmount Park. The scenario was a 1,500-guest fund-raiser luncheon at Memorial Hall at which sarin gas was released in the building. As role-playing city employees staggered about, clutching their throats and "dying," fire trucks, HAZMAT teams, law enforcement, health services and the National Guard swooped in with decontaminants, test kits and full-body suits, and contained the attack while simultaneously coping with the casualties.

"We did a pretty good job with that," says Heyward. "But the thing about bioterrorism is, you never know how you're going to respond to it. Being in practice is one thing. Going through the real thing is another, and you never really know how anyone's going to react. That's the unknown quantity we're dealing with here. When you're dealing with a meteor of that size," he adds, deadpan.

## If the anthrax attack

occurred on the Republican convention's final day, a Thursday, then by Saturday, people would be trickling into emergency rooms nationwide. "Headaches, fever, fatigue, a cough. Sounds like a flu, doesn't it?" asks epidemiologist Dr. Esther Cherkov. Young and freckled, her dark hair pulled into a ponytail in the airless health department building on Broad Street, Cherkov glances up from her *Principles and Practice of Infectious Diseases* textbook, opened to a page marked *Bacillus anthracis*. Along with health department medical spe-

cialist Dr. Caroline Johnson, Chernak is responsible for developing a response plan for the health-care community in case of a biological attack. They've only just started working on it. "Unless a doctor is specifically looking for anthrax symptoms—unless we already know there has been an attack—it's very likely they're going to miss it," Chernak says matter-of-factly.

Anthrax is a stealthy killer; it keeps a low profile until it has conquered the body. Before it's breathed in, it exists in spore form, with a tough outer coating that allows it to live for decades in the soil. Once inhaled, though, it gets right to work: The bacteria burrow into the tissues of the windpipe and lungs, replicating rapidly and secreting a toxin. They move swiftly into the surrounding lymph nodes, which swell with infection. "This is classic inhalational anthrax," says Chernak; in her tiny cubicle dominated by an old metal desk, she points to an X-ray on her computer screen. "You see here, the central chest structures"—heart, lungs, trachea—"are larger, very inflamed, but the lungs are relatively clear? Classic anthrax." One to five days after exposure, the bacteria begin swallowing up the lymph nodes and enter the bloodstream, spreading poison throughout the body, causing an inflammation of the lining of the brain and spinal cord. Chest pains develop. Breathing becomes difficult. The victim has choking fits and convulsions. The end arrives in a day or two, very suddenly; victims have been known to die mid-conversation. "Death is from overwhelming infection or respiratory failure," says Chernak simply. "That's what kills you."

In a covert release like our hypothetical Republican convention attack, hospitals would become the front lines of detection. Chernak's fervent hope is that if emergency rooms in Philadelphia are faced with unusual symptoms—for instance, a large number of flu-like cases in August—they'll call the Department of Health, which will be able to identify abnormal illness patterns. That's exactly how last summer's mosquito-borne West Nile virus outbreak in New York City was detected and contained, but not before a toll of 62 victims and seven deaths. "The problem is, these entities are hard to diagnose," says Chernak. "No one had ever seen West Nile virus in this part of the world before. No one's seen inhalational anthrax in this part of the world. They aren't expecting to see it, and they might not recognize it."

This appears to be the weak link in the domestic preparedness plan. There's no guarantee that emergency-room workers will make special note of what appear to be benign symptoms; even if they do, there's no guarantee they'll think of rushing to the

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# ANTHRAX

phone. In addition, no unified system exists to allow hospitals to track patterns of illness. If an unusual case surfaces in Philadelphia and another in Montgomery County, for example, the two county health departments will be clueless that a pattern is emerging unless one happens to phone the other, or unless they notify the Centers for Disease Control in Atlanta. A CDC biological terrorism conference held in May at the Adam's Mark Hotel featured discussions about the urgent need to create a national computerized database. But such an expensive and complex proposition is far in the future, and Philadelphia needs to come up with its emergency health plan—"one involving mass immunization, mass prophylaxis and, well, mass mortuary care," says Chernak—*now*.

So uncertain are detection strategies in the hospital arena that the health department is already getting into battle mode for the Republican convention. Fact sheets listing the symptoms of biological attacks and urging staff to be on the lookout are being distributed to emergency rooms. Concern is so great that officials actually considered stationing themselves in city emergency rooms before, during and immediately after the convention, keeping count of unusual cases. Instead, the health department will monitor such cases on an experimental CDC-sponsored web site linking all area hospitals—the first detection effort of its kind.

"Just as a precaution," says Caroline Johnson. "This way, we'll be right there should there be a covert event. If it happens, we're not going to miss it."

And if they did diagnose anthrax? Before the official lab tests were even complete, an alert would go out by phone to the CDC, PEMA, FEMA, the FBI and a dozen other agencies. When the lab tests came back a couple of hours later, everyone would spring into action. An emergency broadcast would interrupt television and radio programming, with President Clinton and other officials announcing the crisis, reassuring the public that help is on the way. They might add that the FBI suspects the attack had something to do with the Republican National Convention—and that anyone who attended the convention should report to the nearest hospital.

