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**Anthrax Attacks** Friday 10/12/2001

Harvard biologist Matthew Meselson and science writer Nicholas Wade discuss the three anthrax attacks in Florida and the latest case in New York.

CHARLIE ROSE Incidents of anthrax in south Florida, today in New York, a new case. We want to talk about that. Joining me now from Boston, Dr. MATTHEW MESELSON. He is a professor of biology at Harvard University. And here in New York, NICHOLAS WADE, the science writer for the New York Times. I'm pleased, because of what has happened here in New York at NBC and some consideration of what the story was about the New York Times, to have NICHOLAS WADE here. Dr. Meselson, what can you tell me about what you know about reports of the anthrax confirmation of an NBC News employee?

MATTHEW MESELSON, Professor of Biology, Harvard University Well, I know very little. I've heard that a powder was received by this person, this woman, and that it tested negative, but I'm not sure that's correct. I've heard it only in the media. I would say that because the time interval between the Florida events and the New York events is quite short, only days, whereas normally between anthrax cases in the United States we have decades, years or decades, that the New York case must have some sort of connection, whether it's just copycat or whether there's a deeper connection. But there's obviously, I would imagine, some kind of connection.

CHARLIE ROSE This is what was said today. "An NBC Nightly News employee who received mail containing a suspicious white powder tested positive for cutaneous skin anthrax infection, New York officials said on Friday." Nicholas, what-- what's going on here?

NICHOLAS WADE, "New York Times" Well, I think we all-- we have all the ingredients of a-- of a first-rate murder mystery story. As of right now, nothing hangs together. I think all possible explanations are still on the table-- i.e., that it could have been caused naturally, that it was a bio-crime -- i.e., an amateur -- and that it's bioterrorism. We can't rule any of those out right now.

MATTHEW MESELSON There's a fourth possibility.

NICHOLAS WADE Two cases—

CHARLIE ROSE I'll come right to you, Dr. Meselson. What? Sorry. Go ahead.

MATTHEW MESELSON Well, there's an additional possibility that it was some kind of laboratory accident.

NICHOLAS WADE Yes, well, Matt is suggesting, I think, the first possibility, that it was a leak from a laboratory, say, that Mr. Stevens was passing by, that he was infected.

CHARLIE ROSE Yeah.

NICHOLAS WADE He then went back, infected his building. But you have to explain the NBC case. I don't know whether the NBC had herself gone down to Florida and been in the building. If she had, that would be consistent possibly with a single source. If she had not, then we have two sources.

CHARLIE ROSE Yeah.

NICHOLAS WADE So right now, there's a great interest to know if it's the same strain that is in-- that is involved, and that should be tested and should be known quite soon, I would think.

CHARLIE ROSE OK. What would you be interested to know, Dr. Meselson?

MATTHEW MESELSON Well, as Nicholas has said, the identification of the strains is very, very important. But I would like to know very much about the movements of Mr. Harris. How did he go to North Carolina? If he drove, what was the route? If he overnighted, what were-- what was that? If he went by plane, where was he? I think that's important. In the case of Mr. Stevens-- I perhaps misspoke myself.

CHARLIE ROSE Right.

MATTHEW MESELSON In the case of Mr. Stevens, it could have been foul play, clearly. It could have been a natural occurrence. We still can't rule that out, so far as I know. It could have been accidental, in the sense that if there was any laboratory doing perfectly legitimate work, it could have been some kind of accident. I have no idea if there is any laboratory anywhere where Mr. Stevens was that is doing work with virulent anthrax. I rather doubt it because there are very few laboratories that do that work. But at this stage, I think all these things have to be kept in mind.

CHARLIE ROSE OK, let me just inform both of you, if you did not know this -- you may have -- that NBC News-- NBC president Andy Lack and NBC chairman Bob Wright have stressed that the infection was, quote, "not the same respiratory anthrax that had been reported in the news." Now, is that new information for you, or does that make a difference?

NICHOLAS WADE No, it's the same. It just means it's a different form of the disease. You can get the disease on the skin -- that's called cutaneous anthrax -- or by breathing it in -- that's inhalation—

CHARLIE ROSE Respiratory. Right.

NICHOLAS WADE --or even by eating -- that's gastrointestinal. So it could still be the same strain. That remains to be determined.

CHARLIE ROSE So—

MATTHEW MESELSON And I think one should emphasize that in the case of the woman with the cutaneous anthrax, the-- one should be quite confident that she can be treated successfully and be back to work before too long.

CHARLIE ROSE Yeah. I think-- elaborate on that, please, because I think a lot of people are concerned-- when they heard the word "anthrax," they think of worst-case scenarios.

MATTHEW MESELSON Well, cutaneous anthrax creates a sore on the skin, which over time becomes so obvious that you would go to your physician. And then you would get antibiotics, and antibiotics can cure cutaneous anthrax. And so I think that she should be fine.

CHARLIE ROSE It is—

MATTHEW MESELSON Inhalation anthrax, on the other hand, initiates in the lymph nodes near the lungs, and once symptoms begin, unless one administers antibiotics very soon thereafter, then it can be too late.

CHARLIE ROSE Can you tell me what happened at the New York Times today? Because the story all over New York was that a reporter who's familiar to this table had received some mail and had been-- gone to the hospital.

