

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The secrecy and violations in respect to bio-terror and future pandemics is shocking. Repeated warnings, citations and fines are often ignored and the climate surrounding the obviously offensive bio-weapons research programs is on par with Nazi Germany. To date, the U.S. is by far the most egregious offender and will likely be scapegoated in the aftermath of the pandemic by the [Sunshine Project](#).

**Title:** Tell-Tale Silence Indicates US Block Of The Bioweapons Protocol: After Torpedoing Kyoto And The ABM Treaty, The US Sets Its Sights On Biological Weapons Control

**Date:** May 11, 2001

**Source:** [Sunshine Project](#)

**Abstract:** Efforts to strengthen the international ban on biological weapons are in grave danger of collapse. Today, three weeks of negotiations in Geneva to develop a Verification Protocol to the Biological and Toxin Weapons Convention (BTWC) closed without any contribution from the US, an indication that Washington has quietly withdrawn its support of the process. The US delegation did not actively participate in the negotiations and - with the exception of an insignificant statement during today's final session - never contributed a single word.

The silence is a de facto confirmation of recent press reports indicating that the Bush Administration has decided to back away from international biological weapons control, including a story in Chemical & Engineering News stating that Washington prefers not to draw attention to its negative stance after the global protests against the US withdrawal from the Kyoto Protocol on climate change.

International protection against biological weapons - and six years of diplomatic work - are at stake. Signed in 1975, the BTWC bans biological weapons; but contains no means to verify that governments are in compliance. In the 1990s, revelations came that Parties to the BTWC (including Iraq and the former Soviet Union) violated the Convention by developing offensive biological weapons. Responding to this problem, in 1995 governments began to create a Verification Protocol to make the BTWC enforceable for the first time ever. This important process was scheduled to be completed this year.

Instead of triumph, 2001 may be the year the verification agreement falls apart. Failure would signal that major powers are no longer in agreement against biological weapons. "This could well be the beginning of the end of the global ban on bioweapons" says Jan van Aken of the Sunshine Project. "Failure might re-ignite some countries' interest in weapons of mass destruction."

Previous US positions were problematic and diluted the proposed Protocol's strengths; but according to the Sunshine Project's Edward Hammond, "at least the Americans were engaged and hope could be held out that they would ratify." The new US position is very different. Says Hammond "The US knows that countries will be hesitant to open their biotechnology facilities to mandatory inspections if the US doesn't agree to do the same. So the US hopes that silence is all that is necessary to kill the protocol."

In addition to the resounding hush in Geneva, there are other indications that Washington has lost interest in a global ban on biological weapons. In December, US military officers at a Edinburgh (UK) conference called for renegotiation of the BTWC to allow some so-called non-lethal biological weapons. Susana Pimiento of the Sunshine Project points out that "The increasing interest in certain biological weapons within the US military community is especially frightening considering the Bush

Administration's arrogant unilateralism. The US has tossed the Verification Protocol on the same funeral pyre as the Anti-Ballistic Missile Treaty and the Kyoto Protocol."

The remaining negotiating parties in Geneva should press ahead and build a strong Protocol without the many concessions made to the US during recent years. "The world must not allow selfish interests to poke a major hole in global peace and security. It must pressure the US back into the Protocol, and into a strong one", says Hammond ([Sunshine Project, 2001](#)).

**Title:** Trade Trumps Peace in Bioweapons Negotiations: US Scuttles Others' Security In The Interest Of Biotech Hegemony

**Date:** July 16, 2001

**Source:** [Sunshine Project](#)

**Abstract:** The Verification Protocol to the Biological and Toxin Weapons Convention was dealt yet another blow last week. Key US diplomats indicated that trade secrets take priority over weapons control, and that the US is unwilling to develop a fair and transparent export control system to prevent biological weapons technology from passing into the wrong hands.

### Trading Peace

Negotiations have been ongoing to develop a Verification Protocol to the BTWC for more than six years. In US Congressional testimony last week, Ambassador Don Mahley, chief US negotiator on biological weapons, piously declared that "The United States does not view the negotiations about a Protocol to the Biological Weapons Convention to be a discussion of trade access."

But only seconds later, Mahley's halo of arms control purpose was dirtied when he added that the US sees the draft protocol as a threat to its biotech hegemony: "The United States is the world leader in biotechnology. The cost of early research and development ... is enormous. Providing others with the means to avoid such sunk costs or to obtain process information for unfair competition would endanger not only the industry, but the benefits that industry provides to the entire world."

As Mahley testified, across the world in Bangkok the US and its OECD partners were trying to force open reluctant Asian markets to US bioengineered products. Farmers outside the OECD meeting in Bangkok clearly rejected the "benefits" of the US biotech industry.

But, in other words, what Mahley said is that the US cannot accept inspections because UN teams will be infiltrated by commercial spies. "That's a red herring," counters the Sunshine Project's Jan van Aken, "A UN inspection system that protects trade secrets can be done. Mock inspections in several European countries demonstrated that industry would have little to fear from commercial espionage. Even the hyper-secretive multinational pharmaceutical industry has tentatively signaled acceptance of visits by UN inspectors."

What's really at stake is the US desire to be completely unencumbered in imposing unilateral trade sanctions. Currently, a biotech elite of the US and developed country allies use a secretive club called the Australia Group to prohibit shipments of equipment and know-how to countries suspected of developing biological weapons. The basis of export denials is unpublished, so countries denied equipment never even find out why. Developing countries say that the system is arbitrary and unfair.

"While there is agreement that situations arise in which some countries should be prohibited access to certain biotechnology like advanced fermenters," says Susana Pimiento, a Colombian lawyer with Sunshine Project, "developing countries argue that the Australia Group's export controls are a selective, unfair trade and political tool, hindering technological development in their countries." The Non Aligned Movement says that if it submits to mandatory inspections of biotechnology facilities under the Verification Protocol, then export control systems should give all countries equal rights.

A fair and transparent system for imposing export controls isn't even under consideration. Says the Sunshine Project's Edward Hammond, "This US policy is a biotech trade wolf disguised as a peaceful sheep, and it has the unmistakable odor of the Department of Commerce. The same free trade evangelists that force biotech products on the world want to use arms control as a back door to

impose barriers to technology transfer and inhibit competition. Even though everybody agrees that export controls are necessary, the US has decided that its commercial interests dictate that it won't work with the UN to make export controls transparent and fair."

### **Work To Be Done**

Since the outset of negotiations, all sides have acknowledged that monitoring compliance with the BTWC is difficult. Parties agree in principle that situations may arise in which access to particular technologies should be restricted. One multilateral solution is a broad export notification system for items that have both peaceful and hostile uses. Compilation of an international database on dual use exports could be instrumental in identifying secret bioweapons programs. Negotiators in Geneva should push to agree on a notification system that will build true multilateral and North-South cooperation on restricting some countries' access to potentially abused technology.

A strong multilateral monitoring agreement, even if imperfect, would have the credibility, expertise, and access that individual countries don't. "If the US insists on a trade-arms control link and unilaterally enforcing its interpretations rather than working on export control in a UN framework, it precludes cooperation and damages the BTWC," says Pimiento, "Who nominated the US to be the global cop of monitoring anyway? The erroneous US bombing of a pharmaceutical plant in Sudan shows the danger. The world would be better off with a UN system of export controls and not leaving it to the Department of Commerce and trigger happy US military and intelligence agencies" ([Sunshine Project, 2001](#)).

**Title:** US Quiet As The World Backs The Bioweapons Protocol: Delegates Await Possible Announcement On Wednesday  
**Date:** July 23, 2001  
**Source:** [Sunshine Project](#)

**Abstract:** Today's opening session of the negotiations to finalize the Verification Protocol to the Biological and Toxin Weapons Convention (BTWC) closed without a US announcement that it is withdrawing from the effort.

US media widely reported a planned withdrawal on Saturday.

But the reprieve may only be temporary. The US delegation has privately indicated it wishes to speak up on Wednesday, after the arrival of a high-level UN troubleshooter sent from New York by Secretary General Kofi Annan.

Negotiations Chairman Tibor Toth told delegates it is "time to deliver". And the world did, with country after country taking the floor and announcing willingness to compromise and finalize a Protocol text before the BTWC's critical Fifth Review Conference, beginning in November.

South Africa told the meeting "The time has come for all delegations to place their cards on the table." The US sat stoically silent as the world moved to work together in an impressive display of political will. A poignant moment came when Pakistan - in a display of international flair - drew from a Swedish proverb to make its point, asking: "Those who want to sing always find a song. But does everybody want to sing?"

Other countries threw icier jabs, suggesting that the US would like to kill the Protocol with silence. Said Iran, "If we are faced with mysterious silence or one or more countries... that would prove a lack of interest for a timely conclusion of the Protocol."

While the US isn't the only country to have reservations about the Protocol, everyone else is willing to try to work the kinks out. The Sunshine Project and other non-profits have outlined a series of areas where the Protocol can and should be strengthened. These are discussed in the briefing paper [The Biological Weapons Convention and the Negotiations for a Verification Protocol](#), available on our website.

In Geneva, the Sunshine Project's Jan van Aken said, "The US has no chance of winning a blame game now. If there's a rogue state in Geneva, it's the USA." Added the Project's Susana Pimiento "We hope the Americans silence isn't a cynical attempt to stall the negotiations so they go out with a whimper. With the impressive display of political will displayed here today, countries should get right down to business hammering out better deals on outstanding issues than they could with the US actively obstructing" ([Sunshine Project, 2001](#)).

**Title:** Bioweapons Negotiators Urged To Press Ahead: Spies And High Explosives Are No Recipe for Security

**Date:** July 25, 2001

**Source:** [Sunshine Project](#)

**Abstract:** "Pressing ahead to forge a strong UN verification system is the world's best hope for biological weapons security." urged the Sunshine Project's Jan van Aken after today's US withdrawal from the negotiations on a Verification Protocol to the Biological and Toxin Weapons Convention (BTWC). Today, the US stunned delegates and observers with the forcefulness of its outright rejection of a Protocol as a mechanism for strengthening the BTWC. Experts were shocked that the US government has repeated what it did on the Kyoto Protocol and declared a general rejection of the Verification system effort.

US Ambassador Don Mahley told BTWC delegates today that the US is "unable to support the current text, even with changes." Instead of the Protocol in any form, Ambassador Mahley supported a range of measures for the US and few allies to police the rest of the world. Specifically Mahley suggesting the strengthening of the Australia Group, a small circle of mostly Northern countries that coordinate export controls of items that might be misused for offensive bioweapons programs.

### Global Vigilante?

If the Protocol is not completed, it will be up to individual countries to verify compliance with the Bioweapons Convention, if at all. US policymakers have endorsed the unilateral route, with token cooperation of a few close allies – if they are willing - and intelligence instead the draft UN system. A senior State Department testified to the US Congress this month that "National intelligence is essential to detect B[T]WC cheating. U.S. efforts to strengthen the verifiability of the Biological Weapons Convention should always proceed from that fundamental reality."

### Flawed Doctrine

The Sunshine Project calls the US position the Wing and a Prayer Doctrine. By focusing on spying, the US is failing to take into account other fundamental realities, including the need for cooperation and its own fallibility, the latter demonstrated by the tragedies in Khartoum and at the Chinese Embassy in Belgrade. Edward Hammond explains: "The Wing and a Prayer Doctrine is a dangerous substitute for UN verification. The wings are those of cruise missiles streaking toward a suspected bioweapons facility. The prayers are for US intelligence to be right. The consequences are fatal, potentially including the death of innocent people in the event of error, and a further destabilizing breakdown of international cooperation to avert biological warfare. It is a flawed doctrine that proposes eliminating single threats while creating many more."

### Silver Lining

Six years of negotiations have gone into the draft Protocol. The new US policy presents challenges. US military and biotechnology power mean its will now be more difficult to develop an effective international system to prevent biological weapons. Negotiators, however, should redouble their efforts and start the process to draw the US back in.

The bad news has a potential silver lining if the world can muster political will. "While eventual US ratification is highly desirable, the USA's self-imposed exile opens possibilities of strengthening the Protocol in deficient areas where the US was obstructive, such as declarations, visits, and export controls," says van Aken. "As is often the case in UN negotiations, the US may be talked into joining later." says Sunshine Project lawyer Susana Pimiento, "Americans have a reputation for punctuality; but their government does not."



## Dubious Defense

The US government and a small number of conservative US think tanks argue that because there is no guarantee of catching every illicit program, the draft Protocol should be thrown out. Experts disagree, pointing out that deterrence and not perfection has always been the goal. There is broad agreement that bioweapons verification is a difficult job that will have to be learned. "The US conveniently forgets that it was a major force creating problems in the draft text that it now calls unfixable," says van Aken. "For example, the US now argues that the inspections aren't strong enough. But it was the Americans themselves who reduced the number and thoroughness of 'transparency visit' inspections."

## More Details

For a detailed but concise discussion of outstanding issues in the Protocol text, please consult the briefing paper [The Biological Weapons Convention and the Negotiations for a Verification Protocol](#) available on our website ([Sunshine Project, 2001](#)).

**Title:** CIA Denies Documents On Southeast Asia Bioweapons Plan

**Date:** October 10, 2001

**Source:** [Sunshine Project](#)

**Abstract:** The plan's demise is a victory for safety regulations; but the CIA's use of secrecy law raises questions about the US role in a dubious biological eradication project.

In a September 24th letter invoking US national security law, the Central Intelligence Agency (CIA) has refused to respond to a Sunshine Project Freedom of Information Act (FOIA) request for documents related the spy agency's involvement in a project to make biological weapons for use against cannabis (marijuana) fields in the Philippines. The grounds for the CIA's refusal and the curious circumstances surrounding the project suggest possible US involvement in the bioweapons plan. But its demise also points to the positive biological security potential of health, environment, and research regulations.

The cannabis eradication research came to the Sunshine Project's attention in December 2000. On the 22nd of that month, UN Drug Control Program (UNDCP) Director Pino Arlacchi cited the Philippines research in a report to the Commission on Narcotic Drugs.

Controversial projects to develop biological weapons to eradicate drug crops have been dubbed "Agent Green" by the Sunshine Project. US and UNDCP proposals to use fungal weapons against coca in Colombia were stopped in early 2001 following a wave of protests from non-profits and the Ecuadorean, Venezuelan, Peruvian, and Brazilian governments. But a parallel US-financed project in Tashkent, Uzbekistan continues to develop an ecologically-unsound fungal weapon to kill opium poppy. It is primarily intended for use against Afghanistan's Taliban.

The project in the Philippines was touted as something different - not just the US operating through the auspices of UNDCP. Arlacchi's report suggested the research was the Filipinos' idea, implying international backing for the controversial biological eradication approach condemned by non-profits as biological warfare. After Arlacchi's report, the Sunshine Project quickly made a FOIA request to the US Department of Agriculture (USDA), because USDA's Agricultural Research Service is the scientific vanguard of the biological eradication efforts in other regions. But USDA promptly and unequivocally responded that it had no knowledge of the Philippine program.

While USDA's answer apparently provided support for Arlacchi's suggestion that the activity was a domestic anti-narcotics effort, research in Manila by a Philippine NGO painted a very different and much more detailed picture.

The Philippine government had actually stopped the project over a year before Arlacchi's report. The proponent and lead scientist of the aborted bioweapons program was not Filipino; but Sri Lankan. The scientist did not work for a Philippines-directed institution; but was a microbiology professor at a university run by a US-based Protestant denomination. The microbiologist's project was endorsed in 1998 by a government anti-narcotics committee; but solely as a greenhouse experiment. Moreover,

the anti-narcotics committee's authority was limited to endorsing the work, and it was not empowered to grant requisite government permits. In fact, the project never began research because appropriate government agencies - the Departments of Health (DOH), Environment and Natural Resources (DENR), and Science and Technology (DOST) - did not give their approval.

In late 1999, as international concern over the use of biological weapons on narcotic crops heated up, the Sri Lankan microbiologist decided to leave the Philippines. The professor said he was being sent to another of the denomination's colleges, this one located in the United States. Philippine officials quickly shelved the non-project, over a year before UNDCP Director Arlacchi cited it in his report. A 2001 survey of life sciences departments at US (and Canadian) colleges belonging to the religious denomination yields no persons fitting the Sri Lankan project director's description.

Filipino rebels are alleged to participate in the narcotics trade by funding their operations through cannabis sales. The proposed use of biological eradication agents there parallels the situation in other parts of the world where biological weapons are being thrown into an explosive mix of anti-narcotics and counterinsurgency operations. In South America, impacting the Revolutionary Armed Forces of Colombia (FARC) is a goal of biological eradication of coca, while in Afghanistan fungal eradication of opium poppy is intended to work against the Taliban.

After USDA's negative FOIA response, the Sunshine Project immediately petitioned the CIA because of that agency's counterinsurgency and anti-narcotics roles and because it originated and nurtured the biological eradication strategy through research grants dating from the 1970s.

The CIA's use of FOIA national security exemptions as grounds for its refusal to answer indicates possible US intelligence involvement in the aborted Philippines project. Invoking the FOIA exemptions rather than denying involvement (with a "no documents exist" response) raises questions because there is no reason to take this legal step unless a paper trail exists.

Unearthing of the CIA's possible involvement in the Philippines project comes close on the heels of very embarrassing news about CIA biological defense research published by the New York Times on September 4th. According to the Times, CIA researchers working in "Project Clear Vision" constructed and tested mock biological bombs and planned to create genetically engineered anthrax as part of a "defensive" program. Many biological weapons experts consider the CIA work practically indistinguishable from offensive biological weapons research. Clear Vision also ran afoul of the UN's Biological and Toxin Weapons Convention, the primary international agreement against biological warfare.

The Philippine project's demise and aftermath underscore the important role that health, environment, science, and agriculture officials can play in stopping biological weapons research. Often these agencies have greater understanding of the dangers of misuse of pathogens than law enforcement or even military authorities. Had the project director been able to obtain the permits from the Philippine Departments (the equivalent of ministries), an embarrassing and dangerous project may have proceeded.

Backed by strong laws, such as the African Union's recent Model Law on Biosafety that criminalizes hostile use of genetic engineering, vigilant enforcement of public health, biosafety, and research rules can improve security from development and use of biological weapons ([Sunshine Project, 2001](#)).

**Title:** US Law On Bioweapons Secrecy Would Restrict Public Access And Promote Instability

**Date:** October 29, 2001

**Source:** [Sunshine Project](#)

**Abstract:** A law being considered by the US Congress would clamp down on secrecy surrounding US biological weapons research, restricting the public's right to know and threatening international confidence in US compliance with the Biological and Toxin Weapons Convention (BTWC). Under the law (US House Bill 3016), large quantities of biological weapons agents could be stockpiled and unwise research conducted without any public disclosure.

The proposed law eliminates civil rights by creating a very ill-advised biological weapons exemption in the US Freedom of Information Act (FOIA). The exemption would turn the kinds of bioweapons agents and their quantities used at research sites into a tight secret. The secrecy would apply to all military, commercial, and academic locations that handle bioweapons agents and are required to register with the US Department of Health and Human Services.

### **Danger to Citizens**

Under the proposed legislation, citizens living near bioweapons research areas (and public interest groups) would be legally prohibited from learning what kinds of disease-causing agents are being stored and/or experimented with in their communities. Citizen's groups already encounter severe difficulties obtaining information about US stockpiles and work on chemical and nuclear weapons; but under the proposed law the situation for biological research could become even worse - a specific, legislated information blackout.

### **Something to Hide?**

Passage of the secrecy law would raise questions about US compliance with its international arms control commitments. The US is not supposed to be conducting any secret biological weapons research. It renounced bioweapons in 1969 and ratified the BTWC in 1975. With no apparent need, it is unclear why this secrecy is necessary at all and may suggest that the US has something to hide.

Recent failures to disclose projects such as Bacchus and Clear Vision (see the New York Times, Sept. 4), have already set the world - and US allies - on edge. Only days ago, the Pentagon decided to proceed with the very controversial creation of genetically modified anthrax. Merely conducting this kind of research is provocative; but keeping the locations, agents, and quantities a secret does even more damage, not only to public accountability; but to treaties. The BTWC prohibits research and stockpiling of quantities of biological agents in excess of a small amount needed for peaceful purposes; but under the proposed law, the size of US stockpiles and what is being done with them would become officially secret, provoking questions about US intentions.

According to the Sunshine Project's Edward Hammond "*Withholding this information from the public is unconscionable. The law's destructive implications for international commitments make it doubly dangerous. Biodefense research must be open and the public must be able to fully evaluate what is being done. Without transparency, the government and its contractors are answerable only to themselves. That is completely unacceptable. Instead of increasing secrecy, the US should be pushing for transparency at home and abroad.*"

House Bill 3016 would amend the Antiterrorism and Effective Death Penalty Act of 1996. Locked in a legislative frenzy, it is possible that some members of the US Congress have not realized the implications of what they are considering. Others might have read the law; but not have been aware of the historical and legal context that makes transparency imperative. Having been alerted, however, the US Congress should prevent any reduction in the public accountability of US biological weapons agent research. Failure to do so will undermine trust and widen the gulf between the US and the rest of the world on biological weapons control.

As the US reels from one of the biggest biological weapons scares in history, all steps that could lead down a slippery slope of biological weapons development must be halted ([Sunshine Project, 2001](#)).