Panic would ensue. Emergency rooms would be clogged with hysterical people—both the infected and the "worried well." Other folks would race to get out of town, causing traffic jams that would stretch for miles as well as car accidents for which few ambulances would be available, since EMS would be swamped with anthrax calls. Mayor Street would go on television to

insist that anthrax isn't contagious from person to person and to urge citizens not to panic, but probably to little avail. Federal backup would arrive within four hours; by that time, hospitals might be low on medicine, and more would be flown in from the national pharmaceutical stockpile. The National Disaster Medical System would need to dispatch additional doctors and nurses to understaffed emergency rooms.

The FBI would be interviewing conventioners all over the country, looking for clues. The First Union Center would become a crime scene and a biological "hot zone," with a wide perimeter set up so people couldn't get close. The FBI and HAZMAT would be suiting up to investigate inside the building. The Philadelphia police department would have an attrition problem: Since many of its officers would have been at the First Union Center during the attack, many would, presumably, be infected with anthrax. The National Guard would be called in to pick up the slack; their special team, trained for biological and chemical attacks, would be on the way as well. There would be a problem in the morgues; with so many deaths, medical examiners' offices would be overwhelmed. The result: total chaos across the region.

"With the West Nile virus, that was just 62 cases," reflects Dr. Chernak. "Can you imagine if it was a massive event? If instead of 60 cases, it was 600? Six thousand?" Her estimates are conservative. In developing its plan, the health department has been studying the influenza pandemic of 1918, which in Philadelphia alone sickened at least 150,000 and claimed more than 15,000 lives. Anthrax at the Republican convention could conceivably kill everyone in and around the First Union Center—more than 20,000 people. Anthrax released in the subway of any major metropolitan area could kill 50,000. Defense Secretary William Cohen once famously held up a five-pound bag of sugar to illustrate the amount of anthrax it would take to destroy half the population of Washington, D.C.—300,000 people.

"Are we ready?" Esther Chernak repeats the question. "No one's ready. But we're thinking about it. We hope the fact that we're actively working on solutions will be enough of a deterrent."

Will that work? Chernak purses her lips. "Let's hope so!" she exclaims.

**"If you need 10,000 body bags, where do you get them?"** Dennis Skomorucha asks rhetorically, gesturing toward a wall of a warehouse that is stacked with cardboard boxes full of body bags. Skomorucha, a tall, blue-eyed man with the easy, polished way of a salesman, is strolling

through the Thorofare, New Jersey headquarters of Aramsco, one of the world's largest distributors of biological and chemical safety-related gear. Forklifts rumble through aisles of chemical suits, rubber booties, latex gloves, ventilation machines, decon equipment; the walls are adorned with posters of bikini-clad Budweiser babes. "Or where do you get 20,000 stretchers at a moment's notice?" Skomorucha asks. "We want to make sure they're available."

"We stock the stuff we hope you'll never need," adds Aramsco co-owner David Naylor, who, with his shaggy brown hair and laid-back attitude, doesn't immediately come across as someone obsessed with biological, chemical and nuclear emergencies. With 12 locations around the country, Aramsco can airlift supplies anywhere in the United States within 24 hours. They supplied gear for cleanup after the World Trade Center bombing and the Exxon Valdez spill, and provide CNN and NBC with safety kits for war reporters. Before Y2K, they outfitted paranoid Wall Street firms with gas masks. For lay people, they offer the "civilian escape kit," a chemical suit packed into a stylish carry-on bag. "This is definitely a mind-set," Skomorucha said earlier. "Have you ever been to a firefighters' conference? You never see the firemen taking the elevators; they always take the stairs. It's just their nature, because they know too much; they're in that mind-set. Same thing here."

AramSCO entered the domestic preparedness market at just the right time. Until recently, America hadn't given biological or chemical terrorism much thought; with no hostile border countries, the world's largest nuclear arsenal, and the 1972 Biological Weapons Convention duly signed and sealed, biowarfare seemed a remote possibility. But unbeknownst to us, other nations took that treaty as a signal to step up their weaponry. For 20 years, the Soviet Union's Biopreparat labs employed 15,000 workers to produce the world's most advanced biological weapons—and inadvertently caused a Russian anthrax outbreak in 1979, after the stuff seeped out of a lab; at least 66 people died. Iraq, too, developed a biological and chemical stockpile, which it used against Iran during the '80s and against its own citizens in 1988. Around the world, developed countries eyed their neighbors suspiciously. Sweden became a model of domestic preparedness, as did Israel, which supplies chemical suits and gas masks to every citizen, and France, which even provides tiny protective sacks for infants.