NICHOLAS WADE I don't know if she went to the hospital, but that's correct. She had an envelope, and she opened it and some powder fell out. And on an ordinary day, I think we would have paid no attention, but this happened just as we were hearing about the NBC employee with the cutaneous anthrax, so the response was quite different. And the city health authorities came along, and we were told not to leave the building. Anyone outside wasn't allowed in. And the city health people confirmed that it was not a chemical poison, which was comforting, and that it wasn't radioactive. But as for the biological test, we have to wait for that. We're going to know sometime this evening if it is cultured-- tested positive for anthrax. Now, if it has, then we all sort of take the routine precautions. The people who actually came in contact with the powder will be then tested themselves for anthrax and will take cipro at the same time.

CHARLIE ROSE Yeah.

NICHOLAS WADE And we've been told anyone else who's worried, who (unintelligible) peace of mind to be tested, can ask to be tested, as well.

CHARLIE ROSE Were you tested?

NICHOLAS WADE I haven't been yet, and I don't think I'll bother to be.

CHARLIE ROSE Yeah.

NICHOLAS WADE But this stuff was a powder. Mostly, it sort of falls to the floor.

CHARLIE ROSE Yeah.

NICHOLAS WADE It's not-- if it were weapons-grade anthrax, it would be a sort of smoke that would get through the building, perhaps, and infect everyone. It's clearly not that. It's-- it seems to be a sort of crude preparation.

CHARLIE ROSE Let me ask a couple of-- as we often do, you know, tell me what's myth and what's reality here, and what's true and what's not true. Anthrax-- there is no danger of individuals communicating it person to person. It's like-- you don't become-- help me out here. You don't become—

NICHOLAS WADE Contagious.

CHARLIE ROSE --a carrier or contagious just simply because you have it. Correct?

MATTHEW MESELSON I know of no documented report of person-to-person transfer of any form of anthrax.

CHARLIE ROSE You only get it because you come in contact with the white powder or whatever is the source or the carrier.

MATTHEW MESELSON There are three ways. You-- if you inhale it in a form that can be-- that can reach the depths of the lungs-- very fine particles, you could get inhalation anthrax, or if spores

enter a wound, a break in your skin, or if you eat it, and probably that requires some kind of lesion in the gastrointestinal tract, as well. Those are the three ways. And they give rise to three different kinds of illness. The cutaneous form, on the skin, is readily treatable. We don't know much about the treatability of the gastrointestinal form. The inhalation form is readily treatable if you catch it very early.

CHARLIE ROSE What's the history of anthrax in the United States, say? I mean, how many case of-- of cutaneous—

MATTHEW MESELSON Well, it looks as though it started in the western United States, possibly because of cattle drives. It is a disease of grazing animals, primarily. And it still strikes in herds in the United States and in Canada. There's an ongoing epizootic in Canada right now. So it probably came east with cattle. It came to the United States not so long ago. I don't really know exactly, but maybe 100 years, maybe a little longer.

CHARLIE ROSE What's the-- what's the attitude over-- what's the mindset over at the New York Times?

NICHOLAS WADE Well, I think some people were a little alarmed, but most people were quite calm and just went back to work.

CHARLIE ROSE Yeah? And just said, "We'll wait until the results come out and investigation takes place."

NICHOLAS WADE That's right, because as soon as anyone had any information, it was rapidly shared, and everyone was told what was going on. And there seems no present reason to worry.

CHARLIE ROSE Yeah. So the big question is, what was the white powder, correct? Or not? And then the second big question is, where did it come from? Was it accidental? Was it man-made? Was it-- help me out, Dr. Meselson.

MATTHEW MESELSON Yes. Exactly. We need to look carefully at this white powder because if that's not the source of the cutaneous anthrax of the NBC person, then-- well, I'm not close to this investigation, but I don't know—

CHARLIE ROSE Then the mystery deepens.

MATTHEW MESELSON --what's left.

CHARLIE ROSE Then the mystery deepens.

MATTHEW MESELSON The mystery-- it's already pretty deep, Charlie.

CHARLIE ROSE Yeah.

MATTHEW MESELSON It's already pretty deep. And I keep going back to Florida because in a way, that's-- that's central to everything.

CHARLIE ROSE Do you know anything more about Florida, Nick?

NICHOLAS WADE No, we don't. We've been waiting to see if there are any more cases, but no more have been reported.

MATTHEW MESELSON I'm amazed that the media haven't reported at least the movements of Mr. Spencer-- of Mr. Stevens.

NICHOLAS WADE Yeah, that's, I think, what will be interesting to see, if he got it outside the building. But if he got it inside, I mean, doesn't it, because of the two other people who-- from whom the bacillus was isolated worked in the mail room-- and that would point to the idea of an envelope coming in. Still, there are only-- I think only one environmental sample, one sample from inside the building has tested positive, so it obviously wasn't spread very much inside the building.

CHARLIE ROSE But it is an interesting question. What were his movements?

NICHOLAS WADE Right, because if he was infected outside the building, I mean, that would explain all subsequent events.

CHARLIE ROSE Thank you very much, Nick Wade. MATTHEW MESELSON from Harvard, thank you again.

MATTHEW MESELSON Thank you.

CHARLIE ROSE We'll be back, I'm sure. Thank you very much.