

Plague Research Isn't the Problem. But Russia Still Has Questions to Answer.

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A satellite image shows the Anti-Plague Institute of Siberia and the Far East in Irkutsk, Russia. **Google / Airbus / Handout via REUTERS**

The death of a 28-year-old laboratory worker, Darya Shipilova, at an anti-plague institute in Siberia continues to [raise questions](#) about what happened and what Moscow is being upfront about. Russian authorities have announced that the monitoring of her contacts is complete and no dangerous pathogens were detected. They also stated that [testing](#) of Shipilova's clinical samples found no microorganisms associated with her work.

Still, the World Health Organization has requested more information about which tests were performed, the circumstances of her illness and the suspected cause of death. Nonetheless, the WHO's preliminary assessment is that the health risk is low for Russia overall and very low for the European region as a whole. Plague is treatable with antibiotics when diagnosed promptly and well-established infection control measures can limit its spread.

Continuing public concern, however, reflects distrust of Russia's statements. Plague and other diseases were weaponized by the [U.S.S.R.](#) and the United States [assesses](#) that Russia still maintains an offensive biological weapons program in violation of the Biological Weapons Convention.

By itself, the existence of the laboratory is not suspicious, as there are good reasons to study plague that have nothing to do with weapons. The Irkutsk research institute was [established](#) in 1934 to address the natural spread of the disease, which is found in marmots and ground squirrels in Siberia, just as it is also found in prairie dogs in the western U.S.

It is the intent behind research into potentially fatal bacteria and viruses that matters and is central to assessing compliance with the Biological Weapons Convention. This is why a commitment to transparency is important, well beyond the details of a potential laboratory accident.

Without research on dangerous pathogens, we would lack many of the diagnostic tests, vaccines and treatments that we have available to protect us from them. Understanding how pathogens cause disease and finding better ways to prevent and treat infections can lead to lifesaving interventions.

But this work inherently carries risks that institutions must manage actively. Incidents like the one in Irkutsk often prompt calls for stronger international biosafety norms. The WHO and other organizations already provide [guidance](#) about assessing biological risks and carrying out laboratory work safely. The challenge is turning that guidance into sustained institutional practice: safeguards appropriate for the work, competent and supported personnel, accessible medical care and systems that identify problems and ensure they are corrected. Whatever their country, laboratories should be able to demonstrate these commitments.

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What does a commitment to transparency look like? A laboratory should have a public record that explains the kind of work it does, why that work is important for the public to support and how it protects its workers and the surrounding community.

The Irkutsk Institute does describe its public health mission, including surveillance, diagnostic development and epidemic response. But descriptions of an institution's mission can't substitute for explanations when something goes wrong. While it is expected that some details like private medical information would not be disclosed, a commitment to transparency would include explaining the evidence that supports its conclusion that Shipilova's death was unrelated to her work, what pathogens were tested for, what the results showed and what remains unknown.

Research institutions should also demonstrate their commitment to safety. It is often assumed that the presence of a high-containment laboratory raises the risk to the surrounding area. But these facilities can have engineered controls, specialized air-handling systems, waste decontamination systems and redundant safeguards that substantially reduce risks to the laboratory workers, as well as the broader community.

Safety goes beyond the engineering systems of the lab. Safety begins with assessing the hazards of the specific work being performed and establishing safeguards appropriate to those hazards. Safety is also about timely maintenance of equipment and the availability of adequate personal protective equipment like respirators. The people who are working with dangerous pathogens need to have the right training to be able to perform their work safely and demonstrate competence in the procedures they are carrying out. There also needs to be adequate oversight to ensure that the work is valuable and done safely.

Finally, a laboratory needs to demonstrate its support for the people who work in it. Accidents happen. Tubes break, animals bite and needlestick injuries still occur. Multiple and redundant safeguards should be in place to reduce the likelihood that any accident leads to infection or puts others at risk.

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One of the most important safeguards is a culture in which laboratory workers can report problems and get help. Workers who become ill should have access to medical advice even if they do not recall any accident that could have led to an infection and clinicians should receive relevant information about their work. Workers should know that reporting is expected and that seeking help will not invite automatic blame. No one should fear their institution more than they fear disease.

This kind of culture takes care and effort to build. In the U.S., institutions working with regulated pathogens called “select agents” must immediately report occupational exposures, as well as releases beyond primary containment, to federal authorities. For laboratories themselves, reporting incidents and near misses can also reveal problems before someone is harmed.

The public needs to understand what such transparent reporting means. A record of “zero incidents” is not, by itself, evidence of a safe and well-run laboratory that has appropriate oversight. It could reflect work performed safely, or it could be an indication that there are problems that no one feels able to report.

Institutional leaders must provide the resources and oversight needed to work safely and ensure that workers have the authority to stop work when conditions are unsafe. We should expect an oversight system that is committed to the value of the work as well as the protection of the workers. How committed a research institution is can be demonstrated by how it trains, protects, equips and treats its laboratory workers — and how it responds when those protections fall short. This kind of system has parallels in other industries. For example, in aviation, safety depends on consistent monitoring rather than waiting for a catastrophic accident.

The tragic death of Darya Shipilova may have had nothing to do with the plague or with her work. The available information does not resolve those questions.

But uncertainty about her death should not prevent us from stating what research institutions and the systems that oversee them require: a commitment to transparency, a commitment to safety and a commitment to protecting the people who carry out the work.

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