**Title:** Seven Good Reasons To Stand Up For Information Freedom On Bioweapons Research

**Date:** October 30, 2001

**Source:** [Sunshine Project](#)

**Abstract:** The United States Congress is on the verge of passing a new law (H.R. 3160) that contains a measure that would restrict citizen and research groups from accessing information about the US biological defense program under the Freedom of Information Act. This measure will not only fail to protect the US from acts of bioterrorism, it will severely undermine the transparency of US biodefense research (hurting credibility) and raise questions about US willingness to uphold its commitment under the Biological and Toxin Weapons Convention to not develop or stockpile biological weapons.

The measure will eliminate the public's right to know what the government and its contractors are doing and may have more to do with protecting corporate secrecy than Americans from biological warfare. The location, types and quantities of agents being studied or stockpiled, as well as what institutions are conducting biological weapons agent research will become secret. Instead of promoting secrecy on biological weapons research, to restore international confidence in biological weapons control, the US should be moving in the opposite direction to promote high transparency.

This news release summarizes some of the main reasons why this law will fail to protect from bioterrorism and what interests might really be at work to eliminate the public's right to know.

Why the law will not prevent bioterrorism, and what embarrassing or dangerous problems may result:

### **The cat is already out of the bag.**

There are hundreds of relatively recent scientific publications about biological weapons agents. This research is conducted in all parts of the world, since many potential biological weapons also have peaceful uses or are diseases that public health officials seek to control. Most of these publications indicate the location of one or more biological weapons agents, spread in laboratories across the world. Extensive information on the location of biological weapons agents can also be found in the catalogs of culture collections, government documents, and even the general press. This information cannot be recalled.

Would-be bioterrorists do not need and would not use the Freedom of Information Act to locate stocks of dangerous pathogens. That information is already widely available. Any moderately knowledgeable person can locate stocks of practically any biological weapons agent in an hour (or less) of internet research. A large majority of the dangerous pathogens and toxins listed on the rich countries' Australia Group Export Control List can presently be found in the internet catalog of the American Type Culture Collection (ATCC) near Washington. Not to single out ATCC - the same is true for many other culture collections and laboratories around the world.

Using FOIA would only compromise a terrorist's intent and provoke investigation. Instead, the FOIA restriction will work against legitimate citizen and research groups who are monitoring the US biodefense program for the constructive purposes of understanding what research and stockpiling is going on in their neighborhoods or to educate the public and policymakers in important issues in biological weapons control.

### **Bioweapons Agents are Mostly Naturally-Occurring.**

The US Congress's newfound preoccupation suggests a basic misunderstanding of where biological weapons agents come from. Although most require technical knowledge and some facilities to use effectively (some don't, for example, foot and mouth disease), locating the agent is NOT the hard part. In fact, biological weapons agents are practically ubiquitous and can be found everywhere. Anthrax is endemic in the United States, and any person with scientific skill who wants to acquire it can simply ply the old cattle trails or livestock pens of Texas, where it is found, long enough to isolate a sample. This is merely an example, the same is true for many other diseases: hantaviruses in the US Southwest, hemorrhagic fevers in the Americas and Africa, avian influenza in Asia. Clamping down on FOIA will do nothing to change the reality that US laboratories are merely one moderately convenient biological weapons source, there are many other sources, some of which offer much easier access and are far less traceable, providing cover for biological weapons developers.

### **Would squelch public science.**

Effective regulation of this law will be impossible without seriously encumbering scientific freedom, particularly that of public sector science. Many biological weapons agents are also public health threats. In order to publish scientific information and advances in treating these diseases, it is necessary to divulge information about them. To reproduce and validate scientific results it is necessary to describe the agents used, their provenance, how they were cultured, and many other details that would expose information that is supposed to be withheld by this law. Therefore, its regulation must choose between massive leaks in the legitimate interest of public science and health, or immoral censorship on the exchange of scientific information on public health concerns and disease treatment and prevention. Should the US Department of Health and Human Services, a major implementer for this law, take such a monstrous stab at public health research?

This situation would play into the hands of large corporate research concerns that have little interest in the dissemination of scientific knowledge so long as they are paid for their work. With billions of dollars presently being allocated for biodefense research, public health would suffer at the hands of interests of greed and secrecy (see below for more on biotech interests and this law).

### **Denying citizens information provided to everyone else, even Saddam.**

Under international treaties, including the Biological and Toxin Weapons Convention, governments have agreed to exchange information about their military research programs in the interests of promoting transparency and mutual trust. With biological weapons, these exchanges are particularly important, as the intent of research can easily be misconstrued. If US citizens and groups are denied access under FOIA, the United States will be in the embarrassing position of providing more information to its enemies and alleged biological weapons producing states, such as Iraq and Libya, than it will to its own people. Alternatively, the US could simply not comply with its international commitments; but doing so would be very foolhardy. In reality, release of information that would be made secret under H.R. 3160 does not significantly help biological weapons makers, and should be publicly available. This is one important reason why the US has provided this information to all governments for many years, for example in the BTWC's Confidence Building Measures.

### **Diplomats hamstrung.**

In addition to providing more information to Saddam Hussein than its own people, the secrecy that the law would impose around research may curtail US diplomatic options by limiting what international efforts the US could agree to. The most effective approaches to preventing the development and use of biological weapons involve exchange of information and international inspection. But if the US refuses to release basic information about the location, quantities, types, and institutions involved in biodefense research, how could it possibly justify granting access to such information to the United Nations and practically all governments around the world? It could not, and thus the law could hogtie diplomats, making them unable to support reasonable initiatives and debilitating progress in international arms control agreements in the name of protecting a US law that restricts its own citizens' access to information.

### **Accident vulnerability, public concern.**

Citizens are justifiably concerned and have a right to know if biological weapons research is being conducted that affects them and their environment. If an accident occurs at a facility researching biological weapons agents, the public backlash could be severe. Citizens will demand to know why they were not advised of research with dangerous pathogens in their own backyards. FOIA transparency cannot prevent accidents; but it can raise questions about risky research and stimulate a critical dialog. Those discussions are incumbent on a responsible government that protects its citizens, who have a right to know how their lives may be affected by biological weapons research. For example, presently the United States is preparing to create a genetically modified anthrax strain. If this new law passes, where this research will take place and what biosecurity precautions exist will be completely unknown.

### **Poisons the Watchdog.**

Does the US government and its citizens believe that only bureaucrats should oversee practically all aspects of research on biological weapons agents? Will the Department of Health and Human Services keep on top of the hundreds, probably thousands, of facilities across the US that have stocks of biological weapons agents? Unlikely. What if one of these facilities, for whatever reason, begins questionable research or stockpiles agents in unjustifiable quantities? Accountability under FOIA could be critical in preventing slip-ups or more nefarious activity in US institutions. This watchdog role is one that Congress should permit and encourage non-governmental organizations and citizens to play; but under the present proposal the possibility is all but eliminated.

In summary, this law attacks the public right to know, eliminates accountability and is impossible to implement without negatively impacting the advancement of scientific knowledge on important public health issues. Even worse, it would not measurably reduce the bioterrorist threat and it would undermine international confidence in US commitments to fulfill treaty requirements.

### **Another Agenda at Work?**

The FOIA exemption measure clearly does not protect US citizens or prevent the possibility of a



bioterrorist attack. Whose interests, then, would it protect, and what other agendas may be at work? Likely candidates are the biotechnology industry and government laboratories, such as Sandia National Lab in New Mexico, Livermore in California, and the Naval Research Lab.

The National Laboratories vehement opposition to biological agent accountability already led to near-mutiny late in the Clinton Administration when their strenuous objections to minimal oversight measures helped drown out voices of reason and prevent US endorsement of the BTWC Verification Protocol. The labs selfishly and implausibly claimed that inspections by trained UN teams to promote transparency would be too bothersome and distracting for their work, and that their secrets would be compromised by spies.

But European countries conducted mock inspections of biotechnology facilities, not unlike those the chemical industry is accustomed to under the Chemical Weapons Convention, and concluded that they do not risk trade secrets. If trade secrets aren't at stake, what secrets then are the National Laboratories seeking to protect? Many think the labs might have something to hide, which is probably the case, as the National Laboratories conduct some of the most controversial and cutting-edge research on biological weapons and recent revelations about the US biodefense program suggest the US is violating the BTWC by making genetically-modified bioweapon agents and manufacturing bioweapons production facilities and weapons (biological bombs).

For its part, the biotechnology industry has never met a measure that increases proprietary rights and secrecy that it didn't like. The industry already enjoys and has been instrumental in creating a enormously strong system of life patents and is perpetually promoting expansion of this system abroad as well as more powerful measures to keep control of unpatented trade secrets. The US is now appropriating billions of new dollars for biodefense research, and the biotech industry wants a major piece of the action. Under the FOIA exemption measure, the biotech industry would be granted a huge additional secrecy clause and would not even have to admit what agents it is dealing with, how much of them it is growing, and detail of what types of research it is conducting. But even better than patents, by hiding this work behind national security law, the biotech industry would have added a major new weapon in its war against public science and rational, humane priority making in what diseases are targeted for cures, and what kinds of treatments and prevention is developed.

Further restraining public access to information would also help solve another problem for the biotechnology industry. This one is public relations. Obviously, companies which promote an image of solving the world's illnesses with massively expensive drugs do not want their laboratories identified as housing collections of very dangerous and repugnant biological weapons agents. So, in order to cash in on Federal dollars for biodefense research, the industry needs a structure that will isolate its image from that of the more ambiguous and dangerous work on biological weapons agents. The FOIA exemption provides just that distance and deniability, enabling the biotech industry to score major government contracts without "dirtying" its white coat image with detailed information about its defense activities, allowing industry to carefully pick and choose what information it wants public.

### **Strike the Provision**

The only way to resolve the problems posed by this law are to strike the FOIA exemptions on identifying persons, locations, and entities stocking biological weapons agents, as well as those prohibiting release of information on the type, quantity, and identity of agents held. Imposing these exemptions will not prevent terrorism; but will undermine security and the rights of the public. The only legitimate FOIA exemption contained in the law is that which specifically and solely pertains to the physical security measures in place at bioweapons agent facilities (in other words, the passcode to the alarm system, and law enforcement plans to prevent theft or abuse). In the interest of the public, science, and arms control, the Senate should immediately move to eliminate all other FOIA exemptions and, working with members of the House in Conference, eliminate that provision from the conference bill that is ultimately passed. If it is impossible to strike this provision, H.R. 3160 should be allowed to die without becoming law because it sacrifices far too much and poses too many new dangers in its naive effort to promote biosecurity ([Sunshine Project, 2001](#)).

**Title:** U.S. Warns Russia Of Need to Verify Treaty Compliance

**Date:** April 8, 2002

**Source:** [New York Times](#)

**Abstract:** The Bush administration has informed Moscow that Washington is curtailing many new disarmament projects because of concern about Russia's compliance with treaties banning chemical and biological weapons, according to senior administration officials.

Some existing projects will also lose additional money, they said.

American law requires that the government decide each year whether Russia is "committed" to complying with its treaty undertakings. In a cable sent last week, the State Department said the United States had not been able to certify that commitment and, therefore, the administration would be unable to start new initiatives or provide new financing for programs to reduce the threat posed by each side's nuclear, biological and chemical arms.

The decision to send the cable is seen as a victory for skeptics of Russia within the White House. Critics had been pushing for months for a tougher stand toward Russia on weapons of destruction and its compliance with arms control treaties, even though the administration has concluded that the programs benefit American national security.

The cable, coming a month before President Bush is to meet the Russian president, Vladimir V. Putin, in Moscow, does not accuse Russia of violating the germ and chemical weapons treaties. Nor has the administration absolutely ruled out a certification in the future.

But the decision puts Moscow on notice that Washington insists on more cooperation and candor with respect to weapons of mass destruction. "This is a signal of our seriousness about compliance on arms control and the need to meet all obligations under the chemical and biological weapons conventions," a senior administration official said.

But several arms control advocates called the action disturbing. "It's in our country's interest to stop the spread of weapons of mass destruction from leaking out of Russia in any way we can," said Rose Gottemoeller, a former assistant secretary of energy for nonproliferation under President Bill Clinton and now a senior associate at the Carnegie Endowment for International Peace. "So undercutting these programs is tantamount to shooting yourself in the foot."

The decision to send the cable was prompted by American concern over a range of actions by Moscow, including its recent refusal to share a bio-engineered strain of anthrax developed by Russia's scientists, despite repeated promises to do so. Officials said Russia had also declined to provide a complete history of the decades of secret work on biological and chemical weapons.

The lack of certification affects a range of disarmament activities -- from military exchanges to American help in stopping the theft of Russian nuclear warheads. Such projects account for about \$370 million in programs carried out under the Cooperative Threat Reduction Act, an effort started in 1991 on Capitol Hill that has enjoyed strong support from Congress and the Clinton administration, and record budget requests from Mr. Bush.

Officials said the bulk of the \$1.3 billion in projects intended to reduce the threat of unconventional weapons would not be affected by the lack of certification. For example, the \$500 million in disarmament projects supervised by the Department of Energy do not require the certification.

But the approximately \$450 million in programs managed by the Defense Department and the \$70 million run by the State Department will probably be affected, officials said.

Several scheduled visits to discuss new projects have been canceled, officials said. In addition, several State Department projects would soon run short of cash, they said.

The threat reduction program has helped countries in the former Soviet bloc destroy nuclear, chemical and biological weapons and associated infrastructure, and stop the theft or spread of such weapons.

In exchange for American aid and scientific cooperation, the law requires that the administration certify that Russia is "committed" to complying with the treaties it has signed banning and restricting such weapons. While several similar programs permit the president to waive the certification requirement if the program is deemed vital to national security, the law authorizing Cooperative Threat Reduction projects contains no such waiver.

The Clinton administration issued the certification each year and most recently in January 2001. But the Bush administration did not issue the certification when it was due this January. "There was an election," one official said, noting that this administration took a different approach toward treaty commitments.

In March, Mr. Bush's top aides and cabinet members decided to ask Congress to give the administration the authority to waive the certification requirement. The administration has included the request for such authority in the emergency supplemental spending bills for the State Department it sent to Capitol Hill.

Those officials also recommended that the administration inform Russia that it had not issued the certification and, therefore, that there would be no new Cooperation Threat Reduction projects. Nor would existing programs be extended beyond their current level of financing.

House and Senate aides said in interviews last week that while it was likely that Congress would grant the waiver authority, it was unlikely to do so before Mr. Bush travels to Russia to meet with Mr. Putin.

Hard-liners in the administration have grown increasingly disturbed by Russian actions with respect to its chemical and biological weapons treaty commitments. Though the United States has approved plans to help Russia destroy vast stocks of chemical weapons, officials noted, Moscow has yet to acknowledge that it made in Soviet times "fourth generation" chemical weapons agents, which are many times more lethal than the most advanced nerve agents the United States produced.

Concerns about the Soviet offensive biological weapons activities and Russia's ostensibly defensive program are also increasing, several officials agreed. In light of recent accounts from Soviet defectors from the germ weapons program, one official said, it was absurd that Russia continued denying that the Soviet Union had developed and turned pathogens, some of them genetically manipulated to resist antibiotics and vaccines, into terrifying weapons.

Moreover, while Western scientists have been able to visit several former Soviet facilities where such weapons were made, Russia has not given any foreigners access to the four biological laboratories that have been controlled by the military. Russia maintains that it is not violating the biological or chemical warfare conventions, and argues that American military labs are not open either.

Administration officials had hoped that the situation would improve after Mr. Bush and Mr. Putin announced at a summit in October that they would expand cooperation against bioterrorism.

But two days before Mr. Putin's arrival for the summit, officials said, Washington was notified that Russia's Export Control Commission had refused to let Russian scientists share with the United States a genetically modified strain of anthrax that its scientists said seemed to defeat Russia's anthrax vaccine -- at least in hamsters.

Under a scientific strain exchange agreement concluded during the Clinton administration, Russia was supposed to provide a sample of the strain. Since then, Russia's deputy prime minister has reaffirmed the commission's decision not to share the strain, American officials said.

"Russia's actions, like its declarations about what was done in Soviet times, the lack of transparency in its ostensibly defensive programs, and its refusal to share the strain, among other things, raise serious questions about Russia's willingness to abide by its treaty obligations," one official said.

"What we're trying to do," one senior official said, "is send a signal that we require full compliance with the chemical and biological weapons conventions."

"But we've also made clear in the review of our assistance programs to Russia and the record size of our budget requests that these programs are very much in our own national security interests," the official said. "We're trying to find a way to bring these two goals together" ([New York Times, 2002](#)).

**Title:** US Chemical Weapons Program: Human Experiments Planned

**Date:** September 27, 2002

**Source:** [Sunshine Project](#)

**Abstract:** A Pentagon document released to the Sunshine Project indicates that the US chemical weapons program operated by the Joint Non-Lethal Weapons Directorate (JNLWD) is planning or may have already performed experiments on humans. This indicates that the program is more advanced than previously believed. Another Pentagon document states that a test quantity of fully working "non-lethal" mortar rounds must be delivered by tomorrow. In a first reaction to Wednesday's revelations of its illegal chemical weapons research, the Pentagon claimed that it has taken a step back from funding work on sleep inducing or mind altering chemicals ("calmatives").

### Human Test

The document indicating planned or already performed human experiments with non-lethal chemical weapons is a contract between JNLWD and the Marine Corps Research University (at Pennsylvania State University), dated 29 January 2002. The agreement ([M67004-99-D-0037/M9545002RCR2BC6](#) [link is a PDF file]) stipulates that the University is to perform an assessment of anti-personnel capabilities and seek expert advice "on the human effects testing planned, and/or executed" for a new military mortar round. The planning and/or actual carrying out of human experiments indicates that the chemical weapons program is at an advanced stage. The extent and nature of the experiments, which may be testing of mind-altering, sleep-inducing or cramp-causing chemicals on human volunteers, and the institutional and legal framework for them are not identified in the contract.

and other non-lethal munitions. The SME is required to provide comment on the scientific basis for projected target effects and potential technical issues involved with such effects.

- SME(s) with developmental or operational experience familiar with the generalized human effects issues associated with tactical NL weapons, to include 81mm and below, and a familiarization with human/bioeffect testing methodology of non-lethal munitions/technologies. The SME is required to provide critical and expert comment on the human effects testing planned, and/or executed as part of the overall 81mm NL Mortar Munition program plan.
- SMEs with developmental or operational experience familiar with the operating characteristics of tactical NL weapons, to include 81mm and below. The SME is required to provide critical and expert comment on the likely tactics, techniques,

### Mortar Delivery

The advanced stage of the chemical weapons program is also indicated by the fact that tomorrow (28 Sept 2002), is a Pentagon contractor's deadline to deliver a test quantity of "non-lethal" 81mm mortar projectiles. Under a US \$700,000 contract ([DAAE-30-01-C-1077](#) [link is a zip file]) signed on 28 June 2001, M2 Technologies of West Hyannisport, Massachusetts must deliver 3 working examples of its final 81mm mortar round design by this Saturday. The projectiles are designed for firing from the US military's standard 81mm field mortar, to have a 2.5 kilometer range, and are suitable for delivery of chemical weapons. The contract indicates that they will contain a "generic payload for visual effect". JNLWD-funded experiments on a gas generating payload canister (made by General Dynamics, [photos and diagram on page 2 here](#)) have used colored water as a testing substitute for a chemical payload.

### JNLWD Reply

Meanwhile, the Joint Non-Lethal Weapons Directorate has not contested the Sunshine Project's specific and documented charges in any detail. On September 25th, JNLWD denied that it is operating an illegal chemical weapons program; but is not reported to have denied that it is seeking

"calmative" chemical weapons. According to a story run by the Associated Press, a JNLWD spokesman said that the Directorate has decided to "step back and make sure the use of calmatives would not violate the Chemical Weapons Convention." If this statement is true, this small retreat is likely the result of a very recent decision provoked by international criticism of the chemical weapons program. It is not supported, however, by the overwhelming weight of written evidence: Ongoing JNLWD contracts with private companies, academic institutions, a cooperative chemical research program between JNLWD and the US Army and other recent information all indicate that the program is not only active, it is moving forward quickly. Also, on 6 August, JNLWD Commander Colonel G. Fenton told Sunshine Project staff that JNLWD chemical research documents requested under the US Freedom of Information Act will not be released because they are part of a program of "classified weapons development". On September 13th, the Pentagon denied a Sunshine Project request for a legal review performed on JNLWD chemical weapons because the Directorate has classified it.

The case against JNLWD is discussed in detail in the Sunshine Project's news release of 24 September. (The [release](#) and [documents cited therein](#) are both available on the Sunshine Project website.)

On 26 September, the Sunshine Project wrote to JNLWD and stated that its claim to have taken a "step back" is not supported by the public record. JNLWD has not yet replied.

On Thursday, the Sunshine Project provided evidence for the US chemical weapons program to all States Parties to the Chemical Weapons Convention. The next Conference of the States Parties will convene on October 7 in The Hague ([Sunshine Project, 2002](#)).

**Title:** US National Academies Withholds Key Information On The Moscow Theater Tragedy

**Date:** October 30, 2002

**Source:** [Sunshine Project](#)

**Abstract:** The US National Academies of Science holds key unclassified US military research documents that shed light on the Moscow theater tragedy; but is refusing to release them despite repeated, urgent requests. (A selected bibliography of the documents is included at the end of this release.)

Said the Sunshine Project's Edward Hammond "*The world has an urgent need to better understand what happened in Moscow and what other countries, including the US, are doing with these kinds of weapons. The National Academies ongoing refusal to release the documents is very troubling.*" Hammond adds "*NAS has critical information for understanding the chemical agents used in Moscow; but is refusing to release it because it wants to avoid embarrassing the Pentagon, which denies that this type of research exists in the United States.*"

The documents are a series of papers written in 1994 by US Army chemical warfare experts on so-called "calmative" chemical weapons. The set of reports includes a paper on synthetic opiate weapons of the class reported to have killed more than 100 people in the Moscow theater. In 2001, these documents were deposited at the National Academies by the US Marine Corps, which asked NAS to evaluate this kind of weapon. The documents are deposited in a public archive which, according to US law, should be available for inspection by journalists and members of the public.

