Epidemiologists all over the world have been good enough to express their concerns and worries about how we, and other friends and colleagues in New York, fared in the terror provoked on 11 September. This annotation responds to the editors’ invitation that we convey something from our vantage point. We welcomed their interest. The experience is, so far, unique in history. Our account is personal, that of four individuals, all related (Sally married to Ezra, and Ezra born to Mervyn and Zena). We share the same house. Also, atypically for any institution, all are of the Department of Epidemiology in the Mailman School of Public Health of Columbia University.

The themes we emphasise are common to many others among us in New York City. On the day of 11 September and after, much of what we saw and heard was televised, a source open to everyone else here and elsewhere. In some degree, then, much of the world was exposed to the New York experience. But in the Department of Epidemiology (the School and the Medical Center are on the northeast outskirts of Manhattan) we were not only in propinquity to the events, we looked directly upon them from the south facing windows of the 18th floor of our building over one tower.

On the day of 11 September, only Sally and Ezra were in the city. Zena and Mervyn were in South Africa. We tell the story as it unfolded in both situations. In New York, immediately the first plane hit the South Tower of the World Trade Center, many of us, alerted to what seemed a tragic accident, went to our south facing windows. From there, horrified, we watched a second plane enter our view, veer toward and then disappear into the North Tower, becoming instantly enveloped, together with the upper levels of the tower, in a vast sheet of flame. At once, we all understood the “accident” to be what it was—an unimaginable evil. It was clear that twenty to thirty thousand people working in the Towers every day could be at risk, not counting even larger numbers visiting on business.

In shock or fright, first thoughts for many of us revolved around the fate of the friends or relatives whose work brought them there, and that of the children we knew to be in schools nearby. In the Medical Center, Ezra and many senior faculty and staff of the School of Public Health and all the other schools of the Health Sciences Faculty stood by for action, planning emergency care. They were not yet aware that from the Towers no route was open by which the casualties could reach the Medical Center. Nor could they yet know that in any case surviving casualties would be relatively few. Most were dead and turned to ash, obliterated by the 1500 degree (centigrade) flames ignited by exploded plane tanks filled with petroleum.

For the rest of us, thoughts about what a relief effort would require and about what our contributions might be were frustrated. Many like ourselves live outside Manhattan. We were told to get home and not place any unnecessary burden on the limited transport, food and relief supplies within the island. Yet little could go either in or out. Bridges and subways were shut down, especially in Mid and South Manhattan.

When by late evening most of us did get home, we sat numbly through the hours of replays. Unforgettable moments are seared into memory. The succession of events and images intensively deepened horror and pain: first impact and explosion; then the collapse of the towers; then scared people fleeing a tsunami-like cloud of pulverised concrete and steel and charging on foot up the West Side Highway, their eyes on the lookout and turned to the sky.

We bunched as the battalion of firemen rushed into and up the burning tower. Some of them must have been well aware of the imminent collapse of the towers and their own probable annihilation. Few returned. Other moments were empathetic projections of grief: we saw families leaving the Los Angeles airport on learning their children returned. Other moments were empathetic projections of grief: we nent collapse of the towers and their own probable annihilation. Few burning tower. Some of them must have been well aware of the immi-

...
Almost immediately we needed to come to terms with what we hoped was the metaphorical war on terrorism declared by the untried president. In grappling with the threat of chemical and bioterrorism, a central role falls naturally to the Department of Epidemiology in the School of Public Health. Weeks later, with bioterrorism upon us in the form of anthrax, we know for certain that the threat was no illusion. Our department—strong in psychiatric epidemiology—is also immersed in dealing with the impact of terror on the mental health of the affected population and preparing for mental health consequences of future attacks. At the same time, we believe it equally important, and perhaps even more daunting, for us to keep attention, our own and that of others, on the other great and persisting public health problems of today's world and, in particular, the catastrophe of HIV/AIDS in Africa.

Will this tragedy have any lasting impact on the discipline of epidemiology? We believe it will. The public has called epidemiologists into action and they are necessarily on centre stage in these epic events. It is a call that cannot be ignored. We believe that the notion of separating epidemiology from public health action—popular in the USA in recent years—has collapsed along with the World Trade Center.

Sally Conover, Zena Stein, Ezra Susser, Mervyn Susser
Dept of Epidemiology
Columbia University
New York, USA

Correspondence to: Prof E Susser; ess8@columbia.edu