

WillowBrook Prosthetics & Orthotics



Robert Diebold, C.O., Orthotist • David Loney, C.P., Prosthetist

190 Hanover Street • Lebanon, NH • 603/448-0070

President Wheelock & the Smallpox Caper

continued from page 51

tribe put it this way: “The fur traders opened a bottle and let the pestilence destroy the whole of us.”

Yet unfortunately, Catlin pointed out, the Native Americans were very wary of—and, sadly, successfully resistant to—the efforts that were made to vaccinate them. They regarded the attempt as a trick to further subdue them, even when they were faced with evidence that vaccination worked among a few of their number.

Of Somalia and September

In October of 1977—just over 200 years after Eleazar Wheelock’s fulminations against Laban Gates—a young Somalian presented himself at the dispensary of a hospital in Merca, a city near Mogadishu on the Somalian coast.

His name was Ali Maow Maalin, and he had been diagnosed a week or so earlier as having chicken pox. But on this visit, it was determined that he was seriously ill with smallpox. When he recovered, he learned

that he had contracted the last known “wild” case of smallpox in the world.

Today, the pestilence is back in the “bottle”—those bottles being the carefully guarded property of the United States and Russia (and possibly, illicitly, various unstable regimes as well). Several years ago, after serious scientific and ethical debate, the World Health Organization (WHO) decided that the remaining known stockpiles of the virus—those held by the United States and Russia—should be destroyed. A date for that action was agreed upon, but when the time came the destruction was postponed.

The clock was reset twice again, most recently to late in 2002. But in light of post-September 11 apprehension about bioterrorism—and the possible need for some supplies of the virus for research and vaccine-development purposes—WHO has recommended a postponement of the destruction yet again.

And so this patient microbe—perhaps the most lethal of what biologist Paul Ewald, Ph.D., calls “sit-and-wait pathogens”—is still among us. ■

John Modlin

continued from page 59

Clinic in Manchester, N.H. The department is now outgrowing its current quarters, and by the time the DHMC building expansion that is underway is done, the pediatrics faculty will no longer be housed together. The outpatient doctors will be in the new ambulatory care facility, and critical care and neonatology specialists will be closer to the pediatric intensive-care unit and the nursery, he says. He’s also proud that several members of the department have made major news with their research (see page 9 in this issue for details of two such studies).

But since last September 11, Modlin has been spending more time on his national ACIP duties than he had anticipated. “The smallpox issue has been such an urgent and acute issue that we’ve done work on this in a period of three months that normally would have taken a year to do,” he says.

“He chairs that committee masterfully,” Katz says with pride. In fact, he and Wilfert each chaired the ACIP before Modlin, and Katz still attends meetings as a liaison member. He looks forward to the meetings—partly because they provide a chance to share personal news with Modlin, but mostly because he loves being able to see his protégé in action. Katz knows only too well about the “challenges that are placed before that committee, the decisions that have to be made, some of the contentious debate that goes on. John is a master at handling the people there . . . a joy to watch.”

Smallpox may be the most high-profile of the challenging issues facing the ACIP, but it’s only one of many. “It’s odd that all of a sudden smallpox has received all this attention,” Modlin muses. “The irony is that . . . the decisions that we’ve made for the past six or seven years prior to the smallpox [debate] have probably affected the lives of hundreds of thousands of people—particularly decisions regarding the use of influenza vaccines.” Year in and year out, he explains, influenza kills 20,000 to 40,000 people and sends over 100,000 people to the hospital in the United States alone.

“Nobody is talking about numbers like this, even in the very worst-case smallpox attack,” he says, putting into perspective the difficult decisions that he and his panel deal with every time they meet. ■