The US Army documents describe research and testing of chemical agents at Edgewood Research and Development Center at Aberdeen Proving Grounds north of Baltimore, Maryland. In addition, NAS is withholding documents from the US Joint Non-Lethal Weapons Directorate (JNLWD), a Pentagon agency exploring calmative chemical weapons. These include the report of a "non-lethal" weapons policy seminar held in 2001 between US and United Kingdom officials, in which they discussed military operations with chemical weapons like those used in the theater.

The Sunshine Project has been seeking the release of this information since well before the Moscow tragedy. It began its investigation a year and half ago, and first asked NAS for the documents in March.



NAS is trying to defuse the situation by forestalling release until November 5th, US election day, when it hopes that nobody will notice. NAS must place public interest and law before its desire to ingratiate itself with the Pentagon. *"Anything less,"* says Hammond *"would call into question the Academies role as an independent scientific advisor on chemical and biological weapons issues"* ([Sunshine Project, 2002](#)).

**Title:** Loose Monkey Teaches Biodefense Lab A Lesson On The Hazards Of Secrecy

**Date:** February 26, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Biodefense accidents can spread of some of the world's most infectious and lethal diseases. As part of the \$6 billion-plus expansion of the US biodefense program, more than three dozen new and upgraded "hot zones" have been proposed across the country. Arms control experts and health and safety watchdog groups are deeply concerned that secrecy at these labs will undermine US compliance with the Biological Weapons Convention, result in accident cover-ups, and obscure risks to surrounding communities. Because of these concerns, in early February, a group of non-profit watchdogs began sending a series of open letters to proposed biodefense labs asking them to commit, in writing, to policies that prohibit all classified research and which ensure transparency of their operations.

A contender to receive federal biodefense funding is the University of California at Davis (UCD), which wishes to build a biosafety level 4 laboratory (BSL4), the most secure type of facility, capable of handling dangerous agents such as Ebola virus. In recent weeks, UCD's proposal has come under intense fire from community activists. UCD only consulted its neighbors in the final days before submitting its BSL4 proposal, when it sought a letter of support from the Davis City Council. Some BSL4 labs, including that proposed by UCD, deliberately infect animals with disease.

Davis citizens were understandably angered when the story broke on Monday that a monkey had escaped from UCD's primate breeding facility, which rears animals for biodefense experiments. University officials had been hiding the story for ten days. It took a whistleblower's leak to the local newspaper before UCD decided to advise the community of the security breach. UCD says the rhesus monkey - which remains at large - is disease-free; but citizens are asking the obvious questions: Why did UCD keep the escape secret? According to Joshua English, a community activist in Davis, *"When we found out that UCD officials suppressed information regarding the escaped monkey, the first thing that I think came to everyone's mind was 'how open will they be when that escaped monkey is infected with ebola?'"*

**Not Monkey Business:** The rogue two kilogram primate has done far more than thwart her captors. The lost monkey would have been an embarrassment under any circumstances; but UCD's suppression of the news provoked anger that may have delivered a deathblow to UCD's BSL4 ambition, tipping the balance on the Davis City Council against the University. Davis Mayor Susie Boyd says she personally supports UCD; but because of community opposition, has joined opponents on the City Council and disinvited UCD's project from the city. Boyd wrote UCD that she and the City Council *"have concluded the facility will remain an unwelcome project by our residents."* Adding to UCD's woes was a vote, last Friday, in which UCD workers allied in the Professional and Technical Employees Union decided against the BSL4 proposal. The Union represents laboratory workers and animal handlers.

**Secrets Elsewhere:** UCD's lack of transparency has put its application for federal biodefense dollars in deep jeopardy. While other laboratories have avoided UCD's catastrophic meltdown, some are committing the same errors that have led to UCD's woes. The New York State Department of Health's Wadsworth Center and Rensselaer Polytechnic Institute, for example, believe that even the fact that they are seeking a new biodefense lab should remain a secret.

At the University of Texas Medical Branch (UTMB) in Galveston, officials are quietly retreating from a pledge made in 2001 that their BSL4 facility will not conduct classified work and will be *"wide open and above board"*. That standard, which UTMB used in public meetings and on its website, has been downgraded to apply only to its *"current plans"*. Future work, outside researchers granted access to its labs, and new laboratory spaces are under no such transparency commitment.

There is also biosafety accident history that has not been presented to the public. One of UTMB's lead researchers formerly directed a Yale University lab where faulty equipment and inadequate safety measures resulted in a researcher being infected with Brazilian Hemorrhagic Fever (sabia virus). The infected scientist did not report the accident, in which a liquid containing a high concentration of sabia was aerosolized. The severity of the accident and the infection were not detected by lab management for several days, during which the virus was released outside the containment zone. Sabia is usually spread by rodents and is not believed to be human-to-human transmissible, however, some closely-related arenaviruses (a UTMB specialty) can be spread from person to person. The infected scientist was successfully treated after showing symptoms. The lab director left Yale shortly after the incident.

*"UTMB is propping up a transparency façade through carefully crafted statements that don't mean what they sound like. A careful look at UTMB's words betrays a sad slide toward secrecy," says Edward Hammond, Director of the Sunshine Project, a biological weapons watchdog in Austin, TX, "Most of all, I am concerned about how the behavior of UCD and UTMB will impact biological weapons control. The international system to prevent these weapons relies on transparency, on the ability of an informed public to judge the nature and intent of biodefense experiments. This security seems to be an afterthought for these institutions. They are instead preoccupied with public image and scientific rivalries, threatening control of biological weapons with their petty arrogance."*

The US Department of Energy's proposals to construct and operate biowarfare agent facilities inside its nuclear weapons labs poses an additional, very serious threat to US compliance with the Biological Weapons Convention (BWC). Inside the DOE bio-facilities classified research on bio-agents would be conducted inside classified nuclear weapons development centers - the antithesis of the openness on which the watchdogs insist.

**The "No Secrets" Pledge** Non-profit biodefense watchdogs are calling on biodefense labs to make a "no secrets" pledge that includes specific transparency elements. So far, they have contacted three proposed BSL4 biodefense laboratories - UCD, UTMB, and (today) Rocky Mountain Labs in Hamilton, MT. Elements of the pledge, to be made in writing, include a commitment to not conduct classified research (or permit it in their facilities) and to operate completely transparent biosafety committees, the groups that review proposed projects. So far, none have responded. In the coming weeks, the watchdogs will contact more of the three dozen institutions across the US who are seeking new or substantially upgraded hot zone facilities. These include Boston University and the University of Illinois at Chicago, which both are seeking BSL4 facilities. Copies of the letters sent to labs are available at: <http://www.sunshine-project.org/biodefense/openletters.html> (Sunshine Project, 2003).

**Title:** US Army Patents Biological Weapons Delivery System, Violates Bioweapons Convention

**Date:** May 8, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The United States Army has developed and patented a new grenade that it says can be used to wage biowarfare. This is in violation of the Biological Weapons Convention, which explicitly prohibits development of bioweapons delivery devices.

[US Patent #6,523,478](#), granted on February 25th 2003, covers a "rifle launched non lethal cargo dispenser" that is designed to deliver aerosols, including – according to the patent's claims - "crowd control agents, biological agents, [and] chemical agents..."

The development of biological weapons delivery devices is absolutely prohibited - "in any circumstance" - by Article I of the 1972 Biological and Toxin Weapons Convention, to which the US is a party. There is no exemption from this prohibition, neither for defensive purposes nor for so called non-lethal agents.

*"The development of weapons for biological payloads produces great uncertainty about the US commitment to the Biological Weapons Convention," says Edward Hammond of the Sunshine Project US, "Thirty four years after the US renunciation of biological weapons, the Pentagon is back in the bioweapons business."*

*"Hans Blix might have an easier time finding illegal weapons if he were inspecting near Baltimore instead of Baghdad,"* says biologist Jan van Aken from the Sunshine Project Germany, referring to the fact that two of the inventors work at the Army's Edgewood Arsenal north of Baltimore, Maryland. Other inventors work at an engineering firm in Orlando, Florida, where the US Special Forces operate from MacDill Air Force Base.

This grenade is yet another indication of prohibited biological and chemical weapons development projects in the US. It stands in a row with an illegal chemical weapons program focusing on so called non-lethal agents (see below), uncovered last September by the Sunshine Project, with research activities on material degrading microorganisms by the US armed forces (see below), and with a range of questionable biodefense activities that may well suit offensive purposes (see *New York Times*, 4 September 2001).

**Eroding Prohibition:** So-called non-lethal weapons are blurring the lines between permissible and illegal weapons research. The Army says the new grenade is for the dispersal of "non-lethal" agents. Claims are the legally crucial and most carefully crafted part of a patent. The Army is fully aware of its obligations under the BWC, yet a new bioweapons device was patented. This underscores why "non-lethal" weapons pose such a serious threat. The Pentagon now considers bioweapons work that has been off limits for three decades to be acceptable - if the word "non-lethal" is appended. But not only do many 'non lethal' agents violate treaties themselves, it is worse: US "non-lethal" research is creating and testing hardware that can deliver the full spectrum of biological and chemical weapons.

**Pre-emptive Diplomacy:** US diplomatic-military policy coordination on "non-lethal" weapons can be seen in its firm resistance to efforts to place the subject on the international arms control agenda. In September 2002, US diplomats vetoed the Sunshine Project's accreditation to a Chemical Weapons Convention meeting because the Project wanted to discuss "non-lethal" chemical (and biological) weapons. Last week, US diplomats again pre-empted discussion of "non-lethal" weapons, when they blocked the International Committee of the Red Cross from making a speech at the Chemical Weapons Convention Review Conference.

*"This grenade is another example of how the Pentagon's so called 'non lethal' weapons programs are consistently chipping away at restrictions on two of the most deadly kinds of arms, biological and chemical weapons. Programs that develop so called non-lethal chemical and biological weapons should simply be abolished,"* says Hammond ([Sunshine Project, 2003](#)).

**Title:** Bioweapons Watchdogs Seek Suspension Of University Of Texas Eligibility For Federal Biodefense Research Funds

**Date:** August 6, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Biological weapons watchdogs have asked the US National Institutes of Health (NIH) to suspend biodefense funding for the University of Texas Medical Branch at Galveston (UTMB). At issue is the Medical Branch's secrecy about its research on biological weapons agents and its refusal to comply with federal biosafety guidelines. The short-term cost to UTMB could be as high as \$250 million and bruised ambitions. But the long-term benefits for all of establishing higher standards of public accountability at institutions conducting biodefense research, says the watchdog coalition, will be enhanced peace, security, and safety in the US and around the world.

The latest moves in an eleven month old dispute with UTMB came Monday, when a member of the coalition, the Sunshine Project, petitioned Anthony Fauci of the National Institute of Allergy and Infectious Disease (NIAID) to suspend NIAID's consideration of UTMB's applications for a federally-funded BSL-4 "hot zone" lab and a regional biodefense research consortium. Also Monday, the Freedom of Information Foundation of Texas filed a legal brief with the Texas Attorney General supporting the coalition's demand that UTMB stop resisting public disclosure of its biosafety committee records.

The watchdogs do not oppose biodefense research, nor do they accuse UTMB of developing biological weapons, rather, they insist that secrecy is the greatest enemy of biological weapons

security. They seek maximum research transparency at all biodefense labs because openness will better protect the communities that surround "hot zones" and will reinforce the United States' compliance with the Biological and Toxin Weapons Convention, the critical international treaty that prohibits development of biological weapons. This debate over transparency comes at a critical time because the US biodefense program is rapidly expanding, coming to touch communities across the country as the "War on Terrorism" erodes standards of governmental accountability and new studies continue to reveal new, disturbing potential applications of biotechnology to bioweapons.

(These and other reasons behind the non-profit coalition's efforts are discussed in more detail in the press release "[Non-Profit Coalition Calls for a National Reassessment of the Biodefense Building Boom](#)", October 14th, and in its [Open Letters to biodefense laboratories](#), links provided below.)

The coalition is active across the country. UTMB has been singled out for this action because its transparency and biosafety policies are particularly egregious. Since September 2002, it has refused to substantively answer at least nine requests for information about its biosafety policies. In the course of seeking a 100% exemption from public disclosure of information about its biosafety committee, UTMB has even misled the Texas Attorney General with respect to federal laboratory safety regulations. The coalition hopes that by holding up UTMB's failures as an example, other biodefense laboratories will come to better understand their public responsibilities.

The coalition is following other biodefense projects across the country, including the US Army's Dugway Proving Ground (Dugway, UT), and proposed Biosafety Level 4 labs in Boston, MA, Davis, CA, and Hamilton, MT. It is also engaged with the Department of Energy over its plans to build Biosafety Level 3 labs at Lawrence Livermore National Lab (Livermore, CA) and Los Alamos National Lab (Los Alamos, NM).

Detailed information about the action against UTMB can be found at: <http://www.sunshine-project.org/biodefense/utmb.html> ([Sunshine Project, 2003](#)).

**Title:** Texas Attorney General Rules For Biodefense Transparency

**Date:** September 4, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The Texas Attorney General has ruled in favor of the Sunshine Project in its Public Information Act request for information on the University of Texas Medical Branch's application to the National Institutes of Health for a Regional Center of Biodefense Excellence (RCE). Filed on June 2nd, the Project's request was for the University's RCE application. The University of Texas Medical Branch sought to deny release of the application, in its entirety.

In a brief to the Texas Attorney General, the University of Texas Medical Branch claimed five different legal exemptions prevented release of the requested information, including provisions of the Texas Homeland Security Act (HB 9). In its ruling (OR2003-6103, 29 August), the Attorney General's office rejected four of UTMB's arguments in their entirety, including the Homeland Security claim.

One exemption UTMB asserted, related to intellectual property, was accepted; but the Attorney General ruled that it is only applicable to a small portion of the Biodefense RCE application.

UTMB must either accept the Attorney General's ruling, or sue in a Travis County (Austin) court.

A brief in support of the Sunshine Project was filed by the American Civil Liberties Union of Texas ([www.aclutx.org](http://www.aclutx.org)).

The Attorney General's decision sets the stage for another important ruling, due on or before September 22nd, related to the Sunshine Project's request for documents from the UTMB Institutional Biosafety Committee. That dispute is presently also the subject of an investigation by the NIH Office of Biotechnology Activities. For more information on that case, please see: <http://www.sunshine-project.org/biodefense/utmb.html>

Today, the National Institutes of Health awarded UTMB the Regional Center of Excellence Grant ([Sunshine Project, 2003](#)).

**Title:** Pentagon Initiates New Research Into Prohibited Chemical Weapons

**Date:** September 8, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Recently unearthed US government documents reveal new information on illicit US chemical weapons research. The US Marine Corps program on so-called "non-lethal" chemicals has inked new deals for prohibited weapons. The contracts include development of a new kind of rocket propelled grenade that began at the end of 2002, only weeks after the Moscow Theater disaster. Also last year, a senior US Army toxicologist investigated tacrine, a close cousin of several nerve gases, as a candidate "non-lethal" chemical weapons payload.

The Marine Corps contracts were granted by the Joint Non-Lethal Weapons Directorate (JNLWD) in November and December 2002. Both are with AgentAI, a small company based in Victorville, California. One contract is for development of a new kind of rocket propelled grenade (RPG) to be fired from the US Army's standard M-203 grenade launcher. The chemical grenade is being designed for a 500 meter range. The RPG is designed to strike a person (or perhaps near a person) and then to disperse "*chemical agents that can further incapacitate or maintain the incapacitation of the targeted individual*". The company plans testing on a "*simulated human target*" under the current contract. The second JNLWD contract with AgentAI calls for development of "non-lethal" bullets that release a chemical payload upon striking a target. (Summaries of these contracts are [available here](#).)

Another document ([available here](#)) reveals the interest of a senior US Army toxicologist in tacrine, a drug used to treat Alzheimer's Disease. The Army is not interested in the drug, however, for helping disease victims. Rather, it is assessing use of tacrine as a weapon. In February 2002, at Aberdeen Proving Ground in Maryland, the toxicologist ordered a literature review on its potential for weaponization. Chemically, tacrine is a acetylcholinesterase inhibitor, a first cousin of the nerve gases sarin, tabun, and VX (among others).

The discovery that the Army is investigating close relatives of extremely lethal nerve gases as "non-lethal" weapons heightens concerns previously raised that the Army's "non-lethal" chemical weapons program is practically indistinguishable from one with a fully lethal intent. The Army's interest in tacrine should draw particular scrutiny from the Organization for the Prohibition of Chemical Weapons and governments who are members of the Chemical Weapons Convention.

**Title:** Safety And Security In Secret: Public To Have No Access To UTMB Biosafety Committee

**Date:** October 7, 2003

**Source:** [Sunshine Project](#)

**Abstract:** A Bizarre Texas Law Trumps Federal Guidelines and the Texas Public Information Act.

In a ruling late yesterday, the Texas Attorney General rejected the Sunshine Project's Public Information Act request to review documents from the University of Texas Medical Branch (UTMB) Institutional Biosafety Committee. UTMB is focusing on biodefense research and was recently awarded new federal grants to become a national center for work with the most dangerous disease agents. The Attorney General's ruling means that the public has zero ability to examine UTMB's measures to try to avoid human health and environmental damage resulting from its research on biological weapons agents.

The decision is disappointing; but not surprising, according to Edward Hammond, Director of the Sunshine Project, "*Because of a variety of circumstances, I think that this will prove to be a pyrrhic victory for the University of Texas. Arms control, health, and safety advocates from across the country are concerned about the expansion of the US biodefense program and are demanding transparency and explanations of its activities,*" says Hammond, "*The University of Texas has fought for and won its right to be secretive; but the cost will be stigmatizing. It will erode public confidence in the safety and security of biodefense research in Texas and across the country.*"



The ruling comes under a strange Texas law. UTMB's Institutional Biosafety Committee is established under federal Guidelines for research safety. The IBCs purpose includes review and approval of measures to protect the health of citizens and the environment from the possible release of dangerous diseases and genetically modified organisms from UTMB's "hot zone" biocontainment labs. The federal Guidelines require representation of community interests on the committee and mandate that some of its records must be public. At the same time, there are no specific exemptions in the Texas Public Information Act to prevent release of the material requested by the Sunshine Project. Instead, the University depended on a different law to advance its secrecy claim.

UTMB sought, and received, designation of its IBC as a "medical committee" under a strange provision of the Texas Health and Safety Code. As interpreted by the UTMB and the Attorney General, this law gives medical research institutions to right to keep secret documents from committees conformed for any purpose. The law even says that records of such "medical committees" that deal with any issue - medical or not - are immune to judicial subpoena. On top of that, neither UTMB nor the Attorney General is prepared to conclude that the federal guidelines overrule the state law. Paradoxically, while UTMB argued that the records are so sensitive that even a judge may not view them, it also argued that the records contained intellectual property that the University could sell.

What is happening, according the Sunshine Project, is a dangerous derailment of Texas law that is supposed to prevent patient medical records from being disclosed. The UTMB IBC does not deal with patient medical information; but the protection of the law has been applied to all of its records. Says Hammond *"Using UTMB and the Attorney General's logic, UTMB could create a committee for any purpose, for example, to produce offensive bioweapons or to waste biodefense dollars and, under Texas law, the records of that committee would not be available to the public, not even to a court. The situation is terribly dangerous and just plain wrong. The IBC exists to protect the public and the environment, and the public must have access to it and its records. The secrecy will not stand up to scrutiny."*

The next step in the Sunshine Project's debate with UTMB will be a decision from the Office Biotechnology Activities of the National Institutes of Health, NIH is investigating UTMB following a Sunshine Project complaint. NIH has not put a date on its decision. NIH may or may not directly address the relationships between NIH Guidelines and Texas law, although contradictions are apparent. In contrast to UTMB's position and the Texas Attorney General's ruling, the NIH Guidelines require that minutes of the IBC meetings and some other documents be released upon public request. It is unclear how UTMB plans to handle the discrepancies, although it has suggested to NIH that Texas law should rule.

Hammond concludes, *" Although a setback for the Sunshine Project, this ruling does clarify some of the problems with public accountability of research on biological weapons agents. The Project will persist in requests for this type of information from institutions in Texas and across the country. Sunshine has several additional cases already moving toward the Attorney General's office in Texas. We will work, over the long-haul, to establish openness in research on bioweapons agents because it is required to ensure public safety and US treaty compliance"* ([Sunshine Project, 2003](#)).

**Title:** Lethal Virus From 1918 Genetically Reconstructed

**Date:** October 9, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The 'Spanish Flu' influenza virus that killed 20-40 million people in 1918 is currently under reconstruction. Several genes of the extraordinarily lethal 1918 flu virus have been isolated and introduced into contemporary flu strains. These proved to be lethal for mice, while virus constructs with genes from a current flu virus types had hardly any effect. These experiments may easily be abused for military purposes, but provide little benefit from a medical or public health point of view.

The 1918 Spanish Flu was highly infectious and – in comparison to contemporary flu viruses – killed a very high percentage of those infected, including many younger people. The Spanish Flu alone caused the medium life expectancy in the US in 1918 to drop by 10 years. Hence, flu viruses are perceived today as a serious biological warfare threat. Just two weeks ago, a 15 million dollar

research grant was awarded in the US to develop protective measures especially against a bioterrorist attack with flu viruses.

