yet know how long the effect can be sustained, but the strategy does require a long-term effort.

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Definitions of Terrorism

To the Editor: In their article about the psychological effects of terrorist attacks in Israel, Dr Bleich and colleagues[1] did not develop a meaningful definition of "terrorism." Thus, they reduced a complex situation to an ambiguous general term. The use of words such as "terror" and "terrorist" is prejudicial to scientific inquiry. Such language serves a political point of view, not the needs of medicine or public health.

For instance, the authors stated that "For the purpose of this study a 'terrorist attack' was operationally defined as any armed attack by a self-proclaimed terrorist group, as categorized by the Israel Defense Forces." We believe that this definition is flawed for 2 reasons. First, any organization involved in promulgating violence against civilians, whether state violence or violence by nonstate groups, would rarely describe itself as "terrorist."

Second, using the Israeli army's categories of what constitutes a terrorist group is hardly an objective approach. The Israeli army routinely describes armed attacks against its soldiers in the West Bank and Gaza as terror attacks.[2] Palestinians who attack Israelis would consider themselves organizations trying to resist Israel's occupation of their homeland. The oft-repeated statement that one person's terrorist is another person's freedom fighter seems particularly germane here.

At a minimum, the authors should have used a more neutral term such as "violence against civilians." Furthermore, they could have attempted to discuss how actions by the state of Israel, such as the demolition of more than 8000 Palestinian homes since the beginning of the occupation of the West Bank and the Gaza Strip in 1967,[3] are impacting the Palestinian population. Since the start of the second intifada, the Palestinian population has experienced a death/murder rate of approximately 84/100 000,[4] compared with 14/100 000 in Israel.[5]

Hence, other less biased and more inclusive research questions are possible. For example, the authors' research question might be reformulated as "How does the occupation of one country by another effect the populations of both lands in regard to violence against civilians?"

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In Reply: In reply to Dr Lipton and colleagues, we agree that terrorism may be a biased concept for politicians, political analysts, and historians. It is not so for those who experience it firsthand. Unfortunately, terrorism is usually a legitimate cause for some, and a curse for others. This does not make it less dreadful for those who live with its consequences and clearly does not make it an unscientific subject of study. On the contrary, we feel that there is a moral obligation to give voice to all casualties, whomever they may be. To deny the right to study a phenomenon on the grounds of its being politically prejudicial to one side is neither sound science nor adequate medicine.

Lipton et al state that we "did not develop a meaningful definition of 'terrorism.'" We find this to be a political point of view. We simply intended to study the impact of a course of action (terrorism) on a civilian population. The fact that certain attacks might not be conceptualized as "terrorism" by some, or that our definition of "a terrorist attack" could be seen to be politically biased by others, does not in any way invalidate the fact that Israeli citizens have unambiguously experienced a repeated series of terrorist attacks.

We entirely disagree with the suggestion of Lipton et al that we should not have studied terrorism against Israeli civilians without also examining the plight of the Palestinians. All those who experience terror, regardless of origin of aggression, are equally deserving of study and care.

As citizens of the Middle East and as scientists and therapists committed to the study and treatment of pain and trauma,

we are keenly aware of the suffering of all the people in the region and we clearly do not wish to obscure the suffering of Palestinians. This is only one in a series of studies in which we assessed the impact of terrorism on both Jewish and Palestinian populations with particular attention to children (unpublished data).

If we have offended anyone, we would like to apologize, and only wish we would not need to do any more studies on this matter, ever.

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Use of the Internet for Health Information and Communication

To the Editor: Dr Baker and colleagues[1] reported that only 40% of US Internet users search for health information online yearly and that only 9% search for this information on a monthly basis. Industry market research studies, however, report results that differ greatly from the findings of Baker et al.

Using random-digit dialing telephone methods, Cybercitizen Health found that 53% of all Internet users visited online health information sites in 2001[2] and that 65% did so in 2002.[3] In addition, Cybercitizen Health found that 56% of such users accessed these sites monthly in 2001 and that 59% did so in 2002. In contrast, Baker et al found that only 22% of such users visited monthly in 2002.

The Cybercitizen Health data also indicated that 30% of all Internet health information users are monthly users of the WebMD Network alone, a percentage in excess of the 22% overall that Baker et al reported. Similarly, according to published WebMD Business Intelligence figures,[4] the WebMD network alone had 15.9 million average monthly visitors in the first quarter of 2002,[5] again far exceeding the 12.1 million that Baker et al estimated for all Internet health sites.

We believe that the methods of Baker et al were flawed due to the manner in which the information was collected. The study sample was based on an Internet panel that was given the incentive of a free WebTV offer. Less than 10% of the Internet population uses WebTV,[5] thus making such a panel unlikely to be representative of either the online population or the population as a whole.

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Financial Disclosure: Mr Holstein and Dr Lundberg hold stocks and stock options in WebMD Corp.

To the Editor: Dr Baker and colleagues[1] noted the lack of consistency in reporting of sample selection and survey nonresponse in other studies of Internet use. In contrast, they described their own sample as a "large, well-defined, representative sample of the US population." Nonetheless, their study raises important questions about how survey response rates should be reported.

The authors reported a response rate of 69.4%. To compare this rate with other surveys conducted in the general US population, one should consider nonresponse in several stages of panel recruitment and maintenance, including panel recruitment, WebTV installation, panel attrition, and response to a specific project. The authors, however, provided only the project-specific rate of response. Using the American Association of Public Opinion Research guidelines for the standard calculation of response rates[2] and additional data provided by the authors, one can calculate an effective response rate in the US population of approximately 10% for this survey.

Should this response rate matter to how readers value these findings? There is a growing body of literature that many survey estimates are unaffected by some reductions in response rate.[3,4] Researchers from Knowledge Networks, which provided the data for the study of Baker et al, recently reported on a study of attrition in their panel (which is only 1 source of nonresponse) and concluded that nonresponse bias may indeed affect estimates of Internet use.[5]

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Financial Disclosure: Dr Donelan is an unpaid member of the editorial board of Medscape and has served as a consultant to several organizations that conduct surveys.