America alone, it seemed, remained willfully in the dark—which is why no one was more shocked than us when, in March 1995, Japan was hit with a sarin gas attack. The religious cult Aum Shinrikyo released

the deadly nerve agent in the Tokyo subway, killing 12 and sickening more than 5,000; if the scheme had gone off as planned, the death toll would have been far higher. Three weeks later, Disneyland, in Anaheim, California, was the target of a sarin gas threat in which the terrorist sent a videotape saying he would attack the following day. Uncertain how to handle the situation, authorities prepared to treat up to 40,000 victims. Three days of readiness passed before they relaxed; it was a hoax. "This will happen again," an FBI spokesperson announced. The next day, Oklahoma City was bombed.


Aramco has been in the business of safety and environmental cleanup for 30 years. But America's newfound vulnerability to terrorism made the firm's founders realize there was room for growth. "This is a level-A protective garment," explains David Naylor, as Dennis Skomorucha struggles into a white space suit inside the Aramco offices. The suit is large and unwieldy, and the plastic squeaks as Skomorucha shrugs it on. "This is the highest level of protection in a garment, a Teflon overlay for chemical protection with a Mylar undercoat on the face shield," continues Naylor. In the suit, Skomorucha strikes a pose, hands on hips. He looks uncomfortable.

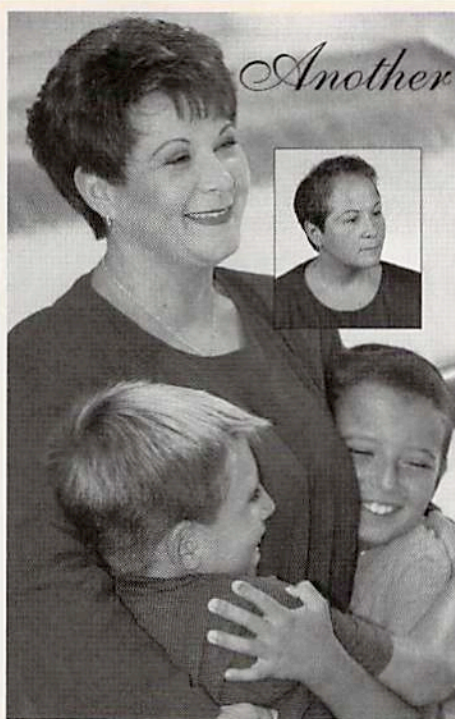
"It is definitely not fun in here," he says. He peels off the suit.

Dave Naylor nods. "You would rather be in a prom gown than this." Naylor picks up a gray plastic hood with a clear face shield. "Now, this is a civilian mask," he explains calmly. "This is only used to put on and run like heck." He slips it over his head and looks out through the glare of the faceplate, the screw-cap of the mouth forming a silent, startled O. Then he jogs his arms back and forth, like he's running in a frenzy. Everyone laughs.

Naylor takes off the mask. "You know, when there finally is an event—and they know it will happen, sooner or later, somewhere—it'll never be the same again. People's level of paranoia will be raised to a point where they won't feel comfortable at any large gathering. For instance, what we were talking about before." He's referring to anthrax at the Republican convention, but he can't even bring himself to say the words. "That is the worst-case scenario," Naylor says mournfully, shaking his head back and forth. "That is the absolute worst-case scenario. Think about it."

A beat of silence goes by while we all ponder.

"So please, when you write this, make sure you make it as un-frightening as possible," Naylor begs. "Because if the public knew what was really involved in a biological attack, they'd never come out of their houses." 



## Another Visual Miracle

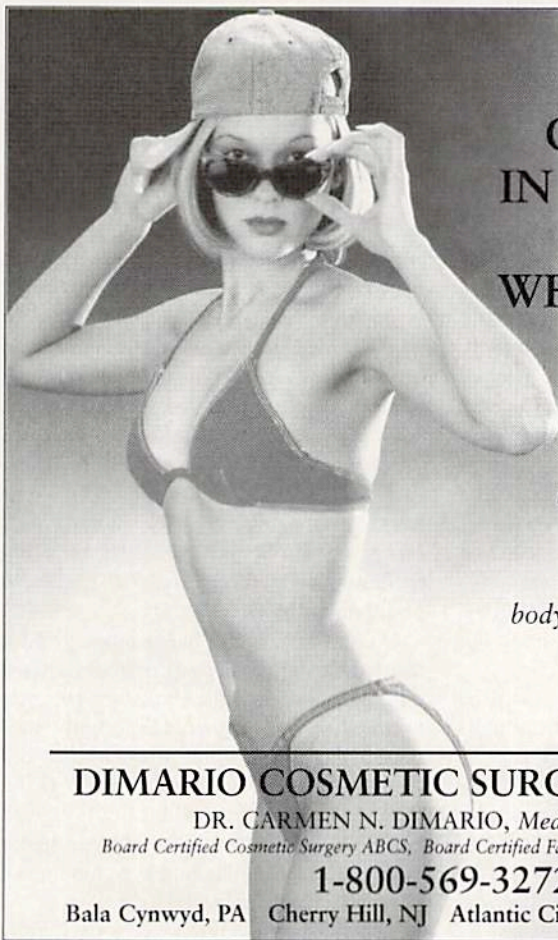
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