Despite the very dangerous nature of the 1918 virus, efforts to reconstruct it started in the mid 1990s, when Dr Jeffrey Taubenberger from the US Armed Forces Institute of Pathology in Washington DC succeeded in recovering and sequencing fragments of the viral RNA from preserved tissues of 1918 victims. In the current issue of the scientific journal Emerging Infectious Diseases new genetic details of the 1918 flu virus will be published.

But after (partially) unravelling the genetic sequence of the virus, the scientists went a step further and began bringing the Spanish flu back to life. Unnoticed by the public, they succeeded in creating a live virus containing two 1918 genes that proved to be very lethal in animal experiments. This experiment is only one genetic step away from taking the 1918 demon entirely out of the bottle.

A resuscitation of the Spanish flu is neither necessary nor warranted from a public health point of view. Allegedly, the recent experiments sought to test the efficacy of existing antiviral drugs on the 1918 construct. But there is little need for antiviral drugs against the 1918 strain if the 1918 strain had not been recreated in the first place "It simply does not make any scientific sense to create a new threat just to develop new countermeasures against it." says Jan van Aken, biologist with the Sunshine Project, "Genetic characterization of influenza strains has important biomedical applications. But it is not justifiable to recreate this particularly dangerous eradicated strain that could wreak havoc if released, deliberately or accidentally."

Construction of new maximum security (BSL-4) laboratories for biodefense research has been justified in part by citing the potential of the Spanish Flu as a biological weapon. Influenza usually requires a low level of containment; but when scientists begin recombining virulence-related genes, the danger dramatically increases. The University of Texas Medical Branch's BSL-4 plans influenza 'gene reassortment' experiments in maximum containment. "This kind of research is creating a vicious circle, and could prompt a race by biodefense scientists to genetic engineer unthinkable diseases", says Edward Hammond of the Sunshine Project, "What disease comes after influenza? Biodefense laboratories must not become self-fulfilling prophesy centers. The world does not need biodefense programs to create a 'genetically engineered disease gap'."

From an arms control perspective it appears to be particularly sensitive if a military research institution embarks on a project that aims at constructing more dangerous pathogens. "If Jeffery Taubenberger worked in a Chinese, Russian or Iranian laboratory, his work might well be seen as the 'smoking gun' of an offensive biowarfare program," says van Aken.

A Sunshine Project briefing paper on the '[Reconstruction of the Spanish influenza virus](#)' provides further details and a comprehensive literature list ([Sunshine Project, 2003](#)).

**Title:** Biosafety Irregularity In Spanish Flu Experiments: Highlights The Need to Strengthen Biodefense Transparency

**Date:** October 21, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Genetic experiments to recreate one of the most devastating viruses of the past century were not reviewed or approved by a biosafety committee. The University of Georgia claims that it was too troublesome to convene its Institutional Biosafety Committee to review research to genetically reconstruct the Spanish flu. Instead, the University signed off on the experiments based on ad hoc talks between only four members of its biosafety committee. As a result, no minutes were taken to describe safety review of the experiments. In fact, by not convening its committee, Georgia's actions ensured that there was no timely opportunity to raise concerns at all.

The case demonstrates a severe weakness in the public disclosure provisions of federal research rules (the NIH Guidelines) and underscores the need for mandatory committee-level (or higher) review of research projects with disease agents. By approving the experiments with an ad hoc subcommittee, requirements for public disclosure were avoided. The existence of the experiments

only came to light through journal articles. According to Edward Hammond of the Sunshine Project, "Genetic engineering of bioweapons agents has national and international implications for health, biosafety, and security. But Georgia shied away from these and simply rubber-stamped the Pentagon-led project to recreate the Spanish flu."

More stringent, more public review is required, says Hammond, "Weighing the merits and hazards of these kinds of experiments requires open discussion. Georgia's claim that reconstituting Spanish flu doesn't merit a biosafety committee meeting is scandalous, and will diminish public trust in the biosafety committee system."

In 1918-19, the Spanish flu killed 20-40 million people worldwide. In the US, deaths from the flu strain resulted in a 10 year drop in life expectancy. Recreating the deadly flu may create international unease, in particular because of the leadership of the US military in the project. The experiments were described by the Sunshine Project on October 9th. (See News Release "[Lethal Virus from 1918 Genetically Reconstructed](#)" and the briefing paper "[Recreating the Spanish flu?](#)", both available online.)

The Spanish flu reconstruction began at a University of Georgia biosafety level three (BSL-3) facility in 1999. Researchers from US universities, the Armed Forces Institute of Pathology, and the US Department of Agriculture (USDA) are involved. The lab specializes in diseases of poultry, including avian influenza. The Sunshine Project has confirmed - and reconfirmed - under the Freedom of Information Act that USDA has no biosafety committee minutes related to the experiments. The Project also directly contacted the University of Georgia and requested Institutional Biosafety Committee meeting minutes that are required by the NIH Guidelines for Recombinant DNA Research. Georgia's Biosafety Officer stated that no minutes exist.

Scientists have recently begun to accept the need to reinforce the Institutional Biosafety Committee system established under the NIH Guidelines for Recombinant DNA Research. But the discussion, including that in a recent report on biosafety by the National Academies of Science, is out of balance because it is taking place almost exclusively between scientists, government regulators, and the Pentagon.

"There is a need to make more room at the table. The public has a right to help determine if, and under what conditions, risky research proceeds." says Hammond, "Biosafety review must be a matter of law, and public access provisions of federal research rules must be strengthened. Otherwise, risky experiments such as this one will take place with little or no transparency, and that will decrease international security and create environmental and health risks."

A Sunshine Project briefing paper on the '[Reconstruction of the Spanish influenza virus](#)' provides further details and a comprehensive literature list ([Sunshine Project, 2003](#)).

**Title:** The Bioweapons And Biodefense Freedom Of Information Fund

**Date:** November 6, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The Bioweapons and Biodefense Freedom of Information Fund, a new initiative to increase the public accountability of biodefense research, was launched today. The Bioweapons and Biodefense Freedom of Information Fund (FOI Fund) will promote the involvement of civil society in biological weapons control issues by increasing the public availability of government information on biodefense programs and other research on biological weapons agents.

The FOI Fund will use federal and state open records laws to obtain primary documentation. The FOI Fund will support citizens groups and researchers by assisting them to obtain access to public records. It will distribute the results of its requests online, for use by grassroots groups and experts alike. The FOI Fund's website, [www.cbwtransparency.org](http://www.cbwtransparency.org), will house an online library of released documents.

The FOI Fund ties together several needs. New security measures are threatening to erode access to biodefense information, prompting a need to assert and preserve public rights. And, as biodefense programs expand, local and national non-governmental organizations have greater research and information needs. The Fund will partner with both types of groups. On a case-by-case basis, the Fund will use outside experts in specific areas of information access law and, where possible, will pursue requests outside of the United States.

The FOI Fund is an initiative of the Sunshine Project that is advised by a Management Committee with grassroots leaders, arms control specialists, and experts in open records. The Management Committee's membership includes Steven Aftergood (Federation of American Scientists Project on Government Secrecy), Steve Erickson (Citizens Education Project, Salt Lake City), Oliver Meier (arms control researcher and staffer for the Chair of the Bundestag Subcommittee on Disarmament and Arms Control), and Mark Wheelis (University of California at Davis). (Affiliations are listed for identification purposes.)

The Fund's initial work includes a partnership with a grassroots organization to research certain biodefense activities at the US Army's Dugway Proving Ground and a collaboration with a national organization to obtain records related to research on poxviruses.

The FOI Fund's website, [www.cbwtransparency.org](http://www.cbwtransparency.org), explains more about the Fund, its services, and contains examples of the kinds of documents that the Fund will be working to place in the public domain ([Sunshine Project, 2003](#)).

**Title:** University Of Texas Reverses Secrecy Stance; But Will Its New Biosafety Committee Be Accountable?

**Date:** March 15, 2004

**Source:** [Sunshine Project](#)

**Abstract:** For more than a year, the Sunshine Project and University of Texas Medical Branch at Galveston (UTMB) have been locked in a public dispute over UTMB's secrecy about its biodefense research. In a potentially significant policy reversal, UTMB has recently formed a new Institutional Biosafety Committee (IBC) to oversee research safety. UTMB says that the new committee will be more transparent than its previous safety committee, whose refusal to release records was criticized by nonprofit watchdogs. As a result of its secrecy, the National Institutes of Health is also examining UTMB's biosafety committee and policies.

The Sunshine Project views UTMB's new committee with guarded optimism: *"It's a shame that it took a year of pressure and a federal investigation before UTMB stopped blowing smoke and started addressing watchdog concerns"* says Edward Hammond, Director of the Sunshine Project US, *"By establishing the new committee, UTMB has finally admitted that its biodefense secrecy is unacceptable."* Recalling UTMB's track record of resistance to public accountability on biodefense research, however, the Sunshine Project is taking a wait and see approach. Says Hammond *"I hope that UTMB has turned over a new leaf; but the Sunshine Project will reserve judgment until the quality and depth of this new committee's public accountability has been thoroughly tested."*

The dispute has national relevance because the transparency requirements that are in dispute (those established by the National Institutes of Health Guidelines for Research Involving Recombinant DNA Molecules, called the "NIH Guidelines") are applied across the country. The Texas case is the first major biosafety committee records dispute to emerge since the federal biodefense spending boom began in late 2001.

The NIH Guidelines require Institutional Biosafety Committees (IBCs) at federally-funded biotechnology research labs in order to protect human health and the environment. IBCs must have members that represent community interests and must release many of their documents, such as meeting minutes, to the public. The Sunshine Project's dispute with UTMB began in early 2003 when it requested the UTMB IBC minutes. UTMB not only refused to provide them; but its lawyers convinced the Texas Attorney General to support its secrecy by endorsing the University's controversial interpretation of a state law designed to protect unrelated health care records.

In the course its campaign to shut down public access to its IBC records, UTMB did an embarrassingly effective job of painting itself into a corner with respect to federal research rules. UTMB's position was in flagrant violation of the NIH Guidelines. Says Hammond, "UTMB's efforts to obtain legal endorsement of its secrecy turned into a classic case of 'be careful what you wish for, because it might come true.' UTMB got what it wanted from the Texas Attorney General, and very promptly regretted the situation it brought upon itself."

(In late 2003, the Texas Attorney General's Office publicly admitted to having second thoughts about its decisions supporting UTMB's secrecy, publicly stating that it may reconsider its decision. Misleading the public, UTMB portrays itself as a victim of the Attorney General's ruling. In reality, UTMB desired the secrecy ruling and was the author and promoter of the legal arguments that led to the Attorney General's decision.)

In August 2003 the Sunshine Project sent a formal complaint to the NIH Office of Biotechnology Activities, which began an investigation of UTMB's biosafety committee. When NIH asked UTMB to explain itself, the University did not even attempt to argue that it was in compliance with the NIH Guidelines. NIH has yet to report on its investigation; but it is fair to assume that it has played a hand in UTMB's decision to establish a new IBC.

The Sunshine Project will discuss the UTMB case in greater detail in the upcoming report of its national survey of transparency of institutional biosafety committees. In that survey, which began in January, the Sunshine Project has requested IBC minutes from nearly 400 committees across the country. The report will analyze the survey response and make recommendations on how to maintain and expand the public accountability of biodefense and biotechnology research ([Sunshine Project, 2004](#)).

**Title:** US Transparency Survey: Serious Problems Evident

**Date:** April 14, 2004

**Source:** [Sunshine Project](#)

**Abstract:** The Sunshine Project has made additional information available on its website concerning its Institutional Biosafety Committee (IBC) Transparency Survey. The Project is making this early release of information because it is deeply concerned by the fact that the survey results demonstrate, *prima facie*, widespread noncompliance with federal biotechnology research rules. The rampant violations call into question the effectiveness of the United States' guidelines-based laboratory biosafety system. Survey results to date strongly suggest that increased biodefense spending is triggering a collapse in the public accountability of biological research across the US.

While dozens of nearly 400 surveyed institutions have replied adequately, revealing that many work diligently to comply with federal research rules, it is equally clear that many others do not. According to the Sunshine Project's Edward Hammond "*Internationally, the US promotes its rules as a model for the rest of the world to follow; but this research indicates the opposite. The replies to date suggest that the US system is actually a house of cards.*"

**The 389 federally-registered biotechnology research institutions queried by the Sunshine Project have an unequivocal obligation to release the meeting minutes it requested, yet:**

1. Only two out of five (42.9%) IBCs have provided meeting minutes;
2. Almost half (44.5%) have failed to reply to the survey at all.
3. The remaining 12.6% have replied but have not provided minutes.

Institutions who have not replied include two of the nation's maximum containment biosafety level four laboratories (a Centers for Disease Control lab and a San Antonio, TX facility), an operator of Department of Energy biodefense labs, a major genome sequencing institution, and some of the largest recipients of federal biotechnology and biodefense research funds in the country.



**Among those IBCs that have replied (with or without minutes), serious problems are evident. These include:**

1. Major research centers, including institutions handling potential biological weapons agents and that conduct federally-funded biotechnology research, who do not maintain records of their IBC meetings and/or approve risky experiments without committee review;
2. Numerous IBCs punching holes in the national system by asserting the primacy of state law over the federal laboratory safety rules;
3. Widespread and arbitrary removal of information from public records;
4. Adoption of policies and procedures deliberately designed to evade public accountability.

In addition, analysis of US National Institutes of Health IBC data reveals that a significant number of biotechnology labs, particularly private sector labs and private non-profit labs, are not even registered under the federal laboratory safety system.

The survey, which began in late January, is assessing the quality of public disclosure by Institutional Biosafety Committees across the United States. IBCs are established under the US National Institutes of Health Guidelines on Research Involving Recombinant DNA Molecules ("the NIH Guidelines"), which exist to safeguard against the health and environmental dangers of biotechnology research.

The final report of the survey will make recommendations for how to raise the public accountability of biodefense research ([Sunshine Project, 2004](#)).

**Title:** Federal Complaint Seeks Termination Of Government Funding For Nine Biotechnology Research Institutions

**Date:** May 4, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Today, the Sunshine Project filed a federal complaint against nine institutions, some of them major biotechnology research centers, for failure to comply with public access provisions of federal biotechnology research rules. The complaint, lodged with the National Institutes of Health Office of Biotechnology Activities (NIH OBA) seeks immediate suspension of federal funding to the institutions and a fifteen day deadline for compliance. If the institutions do not comply within that timeframe, the Sunshine Project has requested that NIH declare them ineligible for federal biotechnology research funding.

The institutions are: Iowa State University (Ames, IA), Cornell University (Ithaca, NY), Washington University (St. Louis, MO), University of Pittsburgh (Pittsburgh, PA), Duquesne University (Pittsburgh, PA), University of Arkansas (Fayetteville, AR), Southern Illinois University Medical School (Springfield, IL), Serono Reproductive Biology Institute (Rockland, MA), and Vical, Inc. (San Diego, CA).

Transparency in biotechnological research is particularly important now because, in 2001, the United States rejected the strengthening of the Biological Weapons Convention (BWC) through a protocol including declarations and inspections. Since it rejected legally-binding international efforts for stronger biological weapons controls, the US has allocated \$15 billion or more for biodefense research, including classified research programs and types of studies that generate knowledge and capabilities for offensive biological warfare. The huge upswing in research on biological weapons agents has triggered a deterioration in public disclosure.

The complaint demonstrates that each of the nine research institutions has refused to provide copies of the minutes of meetings of its Institutional Biosafety Committee (IBC). IBCs are established under federal research rules (called the NIH Guidelines) and are charged with protecting against the human health and environmental risks of biotechnology research. The federal rules unequivocally establish that the meeting minutes must be made public.

The Sunshine Project complaint is related to a national survey of the public accountability of biological research institutions. The survey began in January and involves nearly 400 institutions nationwide. The Project continues to gather information for the survey's final report. The complaint stems from specific information access issues - that is, impediments to public disclosure imposed by the nine institutions - that have become apparent in the course of preparing the report. The Sunshine Project survey will identify ways to increase research transparency and counteract the toward biotechnology and biodefense secrecy ([Sunshine Project, 2004](#)).

**Title:** Time For The Pentagon To Lift The Secrecy Surrounding Its "Non-Lethal" Chemical And Biological Weapons

**Date:** July 19, 2004

**Source:** [Sunshine Project](#)

**Abstract: Sunshine Project Challenges the Defense Department to Release "Non-Lethal" Weapons Documents**

Last week, when the Pentagon's lawyers insisted that the Sunshine Project remove documents about US Army chemical weapons research from its website, they called attention to the secrecy that surrounds US development of so-called non-lethal weapons. Belatedly realizing that censorship might backfire and draw more – not less - attention to "non-lethal" secrets, the Marine Corps tried to compensate with delay. It waited until 5:00 PM on Friday to respond to journalist's inquiries so as to try to ensure that the news cropped up outside of major US and international news cycles. Even then it said nothing of substance – it says it is investigating the matter.

The Pentagon has never been forthcoming about the extent of its "non-lethal" programs; but after the Sunshine Project and others began to take action against them at the Chemical Weapons Convention, secrecy has increased and the quality of disclosure under laws such as the Freedom of Information Act has plummeted.

For more than three and half years, the Sunshine Project has closely followed the Joint Non-Lethal Weapons Directorate (JNLWD), the coordinating body for US military "non-lethal" weapons research. In September 2002, the Sunshine Project went to the Chemical Weapons Convention (CWC) and called for the Organization for the Prohibition of Chemical Weapons to investigate programs to develop prohibited chemical weapons under the "non-lethal" moniker. In reply, the US State Department blocked the Sunshine Project's accreditation to the meeting.

One month later, more than 120 innocent hostages were killed in the Moscow theater by the same kind of "non-lethal" chemical weapon. In 2003, it wasn't the Sunshine Project that went to the CWC to request action, it was the International Committee for the Red Cross (ICRC). But the result was much the same: The Bush administration again used backroom maneuvers to prevent the ICRC from speaking and to keep "non-lethal" chemical weapons off the CWC's agenda.

"Non-lethal" weapons are a hodgepodge of technologies ranging from simple, well-understood items such as police batons and shields, to the weirdest frontiers of weapons science, like the Navy researcher whose proposal is to permanently "pacify" people by chemically burning out the neurological systems that make humans capable of violence. (His paper was accepted for discussion at a JNLWD-sponsored conference.) With new technologies, such as directed energy, JNLWD plays up the "gee-whiz" factor, resulting in headlines such as "Set Phasers to Stun", although to many observers the various directed-energy devices remind them more of the electric chair than reruns of Star Trek.

When it comes to chemical and biological "non-lethal" weapons, which are prohibited by treaty, JNLWD has the most explaining – and disclosing – to do. To begin with, if all of JNLWD's programs are treaty-compliant and truly "non-lethal", as it insists they are, why operate these programs under high classification? It is difficult to understand why a purportedly non-lethal weapon for missions such as peacekeeping would need to be shrouded in secrecy like that applied to nuclear weapons technology.

Beyond the three documents that the Marine Corps has insisted that the Sunshine Project remove from its website, a world of recent and undisclosed JNLWD and other Pentagon chemical and even biological "non-lethal" weapons research exists. The outlines of these programs can be ascertained through the Freedom of Information Act, related laws, and open sources. It is time for JNLWD and its military partners to come clean and prove that these programs are treaty-compliant and "non-lethal".

**To begin the process of adequate public disclosure and discussion, Sunshine Project challenges the Pentagon to release the following materials:**

1. The unredacted reports of the project *Chemical Immobilizing Agents for Non-Lethal Applications*, conducted by Optimetrics, Inc for the US Army Aberdeen Proving Ground in 2000 – 2001, as well as those of all follow-on projects;
2. The unredacted reports of the JNLWD technology investment project *Front End Analysis for Non-Lethal Chemicals*, conducted in fiscal years 2001 and 2002;
3. The unredacted reports of the project *Technical Assessment of Antimateriel Chemical and Biological Agents*, conducted at Dugway Proving Ground, Utah, in 2000;
4. The unredacted videotapes of late 1990s US Navy (Dahlgren, VA) testing of unmanned aerial vehicles (UAVs, or "drones") equipped with "non-lethal" payload systems, requested by the Sunshine Project under FOIA a year and half ago, as well as documentation related to this program;
5. The unredacted reports of JNLWD's Loitering Non-Lethal Submunition program, as well the reports of Pentagon projects to develop "non-lethal" chemical missile payload systems, such as those for the ERGM (extended range guided missile) and the loitering "Tomahawk Tactical" cruise missile.
6. The full record of the lectures on antipersonnel "non-lethal" chemical weapons, classified "secret" and periodically given by JNLWD staff at the Marine Corps Command and Staff College since at least 2002.
7. All records deposited at the National Academies of Science for its JNLWD-sponsored non-lethal weapons study. (NAS has been refusing to release these records, at the behest of the Marine Corps and in violation of the Federal Advisory Committees Act, for a year and a half.) ([Sunshine Project, 2004](#)).

**Title:** NIAID Biodefense Program Funds In Violation Of Federal Biosafety Rules

**Date:** August 2, 2004

**Source:** [Sunshine Project](#)

**Abstract:** The biodefense program of the National Institutes of Health (NIH) is not following the Institutes' own biosafety guidelines in grants made to research biological weapons agents.

According to Sunshine Project research, some three dozen laboratories that do not have a registered biosafety committee - as required by NIH guidelines - are currently receiving federal biodefense grants. The Bush administration recently decided to assign biosecurity oversight to the ailing biosafety committee system.

The Sunshine Project has lodged a complaint with the NIH Office of Biotechnology Activities demanding that it immediately suspend the noncompliant programs, some of which involve work with the world's most dangerous diseases. NIH's disregard for its own biosafety rules demonstrates the profound weakness of the United States' laboratory biosafety system and, according to the Sunshine Project, the need for international rules for high containment facilities and lab safety.

Under old federal rules called the NIH Guidelines on Research Involving Recombinant DNA Molecules (NIH Guidelines), all NIH-funded biotechnology research is supposed to be at labs that have a registered Institutional Biosafety Committee (IBC). The IBCs are in charge of protecting

human health and the environment from accidental exposures in biotechnology experiments. While the NIH Guidelines are weak and legally voluntary, NIH policy theoretically makes compliance with them compulsory for grant recipients.

But with billions of biodefense dollars to disburse, and despite the Bush administration's insistence that IBCs can handle biosecurity, the National Institute of Allergy and Infectious Disease (NIAID) has thrown NIH's biosafety rulebook out the window. Since 2002, NIAID has made biodefense grants to about three dozen facilities that do not have a registered Institutional Biosafety Committee (IBC). For example:

Diversa Corporation of San Diego, California has NIAID-funded projects to develop genetically engineered antibodies for use against plague, anthrax, and SARS (as well as other NIH-funded non-biodefense biotechnology projects). Diversa does not have an NIH-registered IBC.

A University of Pennsylvania researcher is studying Ebola virus, which requires maximum biosafety level four (BSL-4) containment. The University has a registered IBC, but it does not have a BSL-4 lab, so the work is being conducted at the US Army Medical Research Institute for Infectious Disease (USAMRIID) at Ft. Detrick, Maryland. This makes USAMRIID responsible for biosafety in the NIAID grant. USAMRIID does not have an NIH-registered IBC.

NIAID has made grants for work at the Canadian BSL-4 facility in Winnipeg, Manitoba, including studies with five different types of arenavirus that cause hemorrhagic fever. A separate NIAID-funded project in Winnipeg involves Crimean Congo hemorrhagic fever virus. The facility does not have a registered IBC.

In total, based on a review of NIAID grants, the Sunshine Project estimates that three dozen laboratories that do not have a registered IBC are currently receiving NIAID biodefense grants that involve work with recombinant DNA. These include many private sector biotechnology companies. In addition, NIAID has made biodefense grants to the Universities of Maryland and Wisconsin for projects that appear to require BSL-4 containment, which these universities do not have. Neither Maryland nor Wisconsin has responded to repeated queries asking where these projects will be reviewed by an NIH-registered IBC.

Other examples include Biodefense Technologies Inc (Blacksburg, VA), which is trying to produce plague vaccine in genetically modified tobacco. Planet Biotechnology (Hayward, CA) has another NIAID-funded "pharming" project which aims to grow botulinum toxin antibodies in transgenic tobacco. Neither have NIH registered IBCs. Other NIAID biodefense grant recipients without NIH-registered IBCs are working on anthrax antibiotics, immunoregulators, biosensors, and transgenic animals. Most of the unregistered grant recipients are biotechnology companies.

The Bush administration insists that no mandatory laboratory safety and disclosure laws are necessary, because an alleged "culture of responsibility" at IBCs will protect Americans and the world from accidents and abuse in US biodefense research. According to the Sunshine Project, the administration is dead wrong.

"The voluntary US biosafety committee system has been battered and broken by decades of neglect and destructive lobbying by the biotech industry," says Edward Hammond, US Director, "The system is not up to the task of ensuring biodefense safety and security. That NIH's own biodefense program doesn't bother to ensure that its grantees comply with the NIH Guidelines is a scalding indictment of the US laboratory biosafety system."

According to Jan van Aken, Director of the Sunshine Project Germany, "The current flow of money into uncontrolled, unregulated biodefense research creates more and more risks of abuse and accidents. What is needed is an internationally harmonized, all-inclusive and mandatory system to ensure safety and security of biological research."

The Sunshine Project began calling for enhanced international lab biosafety rules in October 2003 (see Sunshine Project Backgrounder #11, online). Recent Sunshine Project publications, also

available on our website, have drawn attention to lab biosafety problems in the United States, such as those related to projects involving reconstructed 1918 "Spanish" influenza ([Sunshine Project, 2004](#)).

**Title:** Research Transparency: Federal Complaint Against "Bottom Of The Barrel" Biosafety Committees

**Date:** August 23, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Today, the Sunshine Project has filed a complaint with the National Institutes of Health against four US universities that have the worst biosafety transparency out of more than 225 institutions nationwide that have replied to a Sunshine Project survey of Institutional Biosafety Committees. The complaint names Princeton University (Princeton, NJ), the University of Texas Southwestern (Dallas, TX), the University of Vermont (Burlington, VT), and the University of Delaware (Newark, DE).

*"It was difficult selecting only four institutions to label as the worst", says Sunshine Project Director Edward Hammond, "hundreds of labs have lousy biosafety recordkeeping or haven't replied to the Sunshine Project's requests at all." However, Hammond says "These four schools fall into a special category of rotten." Their biosafety committees function, but "these universities' biosafety committees have nothing but contempt for public disclosure. They black out their meeting minutes or write down virtually nothing, so as to frustrate public access."*

The Sunshine Project's complaint was filed with the National Institutes of Health Office of Biotechnology Activities, which oversees the NIH Guidelines on Research Involving Recombinant DNA Molecules. It is under these federal guidelines that the Sunshine Project is conducting its survey of biosafety committees. According to the Guidelines, minutes of biosafety committee meetings *"shall be made available to the public upon request"*.

#### **Briefly, on each institutional biosafety committee (IBC):**

1. Princeton University provides useless documents to the public because it records nothing of substance about safety review of its biological research in its IBC minutes. Says Hammond, *"Princeton might have impressed the editors of US News,"* who this week named it a top US university, *"but its biosafety committee's sense of public responsibility is bottom of the barrel."*
2. Like Princeton, the University of Vermont records virtually nothing of substance when its IBC reviews project safety. Vermont took six months to reply to a request for its IBC minutes, and then provided no useful information.
3. The University of Delaware takes a different approach. It replied quickly to the Sunshine Project's request; but not before applying a fat magic marker to its IBC minutes, blacking out page upon page about biosafety at the university, and rendering its minutes completely useless.
4. In Dallas, UT-Southwestern takes a novel approach to evading public accountability: It puts all the substance of its IBC meeting in an "annex", which it does not release to the public. Then, in its sparse committee minutes, it records that the annexes are approved *"without additional comment"*.

The Sunshine Project's complaint asks NIH to terminate biotechnology research funding to the four institutions until they comply with the federal research guidelines ([Sunshine Project, 2004](#)).

**Title:** French Biodefense Research Clouded In Secrecy; Concern Over French 'Non-Lethal' Chemical Weapons Activities

**Date:** November 16, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Today, the Sunshine Project has released detailed studies of the national biodefense programs of France and Germany. The reports are the first in a series whose aim is to better document biodefense programs in many countries.



**French secrecy:** The country study on France concludes that the French government is not in compliance with its obligations under the Biological Weapons Convention (BWC), as it has failed to provide comprehensive annual declarations to the United Nations on its biodefense program. The French government is very secretive about its BW-related activities. France has omitted major information from its official declarations and publications, and French officials did not respond to written questions about biodefense activities.

French military biodefense research is mainly conducted at two facilities, the *Centre d'études du Bouchet* (CEB) near Paris and the *Centre de recherches du service de santé des armées* (CRSSA) near Grenoble. In addition to standard features of a biodefense program, France is also working on so-called 'threat assessment' studies, which may involve the practical imitation of offensive capabilities to assess the possible capacities of an enemy. As this kind of research blurs the distinctions between defensive and offensive research, 'threat assessment' type projects are a major concern for international arms control. It was not possible, through open sources, to establish the concrete nature of France's threat assessment projects.

Among the manifold projects pursued by the French biodefense program is the construction of mobile biological labs, the study of microencapsulation of microorganisms and the production of toxins by means of genetic engineering.

**Non-lethal chemical weapons activities:** A variety of evidence suggests that France is working in the area of so called 'non-lethal' chemical weapons and thus may be in violation of the Chemical Weapons Convention. French military scientists have investigated a broad range of incapacitating agents – from tear gas to neurotoxins and psychoactive drugs – and a variety of delivery devices for 'non-lethal' chemical weapons have been developed, patented, and marketed by French companies in the past years. Earlier this year, a salesperson from the weaponsmaker Etienne Lacroix offered to sell us chemical payloads – including malodorants – for one of its weapons system.

In summary, the secretive and intransparent behaviour of the French government with regard to its biodefense programs and its non-lethal weapons activities may give rise to a broad range of suspicions. A radical move by the French government towards transparency and improved confidence building measures may counter similar suspicions in the future.

**Germany** has a well developed biodefense program located at two military research centers: the microbiological laboratory of the *Sanitätsakademie der Bundeswehr* (SanAk) in Munich and the *Wehrwissenschaftliches Institut für Schutztechnologien* (WIS) in Munster. While Germany is comparatively open about its military biodefense activities and submitted rather comprehensive declarations to the United Nations, it is still keeping secret its civilian contractors that are involved in military biodefense programs. There is no indication that the Federal Armed Forces perform so called 'threat assessment' type of research. One particular experiment with genetically engineered bacteria that raised concerns in the past was apparently stopped some two years ago after critical public discussions in Germany. No indication of research or development projects related to new types of so-called 'non-lethal' chemical weapons in Germany were identified.

The Sunshine Project country studies were initiated in early 2004 to increase transparency and to contribute to building confidence in the critical area of biological arms control. They are based on open sources, such as scientific publications, general media, or government publications. More country studies will follow, including reports on Turkey and the United States.

The Sunshine Project calls on all governments to strengthen the international ban on biological weapons, to restrict themselves in biodefense programs and to guarantee full transparency in all aspects of biodefense research. They should contribute to building confidence in this critical area of biological arms control by submitting future declarations to the United Nations that are complete, consistent and unambiguous.

The country studies on France and Germany are available on our website at [www.sunshine-project.org](http://www.sunshine-project.org) ([Sunshine Project, 2004](#)).

**Title:** US Army Secrecy Challenged By Watchdogs

**Date:** January 13, 2005

**Source:** [Sunshine Project](#)

**Abstract:** Dispute over report on the effects of chemical weapons on ethnic groups call for greater transparency and oversight of Dugway Proving Ground.

Watchdogs are appealing the US Army's refusal to release a study that compared the effects of different chemical, and possibly biological, weapons on different ethnic, gender, and age groups. The US Army has refused to release a single page of the study, which was conducted in 1999 by the US Army Dugway Proving Ground in Utah. The experiments harken back to dark Cold War days, when Dugway used religious minorities in weapons tests.

The watchdogs, the Sunshine Project (Austin, TX) and Citizens Education Project (Salt Lake City, UT : [website](#)), are demanding two things:

First, they want the report *Chemical Warfare Agent Toxicity for Both Genders from Different Age and Ethnic Groups* to be immediately released. They requested it under the Freedom of Information Act in August 2004. The Army replied in December acknowledging that the report exists; but refusing to release it.

This week, the groups have filed an appeal with the US Army General Counsel's Office.

*"We want to know how and why the US Army is researching chemical weapons effects on different kinds of people," says Sunshine Project Director Edward Hammond, "We see no valid defensive purpose to build data on ethnic chemical warfare. On the other hand, there are plenty of reasons why this research might make others nervous. Did the Army segregate people based on ethnicity, gender, and age and then expose them to weapons agents?"*

The US Army reply to the watchdog's request for the report mentions biological agents in addition to the chemicals. According to the watchdogs, that these studies may extend into biological weapons is more cause for concern. Says Hammond *"The Army's reference to biological agents is all the more reason why it must disclose this report to explain what it has done and why it wants data on the effects of prohibited weapons on ethnic groups."*

Secondly, the watchdogs want increased transparency and public oversight of Dugway Proving Ground (DPG). DPG is in the middle of a massive expansion of its biological and chemical activities, building new BSL-3 labs, expanding the perimeter of the base, and adding a new counter-terrorism training mission. Steve Erickson of the Citizens Education Project says the expansion is *"like nothing we've seen since the Cold War days when Dugway was in its heyday of chem-bio testing and human experimentation."* *"As it stands now, Dugway can claim that everything they do now or in the future is to protect the nation from bad guys with bad intentions. But studying ethnic specificity of chemical or biological weapons? How can that not be viewed by other nations as provocative? Given Dugway's track record and the money the feds are throwing at perceived threats at the expense of serious, identified public health problems, a healthy dose of skepticism and oversight is in order,"* Erickson said.

Utah State Senator Gene Davis has filed a bill (SB 85) which would re-establish a committee of Utah legislators, regulators and citizen representatives, disbanded in the 1990s, to assure a modicum of state oversight of federal facilities in Utah like the Dugway Proving Ground, and to keep the public informed on developments at those installations that could affect their health and safety ([Sunshine Project, 2005](#)).

**Title:** Sunshine Project Releases CRISPER: Open Government Tool Enhances Public Access to US Biodefense Program

**Date:** March 4, 2005

**Source:** [Sunshine Project](#)

**Abstract:** Public access to information about federally-sponsored research on biological weapons agents is unlikely to ever be the same again. Not because the US government has reversed its slide into secrecy; but because a non-governmental organization has taken access into its own hands.

Today, the Sunshine Project has released CRISPER (Extended Results), a new open government tool to search and organize research grant data from the National Institutes of Health (NIH). CRISPER has far more powerful capabilities than those offered by the government. While CRISPER is optimized to research projects involving biological weapons agents, it can be used by anyone with an interest in National Institutes of Health research, for example, to research spending on biotechnology, biodiversity, specific diseases, or in specific locations.

CRISPER (<http://www.cbwtransparency.org/crisper>) searches NIH's Computer Retrieval of Information on Scientific Projects (CRISP) database and joins the results with financial data from the NIH Office of Extramural Research, a task that was previously virtually impossible. In addition, CRISPER:

1. Adds new search methods (simple search, agent search)
2. Provides grant sums for specific years, diseases, institutions, etc.
3. Provides clear, easy to read output
4. Presents downloadable results for databases or spreadsheets

Drill-down to information about Institutional Biosafety Committees and to convert grant amounts to 2005 dollars are also under development.

CRISPER is a civil society response to the deteriorating state of public access to information about US biomedical research, particularly that involving potential biological weapons agents. Full biodefense transparency is essential for safety, security, and informed public discourse.

The system is intended to be a transparency inducement to NIH: "*Our goal is to show NIH how it can fulfill its pledges of openness*" (see CRISPER intro page) says Sunshine Project Director Edward Hammond, "*We're sorry if CRISP-ER is embarrassing for NIH; but good government demands that its functions be available to the public. It will be a happy day when we shut CRISP-ER down because NIH has seen the light.*"

CRISPER has already proven its value. Referring to the ongoing controversy over NIAID's biodefense program prompted by a protest letter from more than 750 microbiologists, Hammond says "*CRISP-ER results demonstrate that NIH's own data supports the microbiologists' charge that spending on high priority public health diseases is on the decline. Double digit declines in NIAID grants, in fact, for many important non-biodefense diseases*" ([Sunshine Project, 2005](#)).

**Title:** Boston University Lab-Acquired Tularemia: FOIA Appeal To Overturn CDC Secrecy

**Date:** March 11, 2005

**Source:** [Sunshine Project](#)

**Abstract:** After being denied basic information about the laboratory-acquired tularemia infections at Boston University by the US Centers for Disease Control (CDC), the Sunshine Project today filed a Freedom of Information Act (FOIA) Appeal with CDC's parent agency, the US Department of Health and Human Services. Laboratory-acquired infections and other accidental or deliberate releases of biological weapons agents pose a major risk to public health and there is an urgent need to clarify activities of the federal government related to permissions to handle such agents.

The leaders of the Boston University (BU) tularemia project have been publicly identified by HHS, BU, and the media; but CDC is refusing to reveal when the scientists were first permitted to handle virulent

tularemia. CDC says the reason why is that revealing anything about the researchers' federal permits poses a bioterrorist threat. *"CDC's argument is breathtakingly backwards,"* says Sunshine Project Director Edward Hammond, *"The threat that this request is about has nothing to do with foreign terrorists. Rather, it is the threat posed by the release of biological weapons agents from biodefense labs, a danger palpably proven by Boston University's microbiological mess."*

CDC's response confirms what many feared about new US bioterrorism law: that it would be invoked to prevent release of information of high public interest and zero security value that is requested by citizens and public interest organizations concerned about biological safety and public accountability. Says Hammond, *"We've explained to HHS why release of this information poses no security threat and does not violate the Bioterrorism Act. Unless HHS reverses its secretive position, many will conclude that the real target of CDC's implementation of the Bioterrorism Act is the public's right to know."*

The Sunshine Project filed its FOIA request on January 22nd. CDC replied by fax on January 31st; but didn't formally deny the expedited request until a letter received on February 14th. The appeal was filed today.

**11 March 2005**

Deputy Assistant Secretary for Public Affairs (Media)  
US Department of Health and Human Services  
Room 17A-46  
5600 Fishers Lane  
Rockville MD 20857

By fax (301-443-0925) and certified mail

## **FREEDOM OF INFORMATION ACT EXPEDITED REQUEST APPEAL**

Dear Sir or Madam:

By this letter sent within 30 days of receipt of initial denial, the Sunshine Project appeals the Centers for Disease Control's denial of our Freedom of Information Act (FOIA) request of 22 January 2005. Specifically, we appeal denial of items one through seven of our request, wherein we asked for:

- 1. Any record indicating the effective date of CDC permission to Peter A. Rice, Boston University to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations;*
- 2. Any record indicating the effective date of CDC permission to Mary Ellenberger, Boston University to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations;*
- 3. Any record indicating the effective date of CDC permission to Daniel S. Shapiro, Boston University to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations;*
- 4. Any record indicating the effective date of CDC permission to Jacqueline Sharon, Boston University to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations;*
- 5. Any record indicating the effective date of CDC permission to Lee M. Wetzler, Boston University to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations;*

6. Any record indicating the effective date of CDC permission to handle the select agent tularemia, as required by the Bioterrorism Act of 2002 and implementing regulations, by any other person at Boston University working under NIAID grant 1U19AI056543;

7. Any record indicating the effective date of approval for work with the select agent tularemia in each Boston University laboratory utilized by the persons identified in items one through six of this request;

CDC did not perform a search and denied our request citing the Public Health Security and Bioterrorism and Bioterrorism Preparedness and Response Act of 2002, more commonly known as the Bioterrorism Act of 2002. The denial refers to section 351A(h)(1)(A), which states that CDC may not, under FOIA, divulge:

*CDC / BU FOIA Denial Appeal, 11 March 2005, p. 2*

*Any registration or transfer documentation submitted under subsections (b) and (c) for the possession, use, or transfer of a listed agent or toxin; or information derived therefrom to the extent that it identifies the listed agent or toxin possessed, used, or transferred by a specific registered person or discloses the identity or location of a specific registered person.*

We appeal this denial because release of the only information that we have requested that is not already public record – the dates on which select agent permits were issued – is not prohibited by Bioterrorism Act of 2002 nor, for that matter, would its release create even the slightest security vulnerability. In fact, because one or more of these individuals may have mishandled a select agent (leading to three laboratory-acquired infections), possibly in violation of the same Bioterrorism Act that CDC cites, release of the dates of registry of these individuals is of profound public interest and would encourage safety in biomedical research.

The Bioterrorism Act of 2002 prohibits release (under FOIA) of two types of information: 1) select agent registration documentation submitted to CDC and 2) CDC information derived from that documentation to the extent that it identifies registered persons and select agents (or toxins) utilized or transferred.

In this request, the effective date of CDC permission to five registered persons is the Sunshine Project's only interest (we have requested any record bearing the dates, which might be something so simple as a list). Contrary to CDC's denial, the Bioterrorism Act simply does not prohibit release of dates of registry: The date is determined by CDC and is not contained in BU's application, so dates are not "*registration or transfer documentation submitted*". Nor are dates of registry among the types of derived information that are exempted in the Act: A date is not a person, nor an agent or a toxin, nor a location or transfer. Therefore, no date of registry can be withheld under the Bioterrorism Act of 2002.

In this context, with respect to the names of these registered persons, the names have already been identified in the request. They were included in the request on the basis of information released to the public by HHS. This information may be obtained from the NIH's Computer Retrieval of Information on Scientific Projects (CRISP) database at: <http://crisp.cit.nih.gov>. Please refer to grant 1U19AI056543 ("Immuno-Prophylaxis-Therapy & Diagnosis of Tularemia") and its subprojects. Therefore, because HHS already publicly identifies these individuals as registered persons, CDC may reply to the request without releasing the persons' identities – because they are already released.

It also bears mentioning that the identities of these registered persons may also be obtained by filing a FOIA request with HHS that included any of a variety of records related to this research award (e.g. the contract). And, of course, nearly all recipients of NIH awards involving handling of select agents have websites and publish papers that identify them as registered persons. In fact, the easiest way to identify such registered persons, working for HHS or in extramural activities, is by performing a search on NIH's own PubMed.

As HHS is well-aware, short of classifying biomedical research in general, which few would disagree would be a disaster for US science and international peace and security, the identities and activities of scientists that HHS funds to handle select agents will in most cases remain public record.



The purpose of the narrow FOIA exemptions set forth in the Bioterrorism Act are not as CDC claims. They do not create a blanket prohibition on FOIA release of information that is already public, nor on information about HHS grants, nor are they intended to hide the identities of registered persons in

*CDC / BU FOIA Denial Appeal, 11 March 2005, p. 3*

general. (If the latter was the case, then scientific meetings and the scientific publication enterprise insofar as they relate to infectious disease and toxins might as well be shut down.)

Rather, the exemptions of the Bioterrorism Act are aimed at 1) protecting some personal and security-related information contained in the applications for registry and 2) preventing the filing of a FOIA requests whose intent is to use CDC select agent registry as a means of identifying classified activities. We have not requested the first type of information, and this request does not use FOIA for the second purpose. Accordingly, our request does not run afoul of the Bioterrorism Act's intent and CDC's denial is incorrect.

We have filed this expedited FOIA request because of widely-publicized safety lapses at Boston University. The dates upon which individuals at Boston University were permitted to handle tularemia is of widespread public interest because it is an important aspect of a current news story that has garnered national headlines. The information we have requested has an important bearing on issues of laboratory biosafety, particularly in view of the expanding biodefense program. and may prove relevant to the effective investigation of incidents and enforcement of other provisions the Bioterrorism Act.

In view of the above, the Sunshine Project insists that the records requested be released immediately.

Sincerely,

Edward Hammond  
Director

[\(Sunshine Project, 2005\)](#).

In September 2002, the Sunshine Project presented extensive documentation proving the illicit US chemical warfare program ([US Operates Secret Chemical Weapons Program](#)). Since then, a variety of additional details about the program have been unravelled, most recently a US patent on a grenade designed to deliver biological weapons ([US Army Patents Biological Weapons Delivery System](#)) and a 1997 research paper from Lawrence Livermore National Laboratory (Livermore, CA) on the use of chemical incapacitants, including use of opiates in scenarios similar to that which resulted in the Moscow Theater tragedy (See the Sunshine Project's [JNLWD Document Clearinghouse](#)). The Sunshine Project's Freedom of Information Fund is filing a series of requests with the Pentagon to bring further information about this research into public view ([Sunshine Project, 2003](#)).

**Title:** Disease By Design: 1918 "Spanish" Flu Resurrection Creates Major Safety And Security Risks

**Date:** October 5, 2005

**Source:** [Sunshine Project](#)

**Abstract:** The resurrection of 1918 influenza has plunged the world closer to a flu pandemic and to a biodefense race scarcely separable from an offensive one, according to the Sunshine Project, a biological weapons watchdog.

"There was no compelling reason to recreate 1918 flu and plenty of good reasons not to. Instead of a dead bug, now there are live 1918 flu types in several places, with more such strains sure to come in more places," says Sunshine Project Director Edward Hammond, "The US government has done a great misdeed by endorsing and encouraging the deliberate creation of extremely dangerous new viruses. The 1918 experiments will be replicated and adapted, and the ability to perform them will proliferate, meaning that the possibility of man-made disaster, either accidental or deliberate, has risen for the entire world."

The 1918 experiments are part of the US biodefense program and are of no practical value in responding to outbreaks of "bird flu" (H5N1). The 1918 virus is a different type (H1N1) of influenza than "bird flu". 1918 flu is more than eighty five years old and no longer exists in nature, posing no natural threat. While it is reasonable to determine the genetic sequence of 1918 and other extinct influenza strains, there is no valid reason to recreate the virulent virus, as the risks far outweigh the benefits.

But the most significant story isn't Tumpey, Taubenberger, and colleagues. It is the Centers for Disease Control's (CDC) attitude about the experiments and its implications. "The biggest news about resurrecting 1918 flu is the US government's enthusiastic embrace of designer disease and the impact that it will have on our future." says Hammond, "By encouraging genetic riffs on influenza and other viruses with the explicit intent of building more dangerous pathogens, CDC is fueling the gathering dangers of competition to discover the worst possibilities of biotechnology applied to bioweapons agents. Some might do it just to keep up with the Americans, resulting in a further blurring of defense and offense and heightening the biological mistrust evident in US foreign policy."

In addition to the potentially broad damage to international security and cooperation in the biological sciences if novel diseases continue to be created, the 1918 experiments heighten the chance that a flu lab will be the source of the next pandemic.

CDC says that it plans to keep its vials of 1918 flu under close guard in one place. But that's a red herring according to the Sunshine Project. Influenza with as many as five 1918 flu genes, and which are potentially pandemic, have already been handled at labs in at least four places other than CDC, including labs in Athens, GA, Winnipeg, MB (Canada), Seattle, WA, and Madison, WI. With the exception of the Canadian lab, none of these facilities has maximum (BSL-4) biological containment, and it is a virtual certainty that more labs will begin 1918 flu work now.

In fact, the only possible source of a new 1918 influenza outbreak is a laboratory. The situation of the 1918 flu is not dissimilar to SARS, whose natural transmission is believed to have been halted. The experience with SARS accidents is chilling: It has escaped three different labs to date. A 1918 influenza escape would be very likely to take a higher human toll. The US biodefense program has also had a number of lab accidents since 2002, including mishandling of anthrax and plague and laboratory-acquired infections of tularemia. In Russia, a researcher contracted ebola and died last year.

Importantly, human error and equipment failures aren't the only ways for a disease agent to escape a lab - something vividly illustrated by the anthrax letters in the US four years ago. Unlike anthrax, however, 1918 influenza would transmit from human to human.

"We are no safer from a pandemic today than yesterday. In fact, we're in greater danger, not only from influenza; but from the failure of the US to come to grips with and address the threats posed by the research it sponsors, in terms of legislation, ethics, and self-restraint." concludes Hammond ([Sunshine Project, 2005](#)).

**Title:** BARDA's Biggest Secret Is The Public's Loss: Are Biodefense Labs And National Security Agencies Arriving At A Secrecy Agreement?

**Date:** February 7, 2006

**Source:** [Sunshine Project](#)

**Abstract:** The biggest casualty of a conflict between scientists and security agencies may be open research institutions and the public's right to know about dangerous experiments with biological weapons agents. With proposed new secrecy, lab accountability will diminish, leading to more accidents, poor judgment, and a decline of international confidence in US biodefense research.

In a proposed law on the Senate floor, a giant new biodefense "sensitive but unclassified" (SBU) hole would be torn in the Freedom of Information Act, creating new secrecy at labs across the country. It is a ham fisted attempt to resolve conflicts between secretive spies and cocky scientists who disagree over the risks posed by research on biological weapons agents.

**BIODEFENSE BOOM & SECURITY:** Since 2001, scores of US universities and biotechnology companies have benefited handsomely from billions of dollars in biodefense cash. Across the country, biodefense labs are sprouting up like weeds. The unrelenting spigot of federal money has put thousands of scientists and technicians in the business of studying bioweapons agents. Almost all of them are novices in the field.

Contrary to what some might expect, US national security agencies have not been altogether pleased with the defense boom. It has created many new risks in many new places. A major concern that the agencies have is that dangerous dual-use technologies (such as genetically-modified poxviruses) and the skills needed to create bioweapons will proliferate, thereby undermining security.

Defense priorities and obsession with secrecy at the security agencies, however, makes them ill-suited to intervene in bioscience policy. But, generally for different reasons than the spies, some public interest groups are also concerned that the essentially unregulated biodefense labs are not interested in, or capable of, adequate self-policing, and that this problem may lead to a disaster.

**BIOSCIENCE FAILS TO ADDRESS ITS PROBLEMS:** Yet biodefense labs have generally responded to the proliferation and accident concerns with a disinterested yawn and an outstretched hand (for more money). In sum, their reply has consisted of little more than inconsequential verbiage about voluntary codes of conduct and perfunctory bioethical genuflection.

Rather than stepping forward with serious proposals for mandatory oversight of dangerous dual-use research, science has gone on taking the federal money and pleading "scientific freedom". Stalling, the cash-flush biodefense labs are hoping that security is just a passing fad. This is evident, for example, at the National Science Advisory Board on Biosecurity (NSABB), a newly-minted but flaccid body that, despite heavy responsibilities, can't even find enough substance to make itself look busy for a one day meeting.

**SECRET MODUS VIVENDI?:** But these radically different institutions - the spooks and the scientists - may be moving toward a modus vivendi. Unfortunately, the secretive "solution" that has been proposed would make things worse. It is to tear a hole in the Freedom of Information Act by creating a new exemption for "sensitive but unclassified" (SBU) biodefense research. The proposal is found in a bill on the US Senate floor (S.1873) sponsored by Richard Burr (R-NC), the same bill that would create a new Biomedical Advanced Research and Development Agency (BARDA).

The proposed legislation takes a radically wrong tack. The exemption is so broad that it could make all substantive aspects of practically every biodefense project funded by BARDA a secret. According to Sunshine Project Director Edward Hammond, *"Two alpha male elephants are colliding, and you don't need a microscope - or a wiretap - to find out who's being squished in the middle: The public and its right to know are getting pancaked between these two beasts."*

**ALTERNATIVE PROPOSAL:** It needn't be this way, says the Sunshine Project. *"It's easy to sympathize with Senator Burr's aim, in the sense that many agree that labs with bioweapons agents need strong new regulation,"* says Hammond, *"but this ham fisted proposal is the worst of both worlds - all secrecy and no openness. It would create mistrust and reduce accountability, which will encourage both accidents and poor judgment."*

*"Instead of punishing the public for offenses by science,"* says Hammond, *"the Senator should be sticking a fork in those that are profiting from the biodefense boom yet refusing to come to terms with their responsibilities. A 'sensitive but unclassified' accident is still an accident, just one that nobody learns from. Disturbing discoveries will still seep into the public domain. Covering things up would worsen the problems and could build a false sense of security."* Publishers have rejected 'sensitive but unclassified' reasoning.

The Sunshine Project is calling for the proposed Freedom of Information Act exemption to be removed in its entirety from S.1873. Instead, and for all biodefense projects, the Congress should make compliance with federal lab safety guidance a matter of law, rather than an unenforced

suggestion. Congress should also block the self-interested institutions that take biodefense cash from overseeing themselves, given their refusal - and probable inability - to self-regulate.

*"Transparency is critical to everyone's safety and security," says Hammond, "A mountain of SBU or classified information will do more to obscure emerging threats than to resolve them. Secrecy will heighten the chances of a catastrophic lab accident and increase the possibility of biodefense labs veering off-course into prohibited areas of research. We need more accountability, not less"* ([Sunshine Project, 2006](#)).

**Title:** NBAF: Transparency Urged For Homeland Security BSL-4 Biolab

**Date:** September 18, 2006

**Source:** [Sunshine Project](#)

**Abstract:** At a site to be determined late this year or early next, the US Department of Homeland Security proposes to construct one of the largest labs for the study of biological weapons agents in the world. Called the National Bio- and Agro-Defense Facility (NBAF), the main lab building of NBAF is planned to be over 500,000 square feet (46,500 m<sup>2</sup>) - the size of more than five Wal-Mart stores. NBAF will cover a tract of land of up to 100 acres (40 ha) and include biosafety level four (BSL-4) labs for work with incurable disease agents.

The cloak of secrecy being wrapped around its biodefense programs has brought controversy and criticism to the Department of Homeland Security (DHS). To shine light on the Agency's plans, the Sunshine Project is working to obtain and publicize the 18 written bids (called "Expressions of Interest") submitted by twelve consortia seeking to host the NBAF facility. Public distribution of these bid documents will help stimulate discussion of the NBAF facility and build public awareness of the activities and risks of the DHS biodefense program.

Until now, only two of the eighteen expressions of interest under consideration by DHS have been made available to the public. Using freedom of information requests, the Sunshine Project has acquired five more, including three from Texas and two from Georgia. These join bids from Kentucky and Missouri, already made available online. The bids make interesting and informative reading. For example, the Texas documents discuss classified research on biological weapons agents by the Southwest Foundation for Biomedical Research in San Antonio.

Four bidders have refused to share their NBAF expression of interest with the public. The Sunshine Project has objected to the denials. Those opposed to disclosure and debate are the University of Wisconsin at Madison, University of California / Lawrence Livermore National Lab, Texas A&M University, and Oklahoma State University. Each of the four secretive lab bidders has been asked to reconsider its decision.

*"This is an undesirable facility for which the federal government has not made a compelling case,"* says Sunshine Project Director Edward Hammond, *"NBAF's negative implications are large and insufficiently recognized. Public debate is necessary and will help dispel DHS secrecy."*

*"Do we want university biology departments to be consumed by top secret research?"* asks Hammond, adding *"Are communities near the proposed sites comfortable with life under threat of a BSL-4 accident?"*

*"It is not good government to keep these bids secret,"* Hammond adds, *"The allegiance of the bidding institutions should be to the citizens they serve, not to handouts from a troubled federal agency with too much money and a bio research agenda with insufficient respect for international law"* ([Sunshine Project, 2006](#)).

**Title: 113 Universities, VA Hospitals, And Pharmaceutical Houses Charged With Refusing To Reveal Biotech Research Ops As Required By Law**

**Date:** January 8, 2007

**Source:** [Infowars](#)

**Abstract:** Some 113 university, government, hospital and corporate laboratories engaged in research often with potential to be used for germ warfare have refused to disclose their operations to the public as required by Federal rules, a nonprofit watchdog agency has charged.

Instead of shutting their operations down, however, the National Institutes of Health(NIH), of Bethesda, Md., the government agency tasked with oversight of these laboratories, allows them to continue to operate, a peculiar stance for an entity that describes itself as "the steward of medical and behavioral research for the Nation."

From California to New Jersey and from Boston to San Antonio, often in the heart of major centers of population, biological warfare labs lavishly financed with their share of about \$20-billion by the Bush administration since 2001 are literally crawling with deadly germs from Spanish flu to plague to anthrax to tularemia to rift valley fever. Reportedly, in some of the laboratories security is lax and safety procedures inadequate to protect the public from exposure to deadly pathogens.

Under U.S. law, recipients of Federal funds for biotech research must comply with guidelines issued by the NIH. These include making available to the public the minutes of the labs' Institutional Biosafety Committees(IBC)meetings, describing their operations and plans. In a number of instances, these IBC's have never bothered to hold a meeting. In other cases, the minutes they furnish are devoid of substance.

Basically, their operations in many cases are being kept secret, according to watchdog Sunshine Project of Austin, Tex., a nonprofit that attempts to protect the public from the risks of biotechnology experiments. The 1972 Biological Weapons Convention(BWC), which the US signed, prohibits research on offensive biological weapons. If the work is performed in secret, however, weapons designed for offensive use could be concealed. In the 1930s, the Japanese military masked its secret germ warfare scheme as a water purification project.

As the government-funded labs engage in "dual-use research," (pathogen research having both offensive and defensive applications), Sunshine's Edward Hammond reports he "has encountered grave problems with the system." These include "risky experiments approved with dubious safety precautions and/or inadequate IBC review, dysfunctional and otherwise noncompliant committees, and other types of biosafety problems."

Francis Boyle, an international legal expert at the University of Illinois, Champaign , puts it more bluntly. He called the in-house university committees "a joke and a fraud" that provide "no protection to anyone." Boyle, who drafted the Biological Weapons Anti-Terrorism Act of 1989 enacted by Congress, states the Pentagon "is now gearing up to fight and 'win' biological warfare" pursuant to two Bush national strategy directives adopted "without public knowledge and review" in 2002.

Last November 7th, Hammond lodged a complaint with Dr. Amy Patterson, director of the Office of Biotechnology Activities at NIH, citing 113 institutions "for non-compliance with the NIH Guidelines," specifically for refusing to honor requests for IBC meeting minutes.

"Honoring these requests is not only mandatory under the NIH Guidelines that you are charged with enforcing (but) transparency is also a moral duty of institutions that conduct research, such as rDNA and select agent work that could endanger the public," Hammond added. He wrote Patterson, "Failing prompt compliance by these institutions we note that your office must do its duty under NIH Guidelines and terminate funding."

NIH's Dr. Patterson apparently had troubles of her own obtaining information from labs on the Federal payroll. On Dec. 6, 2004, she issued a "reminder" to universities engaged in research that stated



"compliance with the NIH Guidelines is critical to the safe conduct of research and to the fulfillment of an institutional commitment to the protection of staff, the environment, and public health."

Since 9/11, biotech houses, military laboratories, and State and private universities across America, and others sited in Canada, Australia, and South Africa, have collectively lapped up record sums in Federal R&D dollars.

How big is this enterprise? At just one venue, the Southwest Foundation for Biomedical Research(SFBR) in San Antonio, Tex., there are 6,000 caged chimpanzees, baboons, and other primates, Sunshine reports, whose upkeep alone costs U.S. taxpayers \$6-million annually. SFBR genetically engineers monkeys and harbors some of the world's most dangerous viruses such as Ebola and Lassa, authorities state.

Again, the Battelle National Biodefense Institute(BNBI) of Columbus, Ohio, has just received a \$250-million, five-year award from the Department of Homeland Security to run the new biodefense analysis center under construction at Fort Detrick, Md., according to The Washington Post of December 25, 2006. Earlier, on July 30th of last year, The Post reported much of what transpires at the center may never be publicly known as the Bush administration "intends to operate the facility largely in secret."

Battelle also does not maintain an effective IBC, Sunshine charges. "Some of the research falls within what many arms-control experts say is a legal gray zone, skirting the edges of an international treaty outlawing the production of even small amounts of biological weapons," The Post reported. "The administration dismisses these concerns, however, insisting that the work...is purely defensive and thus fully legal. It has rejected calls for oversight by independent observers outside the (Homeland Security) Department's network of government scientists and contractors."

The paper quoted Milton Leitenberg, a weapons expert at the University of Maryland stating, "If we saw others doing this kind of research, we would view it as an infringement of the bioweapons treaty. You can't go around the world yelling about Iranian and North Korean programs ---about which we know very little ---when we've got all this going on."

The Post reported the operation would encompass about 160,000 gross square feet of working area and accommodate a staff of about 120. The Post noted, "Fort Detrick's history as the incubator of germ warfare research casts a long shadow over the new lab. When the fort held the Pentagon's very highly classified and long abandoned biological warfare program, it was a magnet for antiwar protests in the Vietnam War era." In such labs, scientists can create new strains of disease for which those attacked would have no ready defense. Such weapons, once loosed, are notoriously difficult to control, and could ignite epidemics to sicken and terrify civilian populations.

Hammond believes there are about 400 bioweapons agents labs across the U.S., some of which encounter unexpected difficulty when they try to comply with the law.

David Perlin, president of the Public Health Research Institute(PHRI) of Newark, N.J., told Sunshine the FBI requested PHRI to enter into an agreement with them to "not publicly disclose which specific select agent pathogens and/or strains are stored at our facility."

Those who tend to dismiss NIH's laxity about enforcing its own regulations have only to recall the October, 2001, anthrax attacks on Congress and the media. The deadly strain released is believed to have come from a U.S. germ warfare lab at Fort Detrick although there is no certainty as the FBI has never solved the murders. Since then, the vast proliferation of such labs by the Bush administration has educated many new employees --- in some cases undergraduate students --- in germ warfare ops. Four employees at Fort Detrick are known to have died after performing lab work. Lack of transparency is cause for concern if only because of the history of secret CIA and Pentagon experiments in germ warfare that used the American people as guinea pigs. In "Rogue State," (Common Courage Press) reporter William Blum noted those agencies over two decades "conducted

tests in the open air in the United States, exposing millions of Americans to large clouds of possibly dangerous bacteria and chemical particles."

Between 1949 and 1969, the Army tested the spread of dangerous chemical and bacterial organisms over 239 U.S. populated areas including San Francisco, New York and Chicago with no warnings to the public or regard for the health consequences, Blum wrote. The Pentagon even sprayed navy warships to test the impact of germ warfare on U.S. sailors. Even deadlier cocktails were secretly provided to dictator Saddam Hussein for his war of aggression against Iran. Washington denied supplying them but as Robert Fisk reported in Great Britain's "The Independent" last December 31st, "prior to 1985 and afterwards, US companies had sent government-approved shipments of biological agents to Iraq," including anthrax. Fisk gives this eye-witness account of what he saw on a military hospital train carrying stricken men from the front back to Tehran:

"I found hundreds of Iranian soldiers coughing blood and mucus from their lungs --- the very carriages stank so much of gas that I had to open the windows--- and their arms and faces were covered with boils. Later, new bubbles of skin appeared on top of their original boils. Many were fearfully burnt. These same gases were later used on the Kurds of Halabja."

Thus, the Reagan administration, which escalated germ warfare research and allowed the sale of the pathogens to Hussein, took its place in the dark annals of military history along with Italy under Benito Mussolini, whose aviators dumped mustard gas on the Ethiopians and Japan under Emperor Hirohito, whose Imperial Army's germ warfare attacks killed thousands of Chinese civilians.

Because of their comparative cheapness to manufacture, biological weapons have been dubbed "the poor man's nuclear bomb." Yet their potential may be even deadlier.

Jeremy Rifkin, author of "The Biotech Century"(Penguin), noted a government study in 1993 found "the release of just 200 pounds of anthrax spores from a plane over Washington DC could kill as many as three-million people."

The secret operations of the labs' would be less ominous if the Bush administration hadn't led the fight to demolish the international inspection system. Jackie Cabasso, executive director of Western States Legal Foundation, Oakland, Calif., warned, "Last year (2001), the U.S. single-handedly blew apart an international system for inspections of these kinds of (biological) laboratories, a system that would have made great strides toward ensuring that biodefense labs aren't abused for offensive purposes. Having thumbed our nose at the world, the US is now massively expanding its biodefense program, mostly in secretive facilities."

According to Boyle, President Bush "sabotaged the Verification Protocol for the BWC" as it was on the verge of conclusion and success. He said the U.S. "fully intended to get back into the research, development and testing of illegal and criminal offensive biowarfare programs."

Boyle is the author of "Biowarfare and Terrorism," Clarity Press. And Elisa Harris, former arms control official under President Clinton, told The New York Times in 2003 "It (the administration's actions) will raise concerns in other capitals in part because the United States has fought tooth and nail to prevent the international community from strengthening the germ treaty."

Among pharmaceutical houses not in compliance with NIH disclosure requirements are Abbott Laboratories of Abbott Park and Worcester, Agencourt Bioscience Corp.; Antibody Science, Inc.; BASF Plant Science, Bristol-Myers Squibb and its Pharmaceutical Research Institute of Connecticut; Centocor, Inc.; Chiron; Discovery Genomics Inc.; DuPont Central Research and Development; Embrex, Inc.; Genentech, Inc., Genzyme Corp. of Cambridge and Framingham, Mass.; GlaxoSmithKline, Merck & Co., Inc. and its Rahway, N.J., research site; Integral Molecular; Introgen Therapeutics; L2 Diagnostics LLC; Merck & Co. Inc., West Point; Merck Research Laboratories, Rahway, N.J.; Meridian Bioscience Inc.; Monsanto Co. Mystic, Conn., research; New Link Genetics; NovaFlora, Inc.; NovoBiotic Pharmaceuticals; OSI Pharmaceuticals; Pfizer Inc., and Pfizer Pharmaceuticals of St. Louis, Roche Bioscience, Schering-Plough Research Institute; SelectX Pharmaceuticals; Serono Research Institution; Third Wave Technologies; and Vaxin, Inc. Federal

entities involved include the Center for Disease Control, the Walter Reed Army Medical Center, VA hospitals in Stratton, Va.; the Jerry Pettis Memorial hospital and the VA Pittsburgh Healthcare System. Also, the Idaho National Laboratory, Lawrence Livermore National Laboratory, the Oak Ridge National Laboratory, Plum Island Animal Disease Center of the U.S. Department of Homeland Security, the U.S. Department of Agriculture, and Walter Reed Army Institute of Research and Navy Medical Research Center.

Other fund recipients include AERAS Global TB Vaccine Foundation, Battelle, CBR Institute for Biomedical Research, Inc.; Children's Hospital Oakland Research Institute, Children's National Medical Center, Cincinnati Children's Hospital Medical Center, Columbus Children's Research Institute, Hadassah Medical Organization, Lovelace Respiratory Research Institute, Memorial Sloan-Kettering Cancer Center, Mystic Aquarium & Institute for Exploration, and Scripps Clinic.

Among universities in non-compliance: Alabama A&M, Albany Medical College, Ball State, Brigham Young, Bucknell, Central Michigan, Drexel College of Medicine, Hackensack University Medical Center, Hunter College, Indiana State University, Purdue University, Loma Linda, Missouri State, New York Medical College, and Queens College of City University of New York. Also, Rider, Rockefeller University, Rosalind Franklin University of Medicine and Science, South Dakota State University, St. John's University, State University of New York at Binghamton, Brockport, and Buffalo; Towson, Robert Wood Johnson Medical School(UMDNJ), and University Medical Center of Southern Nevada. Also, the universities of Arizona, California at San Francisco, Maryland, Massachusetts, Miami, Fla.; Mississippi; Puerto Rico, Rhode Island, Southern Mississippi, Texas at Arlington and San Antonio, Tulsa, Utah State, Wake Forest, Washington University in St. Louis, Western Kentucky and Wilkes.

Foreign institutions include the University of Sydney, Australia; the University of British Columbia , and University of Witwatersrand, Johannesburg, South Africa . This listing covers most, but not all, of the names submitted to NIH by the Sunshine Project. Three years ago, Sunshine said if it had to pick the labs with the worst biosafety record-keeping, he would choose Princeton University, the University of Texas Southwestern at Dallas; the University of Vermont at Burlington and the University of Delaware at Newark.

Sunshine's Hammond said there has yet to be any formal response to his letter of last November from NIH. He added, "I doubt I will ever get one."

The NIH was asked to respond to the charges contained in this article but has yet not done so.

In sum, the costliest, most grandiose research scheme ever attempted having germ warfare capability is going forward today under President Bush and in apparent defiance of international treaties such as the Geneva Convention of 1925 that bans biological agents. What's more, where once the use of germ warfare was an isolated happenstance -- such as when an English general in 1767 gave smallpox-laced blankets to the Indians that decimated their tribes -- research in this grim area today suggests it has been elevated to an instrument of national policy. And this program, involving some of the world's deadliest and most loathsome pathogens, many of which could trigger plagues and epidemics, is being conducted largely in secret without adequate oversight and in flagrant contempt of NIH's own rules. Why? ([Infowars, 2007](#)).

**Title:** Biodefense Blackout: Texas BSL-4 Lab Keeps Records Secret, UTMB Resists Attorney General's Ruling, Case Moves to the Courts  
**Date:** February 28, 2007  
**Source:** [Sunshine Project](#)

**Abstract:** The University of Texas Medical Branch (UTMB), the largest university center of research on biological weapons agents in the US, is refusing to obey the Texas Attorney General and release documents requested by the Sunshine Project. Instead, UTMB has sued the Attorney General in a bid to block his ruling and keep the paperwork secret. The Sunshine Project has intervened in the case, and has asked a Texas judge to order UTMB to turn over the documents.

The Sunshine Project made its Texas Public Information Act request on 24 October 2006. The request was for nine separate categories of information, including: details on accidents in UTMB's biosafety level four (BSL-4) and BSL-3 labs, records related to the National Science Advisory Board on Biosecurity (NSABB), and contracts of UTMB's federally-funded regional biodefense center, among other items.

UTMB, which is located in Galveston, strenuously objected to handing over many of the papers, which total between nine and ten thousand pages. It filed a lengthy briefing seeking the Attorney General's permission to deny major elements of the Sunshine Project's request. Some of UTMB's partners, including the Southwest Foundation for Biomedical Research, a BSL-4 lab in San Antonio, Texas, also fought to keep information under wraps. The Sunshine Project submitted comments to the Attorney General explaining why it believes that the records should be public.

On 11 January 2007, the Attorney General's Office issued its ruling. It rejected most of UTMB's arguments and determined that the University must release many biodefense records that it sought to keep secret.

But instead of following the ruling and making the papers public, on January 22nd UTMB filed suit against the Attorney General. The case is in the 419th District Court in Austin (Travis County), Texas. UTMB's filing does not clarify which elements of the Attorney General's ruling it is contesting and, to date, it has made none of the requested records available.

The Sunshine Project has intervened in the case and on 16 February asked the judge to order UTMB to release the records. The Sunshine Project is represented by Joseph Larsen of Ogden, Gibson, Brooks, and Longoria of Houston, Texas. A hearing has not yet been scheduled.

Ironically, the Sunshine Project's decision to file the request was influenced by a March 2006 *Science* op-ed co-authored by one of UTMB's leaders, Dr. Stanley Lemon. A member of the NSABB, Lemon's editorial criticized an unspecified group of "*politicians and their constituents*" who are said to favor restricting the flow of information about research involving biological weapons agents. Lemon claims that "*such measures won't reduce risks and may cause a false illusion of security.*"

The Sunshine Project, and most bioweapons experts, agree that transparency is critical for biological security. But according to Sunshine Project Director Edward Hammond, there can be a gap between rhetoric and reality: "*Talk can be cheap when it comes to biodefense transparency. We've asked UTMB's leadership to put its paperwork where its mouth is.*" So far, UTMB is flunking the transparency test, undermining the credibility of its public commitment to openness. "*UTMB has some explaining to do for its secretive actions,*" says Hammond.

The Sunshine Project is the largest biodefense-related Freedom of Information Act requester in the country. Hammond concludes "*This case reflects what the Sunshine Project's Freedom of Information program is all about: applied transparency. Abstract endorsements of biodefense transparency in policy circles don't necessarily translate into openness in practice. Real-world transparency is what matters most*" ([Sunshine Project, 2007](#)).

**Title:** Earth Calling NSABB: Voluntary Compliance Won't Work

**Date:** April 18, 2007

**Source:** [Sunshine Project](#)

**Abstract:** *The record of voluntary compliance with NIH biotech guidelines is dismal. 18 of the top 20 US biotech companies don't comply with existing guidelines. Sunshine Project backs contention with original letters from companies. Biosecurity review of bioweapons agent and related research must be mandatory.*

Tomorrow, a working group of the National Science Advisory Board on Biosecurity ([NSABB](#)) will table critically flawed recommendations on managing the risks of dual-use research with biological weapons implications. The recommendations will have the result, which is entirely predictable, of not reigning in the biosecurity problems they purport to address.

A main reason? They are voluntary. Original documents from leading biotechnology companies are a devastating indictment of NSABB's proposed reliance on voluntary compliance to ensure that new federal dual-use research guidelines are actually followed.

Experience with the NIH Guidelines on genetic engineering research demonstrates that NSABB's recommendations for guidelines on dual-use research are doomed to fail because voluntary compliance typically means noncompliance. In fact, many institutions that are obligated to follow NIH's existing guidelines do not do so, a problem that the Sunshine Project has systematically documented since 2004. (For more information on general problems of noncompliance with the NIH Guidelines, please see the [publications cited below](#).)

*"One especially clear proof that NSABB's bioweapons recommendations are half-baked," says Sunshine Project Director Edward Hammond, "is the dismal rate of compliance with NIH's genetic engineering guidelines by the private sector." Since 2004, two unprecedented national surveys of compliance with the NIH Guidelines have revealed that so-called voluntary compliance is typically nothing but a ruse.*

From the biggest biotech multinationals down to start-up gene boutiques, the vast majority of companies, as well as many non-profits and public institutions, do not comply with the NIH Guidelines ([see chart](#)). Important [examples](#) are summarized here, and this news release is accompanied online with link to a file ([click here](#)) that contains letters from some of the biggest names in biotechnology, all expressly stating that they do not obey the NIH Guidelines or view compliance with them as an on-again, off-again cherry picking exercise.

A system that half or more of its target members ignore is pointless. *"NSABB is divorced from reality if its members believe that another set of voluntary NIH guidelines is sufficient, and would be remotely effective, at preventing dual-use disasters," says Hammond, "Effective federal management of dual-use risks requires making safety and security oversight truly mandatory and subject to the sobering light of public scrutiny. We shouldn't wait for a bioweapons disaster to protect ourselves from ourselves."*

#### **Examples: "Voluntary Compliance" with NIH Guidelines by the Biotech Industry:**

The **DuPont Corporation**, one of the world's largest biotechnology companies, has *"deactivated our voluntary compliance with the NIH Guidelines,"* according to a letter it sent to the Sunshine Project on 26 October 2006.

**Bristol-Myers Squibb**, a major pharmaceutical multinational, does not comply with the NIH Guidelines, even though NIH says that it does. In a letter sent from its lawyer on 15 November 2006, the company emphatically demanded that the Sunshine Project delete from its website *"any suggestion that Bristol Myers Squibb Company or its affiliated companies are subject to the NIH Guidelines"* despite the fact that the "suggestion" was actually a list of allegedly NIH guidelines-compliant institutions provided by NIH itself.

**Eli Lilly Corporation** says that it voluntarily complies with the NIH Guidelines; but according to a letter it sent the Sunshine Project on 31 May 2006, voluntary compliance means that it can pick and choose when and where it wishes to comply, or not comply and, in the instant case, it chose not to comply.

According to NIH records, **Genencor Corporation** complies with the NIH Guidelines at sites in California and Iowa. We asked Genencor, and on 25 July 2006, it denied following the NIH Guidelines in Iowa and said that while its California operation *"complies voluntarily,"* in actual fact, it was not complying with NIH rules at that time.

According to NIH, the **Merck Corporation** complies with its biotechnology guidelines at some but not all of its locations. The Sunshine Project has repeatedly asked the allegedly compliant Merck sites for minutes of the safety committees that compliance with the NIH Guidelines mandate; but Merck refuses to reply.



**Biogen IDEC**, one of the world's largest biopharmaceutical companies, does not comply with the NIH guidelines. Formerly independent companies, according to records obtained by the Sunshine Project under the Freedom of Information Act, IDEC ditched the NIH Guidelines in September 2001, and Biogen followed suit in October 2002 (before merging).

**Syngenta Corporation**, a Swiss giant and one of the world's largest agricultural biotechnology companies, does not comply with the NIH Guidelines. At one time, one of its subsidiaries, Rogers Seed, did; but when Syngenta assumed control, compliance ended.

**Hoffman - La Roche Corporation**, the well-known pharmaceutical company, only voluntarily complies with the NIH Guidelines at its Palo Alto, California facility and not elsewhere ([Sunshine Project, 2007](#)).

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**Title:** Sunshine Project

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### **Sunshine So Far: A Brief History of the Project**

The Sunshine Project came into existence when Jan van Aken, a German biologist, crossed paths with Edward Hammond, an American policy researcher, and Susana Pimiento, a Colombian lawyer working in the US. Finding that we shared an intense commitment to avert the dangers of new weapons stemming from advances in biotechnology, we came together to form a small new international non-governmental organization to work on biological weapons issues.

But van Aken had a head start. In late 1999, he formed the Sunshine Project, e.V., a German non-profit association. The Project's name, a suggestion by van Aken's former co-worker Charles Margulis, is a reference to the fact that many biological weapons are quickly broken down and rendered harmless by exposure to bright sunlight.

Following telephone, e-mail, and finally, face-to-face conversations that started in late 1999, in early 2000 we made the decision to bring our activities together. With a joint program and commitment to build an international team and organization, Hammond and Pimiento set about establishing the Sunshine Project in the US as a non-profit corporation.

We assembled offices in Seattle, Washington and Hamburg, Germany. In April 2000, the Project began program work in earnest.

Initial funding was generously provided by the Hatzfeldt Foundation, the HKH Foundation and C. Deans Crystle Foundation to take up a three part work agenda on biological weapons: human genomics, treaty compliance, and biotechnology in the drug war. (Please see our program descriptions on this website for more detailed information.)

First out of the gate was the Project's work on biological weapons designed to eradicate illicit crops. The Project is seeking a global ban on the use of biological agents in forced crop eradication. The

Sunshine Project brought this issue into the intergovernmental limelight in May, 2000 in advocacy efforts at the UN Biodiversity Convention's meeting in Nairobi, Kenya.

In addition to a number of press releases and publications, the Project followed this initial advocacy work by cosponsoring two seminars on biological crop eradication in Quito, Ecuador and Bogotá, Colombia in October, 2000.

The seminars in South America forged an alliance to stop the use of biological weapons in drug crop eradication between very diverse nonprofit groups working on human rights, indigenous peoples' rights, peace, drug policy, environment, biotechnology, and biological weapons.

The Project's work on treaty compliance is also underway. The Project is seeking a reinforced international consensus against biological weapons.

The Project is raising questions about certain uses of genetic engineering in defensive biological weapons research and is sparking much-needed public debate on the limits of military use of biotechnology and dangers of some types of defensive research conducted in Western countries.

For example, research conducted by the Sunshine Project revealed that the German Army is experimenting with antibiotic resistant tularemia bacteria, a project that has been heavily criticised in the German media. Despite being a defensive project, we consider it to be highly critical as it has obvious offensive applications.

In late September, 2000, the Project's US office moved from Seattle to Austin, Texas. The Sunshine Project has a number of publications and activities planned for 2001, including seminars in Europe, the US, and briefings for intergovernmental meetings.

Please visit our website and consider joining our news listserver to keep in touch.

#### **Director of the US Office of the Sunshine Project**

Edward Hammond is Director of the US Office of the Sunshine Project. He was born in San Antonio, Texas and holds two Master's degrees from the University of Texas at Austin. Hammond has worked on biotechnology-related policy since 1993. From 1995-1999, he was Program Officer for the [Rural Advancement Foundation International](#) (RAFI, now the ETC Group). Hammond is a member of the Pugwash Study Group on the Chemical and Biological Weapons Conventions. Hammond directs the Sunshine Project in the US and manages its research program on biodefense, incapacitants, and other issues.

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#### **Director of the Sunshine Project Germany**

Jan van Aken is Director of the Sunshine Project Germany. He is native of Hamburg and holds a PhD in cell biology (Hamburg University). A former campaigner for [Greenpeace Germany](#), he has worked for more than fifteen years to analyse the threats of genetic engineering to human relations, health and the environment. van Aken is a member of the Pugwash Study Group on the Chemical and Biological Weapons Conventions and is a trained weapons inspector (biological) on the roster of the United Nations Monitoring, Verification and Inspection Commission (UNMOVIC).

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Germany

**To date, the Sunshine Project has received support from the following German and US foundations:**

**Arca Foundation:** For participation in NGO networking on monitoring of the BWC

**Ben & Jerry's Foundation:** For collaborations to monitor the US biodefense program

**Berghof Stiftung:** For research and awareness building about bioweapons in Germany

**C. Deans Crystle Foundation:** For general support and work on Agent Green

**Educational Foundation of America:** For work to promote constructive US engagement in the BWC

**German Peace Research Foundation (DSF):** For an assessment of multilateral biosafety and other treaty processes relevant to the BWC

**Hatzfeldt Stiftung:** For research into genetic engineering and biological weapons

**Heinrich Böll Stiftung:** For a seminar on Agent Green in Quito, Ecuador

**HKH Foundation:** For general support and work on Agent Green and human genomics

**JoMiJo Foundation:** For general support

**Pettus Crowe Foundation:** For general support

**Ploughshares Fund:** For the Bioweapons and Biodefense Freedom of Information Fund  
([www.cbwtransparency.org](http://www.cbwtransparency.org))

**The Fund for Drug Policy Reform of Tides Foundation:** For work to prevent the use of biological agents in drug crop eradication

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### **AGENT GREEN: The US Biological Weapons Project That Refuses to Die**

Biological weapons are being developed to kill illicit crops of coca, opium poppy, and cannabis in forced crop eradication programs. The pathogenic fungi were developed principally by the US for use in narcotics-producing areas globally; but especially Asia and South America. The agents threaten to legitimize agricultural biowarfare, are environmentally unsafe, and threaten wild plants and agriculture in fragile and biodiverse ecosystems. They also endanger human health and, most importantly, the global ban on biological weapons.

### **Latest News**

#### **March 15, 2006 - News Release**

[US House Votes to Advance Offensive Bioweapons Plan](#)

Law would require Agent Green field testing plan

#### **September 12, 2005 - Background Paper**

[Risks of Using Biological Agents in Drug Eradication](#)

Fungi may lead to a biological escalation of the Drug War

### **Selected Sunshine Project Publications on Agent Green**

**April 6, 2004 - News Release**

[US State Department Renews Pressure to Use Agent Green](#)

Related: [Text of the State Department's letter](#) (English & Spanish), Editorial: El Tiempo (Bogotá) [El regreso del hongo mortal](#) (5 April)

**December 12, 2002 - News Release**

[New US Biowarfare Threat on Colombia](#)

US Legislators Renew Calls for Bio-Attack on Illicit Crops

**June -5, 2002 News Release**

[Who's in Charge of Agent Green in Asia?](#)

**February 2001 - Backgrounder # 4**

[Risks of Using Biological Agents in Drug Eradication](#)

A briefing paper with emphasis on human health

**February 1, 2001 - News Release**

[European Parliament Rejects Agent Green](#)

**January 24, 2001 - News Release**

[Colombia Abandons Research on Biological Agents for Drug Eradication](#)

**November 13, 2001- Press Release**

[UN Pulls Out of Plans to Use Agent Green in South America](#)

**September 15, 2001 - Seminar Announcement**

[The War on Drugs and the Use of Biological Weapons](#)

Quito, Ecuador - 10-11 October 2000

**August 18, 2001- Press Release**

[Ecuador Enacts Law to Ban US Drug War Fungus](#)

**May 12, 2001 - Press Release**

[Poppy Killing Viruses Investigated by USA](#)

**May 2, 2001 - Press Release**

[Report Calls on the UN Biodiversity Convention to Stop Dangerous US Fungus Experiments](#)

\*A complete list of publications can be accessed by clicking on the "Publications" tab. Please note: Some publications concerning the dispute over Agent Green in 2000-2001 are now dated.



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**Date:** 2012

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### 1. Oversight of Research Involving Biological Weapons Agents

Regulation, Committees, Safety, and the Law (and Lack Thereof)

### 2. Transparency and Public Accountability in Biodefense: Freedom of Information and Access to Research Information

Since the late 1990s, US spending on biological weapons agent research has increased roughly tenfold. As of early 2006, more than 16,000 persons are registered to handle biological weapons agents ("select agents") in the US, and hundreds of facilities are conducting biodefense projects. The trend is a continued dangerous expansion in the number of people and places conducting experiments with bioweapons agents. Although the meteoric growth of research in the US is greater than that of other countries, internationally the number of high containment labs and the amount of experimentation with bioweapons agents is also growing. The expansion has safety and security implications locally, nationally, and internationally.

Because so much research with biological weapons agents is dual-use (that is, potentially has both offensive and defensive implications), transparency at biodefense labs is critical to gaining public confidence and the trust of other countries in the peaceful intent of biodefense research. Especially when it comes to experiments using genetic engineering and related new technologies. But too often, policymakers opt for secrecy or pay only lip service to the need for openness. This, in turn, is breeding a dangerous world of biological mistrust for us and, especially, our children.

To combat secrecy, the Sunshine Project files requests open records laws, such as the Freedom of Information Act and equivalent laws in US states and other countries, to obtain and disseminate information about biodefense research and the (often lacking) systems to ensure its safety and accountability. In an average year we file about 300 such open records and declassification requests, frequently in collaboration with other nonprofit partners. By exercising rights to obtain and publicize

information on biodefense projects, the Project seeks to increase transparency and, thereby, safety and security.

### **3. Civil Society Laboratory Monitoring: Collaborations to Promote Local Laboratory Oversight**

Since 2001, the Sunshine Project has worked with a variety of individuals and organizations in communities affected by the dramatic expansion of the US biodefense program. We advise and collaborate with these groups to help them monitor labs and, in some cases, oppose their construction. The Sunshine Project is able to provide subject matter expertise, collaborate using open records laws, and help draw public and media attention to policy and safety issues raised by biodefense research.

Organizations that we have worked with include, among others, the [Citizens Education Project](#) (Salt Lake City, UT), [Tri-Valley CAREs](#) (Livermore, CA), [LabWatch](#) (Seattle, WA), [ACE-EJ](#) (Boston, MA), [Los Alamos Study Group](#) (Albuquerque, MN) and [NukeWatch of New Mexico](#) (Los Alamos).

### **4. Smallpox Virus Stocks/Final Eradication of Variola Virus**

Although the smallpox virus (Variola) was eliminated from nature in the late 1970s, the job of eradicating this virus was never entirely finished. Hundreds of viable samples (collectively called "stocks") of smallpox virus, perhaps the most deadly disease in human history, remain in storage at laboratories in Atlanta, Georgia, and near Novosibirsk, Russia. Although the world's governments have repeatedly resolved to destroy all remaining smallpox stocks, the US and Russia have failed to do so. In fact, they have recently expanded their activities with the virus, including proposals to genetically-engineer it and unauthorized transfers of smallpox DNA.

In collaboration with [Third World Network](#), the Sunshine Project is working to oppose the expansion of dangerous research involving variola virus and to achieve the final step in its eradication - the destruction of all remaining virus stocks. Please visit [www.smallpoxbiosafety.org](http://www.smallpoxbiosafety.org) to learn more about this program.

### **5. "Non-Lethal" Biological and Chemical Weapons: Preventing the Development and Use of Drugs as Weapons**

Some of the medicines that are used to put people to sleep for surgery and to relieve pain, among other applications, can also be used as a weapon. Long-standing fears about (secret) military interest in such weapons were dramatically confirmed by the disaster at the Dubrovka Theatre in Moscow in 2002, when more than 100 hostages (as well as guerillas) were killed by a "non-lethal" agent pumped into the theater by Russian special forces. Other applications of such biochemical weapons could be on enemy troops, rioters, freedom fighters, terrorists, political protesters, and even prisoners. The development of these weapons presents a grave threat to both the Biological and the Chemical Weapons Conventions, which frequently overlap in this area.

Since 2000, the Sunshine Project has been a leading source of information on often secretive programs to develop so-called non-lethal biochemical weapons. We have worked to document interest in such weapons in countries including France, the United Kingdom, and - especially - the United States. Our Freedom of Information Act discoveries about these weapons have repeatedly made international headlines. In addition to obtaining information and publicizing these dangerous programs, the Sunshine Project is seeking ways to ensure that the treaty prohibitions on these weapons are upheld.

### **6. Reinforcing Treaties: The Bioweapons Convention and Beyond**

Debate remains young about how the wave of recent advances in biotechnology - especially genetic engineering - relate to peace and disarmament. The Biological and Toxin Weapons Convention (BTWC) came into force nearly a quarter century ago. Techniques mastered since then can be used to make biological weapons (BW) more virulent, easier to handle, and harder to fight.

The adoption of a verification protocol to the BTWC would add teeth to international law; but the détente era global legal framework on biological warfare is stressed as never before. During the last decade, military researchers have altered the genes of lethal bacteria to design strains that can withstand antibiotic treatment and are undetectable by usual sensors. Civilian researchers have developed viral and fungal pathogens that kill cultivated crops and spread uncontrollably. Genetic alteration of plant traits like fertility may find a use in economic warfare.

The Project has initiated a long-term research and awareness-building program to reinforce global consensus against BW. The Project will publish its results and develop policy options for governments to avoid hostile use of biotechnology, including linkages to other important instruments such as the Cartagena Protocol and standards-setting bodies.

### **7. Environmental Modification: From Agent Orange to Agent Green**

The Convention on the Prohibition of Military or Any Other Hostile Use of Environmental Modification Techniques (ENMOD) prohibits using the environment as a weapon in conflicts. Adopted by the UN General Assembly in 1976, ENMOD entered into force in 1978. This little-known treaty has a remarkable past. ENMOD was inspired by global opposition to Agent Orange and other environmental modification technologies used in the Vietnam War. It was also influenced by 1970s fears that technology was rapidly reaching the point that deliberate catastrophic environmental changes could be triggered as a weapon for hostile use.

### **8. Agent Green: The US Biological Weapons Project that Refuses to Die**

Biological weapons are being developed to kill illicit crops of coca, opium poppy, and cannabis in forced crop eradication programs. The pathogenic fungi were developed principally by the US for use in narcotics-producing areas globally; but especially Asia and South America. The agents threaten to legitimize agricultural biowarfare, are environmentally unsafe, and threaten wild plants and agriculture in fragile and biodiverse ecosystems. They also endanger human health and, most importantly, the global ban on biological weapons.

# Bio Terror Bible

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### INTRODUCTION

#### What is the ENMOD Convention?

The Convention on the Prohibition of Military or Any Other Hostile Use of Environmental Modification Techniques (ENMOD) prohibits using the environment as a weapon in conflicts. Adopted by the UN General Assembly on 10 December 1976 and opened for signature on 18 May 1977, ENMOD entered into force when Laos, the twentieth State Party, deposited its instrument of ratification on 5 October 1978.

ENMOD was inspired by global opposition to the use of Agent Orange and other environmental modification technologies in the 1960s during the Vietnam War and also by fears - in the 1970s - that technology was rapidly reaching the point that deliberate catastrophic environmental changes could be triggered as a weapon for hostile use.

To date, ENMOD has been ratified nearly seventy countries, including major powers such as Russia and the United States. Relatively few Southern states have ratified the treaty. Two Review Conferences have been held, in 1984 and 1992.

In late 2000, the Sunshine Project began research on ENMOD as a possible "new" tool to prevent the use of weapons of mass destruction, particularly biological and toxin agents. In May 2001, the Sunshine Project joined the [Edmonds Institute](#), [Third World Network](#), and the [Transnational Institute](#) to co-sponsored a small conference to assess ENMOD's viability as tool for a diverse group of non-governmental organizations to promote peace, protect the environment, and prevent the hostile use of biological and chemical technologies.

The Project prepared a background paper on ENMOD for the Amsterdam meeting. Discussants at the meeting concluded that ENMOD's potential for civil society is significant and established a programme of research to fill knowledge gaps and to articulate the pieces to enable non-governmental organizations to conduct effective advocacy on ENMOD.

## **ENMOD 1994**

Download a short (2 page) [1994 US Air Force proposal to develop a theater-scale weather modification system using carbon black](#). Released under FOIA from the Joint Non-Lethal Weapons Directorate.

[Download a PDF of a US Navy proposal to develop new weather modification weapons](#). This proposal is from April, 1994 and was submitted to the Joint Non-Lethal Weapons Directorate.

## **PUBLICATIONS**

[A Political Primer on the ENMOD Convention](#)

February 2002

This primer provides diplomatic and political history on ENMOD, discussing:

- Initial treaty proposals;
- Negotiations by the Commission on Disarmament;
- Adoption by the General Assembly;
- the 1st and 2nd Review Conferences, and;
- US Senate materials related to ratification and 1960/70s military programs in Southeast Asia.

The primer includes electronic copies (PDF) of important and difficult-to-find UN and US government documents related to the treaty.

If you are unfamiliar with ENMOD, it is a good idea to first review the paper below, which provides a more general introduction to environmental warfare and the treaty:

[Post-Cold War Conflict and the Environment](#)  
[The ENMOD Convention and Related Agreements on Hostile Modification of the Environment](#).

**An April 2001 Occasional Paper of the Edmonds Institute.**

ENMOD Text

[Convention on the Prohibition of Military or Any Other Hostile Use of Environmental Modification Techniques](#) (also [available in Spanish](#))

**List of Parties****ENMOD Parties (and Signatories)**

(Source: UN)

**ENMOD Parties and Signatories - May 2001**

<b>State</b>	<b>Signature</b>	<b>Deposit</b>	<b>Total signatories</b>	<b>Total parties</b>
			<b>48</b>	<b>66</b>
Tajikistan		12 October 1999 (a)		
Saint Vincent and the Grenadines		27 April 1999(s)		
Costa Rica		7 February 1996(a)		
Chile		26 April 1994(a)		
Uruguay		16 September 1993(a)		
Slovakia		28 May 1993(s)		
Saint Lucia		27 May 1993(s)*		
Uzbekistan		26 May 1993(a)		
Czech Republic		22 February 1993(s)		
Niger		17 February 1993(a)		
Mauritius		9 December 1992(a)		
Dominica		9 November 1992(s)		
Algeria		19 December 1991(a)		
Austria		17 January 1990(a)*		
Antigua and Barbuda		25 October 1988(s)*		
Switzerland		5 August 1988(a)*		
Guatemala		21 March 1988(a)*		
Argentina		20 March 1987(a)*		
Republic of Korea		2 December 1986(a)*		
Benin	10 June 1977	30 June 1986		
Pakistan		27 February 1986(a)		
Afghanistan		22 October 1985(a)		
Democratic People's Republic of Korea		8 November 1984(a)		
Brazil	9 November 1977	12 October 1984		
New Zealand		7 September		



		1984(a)*
Australia	31 May 1978	7 September 1984
Sweden		27 April 1984(a)
Greece		23 August 1983(a)
Germany	18 May 1977**	24 May 1983***
Romania	18 May 1977	6 May 1983
Netherlands	18 May 1977	15 April 1983*
Ireland	18 May 1977	16 December 1982
Belgium	18 May 1977	12 July 1982
Japan		9 June 1982(a)
Egypt		1 April 1982
Italy	18 May 1977	27 November 1981
Solomon Islands		19 June 1981(s)
Canada	18 May 1977	11 June 1981
Papua New Guinea		28 October 1980(a)
Viet Nam		26 August 1980(a)
United States of America	18 May 1977	17 January 1980
Kuwait		2 January 1980(a)*
Sao Tome and Principe		5 October 1979(a)
Cape Verde		3 October 1979(a)
Bangladesh		3 October 1979(a)
Norway	18 May 1977	15 February 1979
India	15 December 1977	15 December 1978
Lao People's Democratic Republic	13 April 1978	5 October 1978
Malawi		5 October 1978(a)
Spain	18 May 1977	19 July 1978
Ghana	21 March 1978	22 June 1978
Ukraine	18 May 1977	13 June 1978
Poland	18 May 1977	8 June 1978
Belarus	18 May 1977	7 June 1978
Bulgaria	18 May 1977	31 May 1978
Russian Federation	18 May 1977	30 May 1978
Mongolia	18 May 1977	19 May 1978
United Kingdom of Great Britain and Northern Ireland	18 May 1977	16 May 1978*
Finland	18 May 1977	12 May 1978
Tunisia	11 May 1978	11 May 1978
Sri Lanka	8 June 1977	25 April 1978

Hungary	18 May 1977	19 April 1978
Denmark	18 May 1977	19 April 1978
Cyprus	7 October 1977	12 April 1978
Cuba	23 September 1977	10 April 1978
Yemen	18 May 1997	20 July 1977
Portugal	18 May 1977	
Cambodia	15 January 1993	
Syrian Arab Republic	4 August 1977	
Turkey	18 May 1977*	
Uganda	18 May 1977	
Sierra Leone	12 April 1978	
Nicaragua	11 August 1977	
Morocco	18 May 1977	
Lebanon	18 May 1977	
Liberia	18 May 1977	
Luxembourg	18 May 1977	
Iran (Islamic Republic of)	18 May 1977	
Iraq	15 August 1977	
Holy See	27 May 1977	
Iceland	18 May 1977	
Ethiopia	18 May 1977	
Bolivia	18 May 1977	

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### About the Sunshine Project and Freedom of Information Requests

The Sunshine Project makes extensive use of open records law in its research and publications. Our requests under the Freedom of Information Act (FOIA) and related federal and state laws have, in several instances, documented disturbing research on biological and chemical weapons. These cases are discussed in publications available on this website.

Many government documents obtained under FOIA are made available here in their original form. For example, we maintain a unique online collection of government (and other) documents on "non-lethal" biochemical weapons.

Uncovering and distributing new information and analysis on government programs is the primary purpose of Sunshine Project FOIA requests. Another important aspect is in asserting and maintaining the public's right to this information, particularly in the present climate of secrecy.

Nationally, very few organizations actively file FOIA requests on biological and chemical weapons issues. Some government agencies attempt to conceal potentially controversial materials by exaggerating exemptions - trying to keep secrets that they are not legally entitled to maintain. This unwarranted secrecy is detrimental to biological weapons control and makes our job more difficult.

### 1. THE NATIONAL ACADEMIES OF SCIENCE (NAS)

**FOIA:** Documents, deposited in the Public Access Records File, related to "non-lethal" weapons

**Filed:** 12 March 2002

**Time elapsed since filing:** 3656 days

NAS must obey FACA, a law that says that when NAS does a study for the government, documents that are deposited in the Public Access Records File are public. That's at least what the law says...

We requested dozens of public documents about "non-lethal" weapons. We started getting them. Some enthusiastically endorsed illegal chemical and biological weapons. Then, a Marine Corps Colonel sent a letter to NAS with an illegal "order" for it to stop sending us the papers. NAS knows who butters its bread. Violating federal law, it stopped releasing documents. Since mid-2002, NAS has ignored all queries about the issue. Our request remains standing.

## **2. DEFENSE ADVANCED RESEARCH PROJECTS AGENCY (DARPA)**

**FOIA:** Offensive Biological Weapons Proposals from Scientists

**Filed:** March 15, 2002

**Time elapsed since filing:** 3653 days

In late 2001, DARPA asked for research abstracts for the "Scientists Helping America" conference. One of the topics was the US Special Force's "Future Concept Working Group Concept #247". Concept #247 describes offensive anti-material biological weapons that could be used by US units. DARPA told the scientists not to submit proprietary information.

We asked for the Concept #247 proposals and others in March 2002. We still haven't got them. This seems to be a case of DARPA forgetting that bioweapons are illegal. Release of these 375 pages of abstracts might prove to be very embarrassing.

## **3. OFFICE OF THE SECRETARY OF DEFENSE / JOINT CHIEFS OF STAFF**

**FOIA:** Authorizations to Use RCAs Under Executive Order 11850

**Filed:** October 2, 2002

**Time elapsed since filing:** 3452 days

In 2002, as the US fought in Afghanistan and prepared to invade Iraq, Defense Secretary Rumsfeld publicly complained about the Chemical Weapons Convention. Calling it a "straightjacket", he said the US wanted looser restrictions on military use of 'riot control agents' (defined idiosyncratically). The comments drew howls of protest.

According to President Gerald Ford's Executive Order 11850 and Joint Chiefs of Staff Instructions, in almost all situations authorization by the President or the Secretary of Defense must be made before US troops can use chemicals. We requested any authorizations since September 11th, 2001. We have yet to receive a reply.

## **4. US NAVY/US MARINE CORPS**

**FOIA:** A videotape of tests of UAVs equipped to deliver chemical payloads

**Filed:** 9 January 2003

**Time elapsed since filing:** 3353 days

In the late 90s, the US toyed with unmanned aerial vehicles (UAVs) to deliver chemical agents. In 2003, we asked the US Navy for two videotapes of UAV tests conducted for the "non-lethal" weapons program in about 1997.

Our request uncorked a "pass-the-buck" extravaganza through no less than five different commands. Each got one tape or the other and then passed the request on to somebody else. After some hard bureaucratic slogging, we got one of the tapes. We were eventually forced to file another FOIA request for the other tape with the last FOIA office that was supposed to have received it. The Marines' Warfighting Lab replied that they didn't have it, although it was sent to their office for FOIA processing! It must be an interesting tape! And we still want it.

## 5. UNIVERSITY OF TEXAS MEDICAL BRANCH, GALVESTON

**FOIA:** Minutes of Institutional Biosafety Committee Meetings

**Filed:** February 27, 2003

**Time elapsed since filing:** 304 days

In February 2003, we requested minutes from meetings of the University of Texas Medical Branch (UTMB) Institutional Biosafety Committee (IBC). UTMB, an operator of BSL-4 facilities, chose to fight the request. It argued that a state patient privacy law that exempted the minutes of "medical committees" from disclosure trumped federal guidelines that required release the minutes. Nevermind that there is no information about patients in the minutes, because they aren't about medical care. They are about biosafety. Despite support from the Freedom of Information Foundation of Texas and the ACLU of Texas, we lost the state ruling.

We appealed to the feds, whose rules say that if UTMB doesn't release the minutes, then the school loses grant money. In came the National Institute of Health's Office of Biotechnology Activities (OBA). Faced with blatant violation of its guidelines, OBA blew some wet kisses to UTMB's biodefense bug jockeys and spanked them with a soggy linguini for good measure. While UTMB now has public IBC minutes, all of them from before 2004 remain secret - despite federal "rules" that "require" UTMB to release the documents. We still want them. We asked again and UTMB still won't give them up. OBA promised (in writing) a report on its "investigation"; but never provided one.

## 6. UK MINISTRY OF DEFENCE/US MARINE CORPS

**FOIA:** Report of a US/UK Joint Military Seminar on "Non-Lethal" Weapons Policy, Including Biochemicals

**Filed:** January 4, 2005

**Time elapsed since filing:** 2627 days

Among the documents that eluded us at the National Academies of Science (see #1) was a report of a US/UK joint military seminar on "non-lethal" weapons policy. We obtained other reports from this series, wherein US military officials are recorded speaking in unguarded terms about their interest in "non-lethal" biochemical weapons. The policy seminar promised to be most interesting.

We were excited when the UK established a "real" Freedom of Information law and, in January 2005, we filed for the report. Within 10 days we had an initial reply. The Ministry of Defence found a document and wanted to confirm that it was the correct one. "Great!", we thought, "those Brits have got it together!". But not long after, we got a more ominous e-mail. The Ministry had contacted the US Marines and - surprise! - "they have asked that it not be released."

These Brits, however, are not American lackeys. They wrote to say that they were going to make their own decision and inform us by 14 April 2005. London hasn't called since.

## 7. CENTERS FOR DISEASE CONTROL (CDC)

**FOIA:** Dates of Issuance of Permits to Handle Biological Weapons Agents

**Filed:** January 22, 2005

**Time elapsed since filing:** 2609 days

After Boston University's cover-up of 3 laboratory-acquired tularemia infections was exposed, it became apparent that, at the time of the accidents, BU researchers may not have had the required federal permits to possess virulent tularemia organisms.

We asked CDC for the dates on which a number of BU researchers were issued these "select agent" permits. CDC quickly denied this information on plainly specious grounds and has yet to process the appeal we filed.

## **8. US ARMY / AMRIID (FT. DETRICK, MD)**

**FOIA:** Smallpox Safety and Research Protocols

**Filed:** April 6, 2005

**Time elapsed since filing:** 2535 days

While smallpox virus is at CDC, it's Army scientists that do the work. We asked the Army for a variety of its smallpox research records. At first, the Army actually responded by saying that it had nothing. When we explained why that was preposterous, the Army said that it had been confused between "personal" and "agency" records. We were briefly encouraged. Since finding responsive records, however, the Army has ignored our queries about this request and no records have been released to us.

## **9. CENTERS FOR DISEASE CONTROL (CDC)**

**FOIA:** Smallpox Safety and Research Protocols

**Filed:** April 6, 2005

**Time elapsed since filing:** 2522 days

CDC's Atlanta labs are the only place where smallpox (variola) virus is held in the United States. We requested a variety of documents related to research on the virus, particularly items related to safety procedures. We have received nothing.

## **10. NATIONAL INSTITUTES OF HEALTH - OFFICE OF BIOTECHNOLOGY ACTIVITIES (OBA)**

**FOIA:** Records of NSABB's "Review" of the Resurrection of 1918 Influenza

**Filed:** October 6, 2005

**Time elapsed since filing:** 2352 days

After the deeds were done and the opportunity to meaningfully intervene largely sacrificed, in 2005 the National Science Advisory Board on Biosecurity (NSABB) was called in to assist with public relations problems surrounding the resurrection of 1918 influenza. NSABB "reviewed" the 1918 flu experiments literally only hours before they were to be printed. The "review" happened in a hastily convened phone call whose purpose was to rubber stamp a project that had not been properly overseen. It was a farce of a "review" aimed at derailing opposition to the experiments, rather than fulfilling NSABB's responsibilities.

NIH promised openness and transparency at NSABB, however, so we put that rhetoric to the test by asking for full documentation of the "review". Rather than putting its records where its mouth is, OBA has responded by haggling and ignoring Federal Appeals Court rulings about FOIA fees. We suspect this petty attitude from a FOIA office that is normally reasonably efficient has to do with a reluctance to release unflattering records.



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**IRS 501(c)3 Determination Letter (PDF)**

Access PDF at bottom of page

### **Director of the US Office of the Sunshine Project**

Edward Hammond is Director of the US Office of the Sunshine Project. He was born in San Antonio, Texas and holds two Master's degrees from the University of Texas at Austin. Hammond has worked on biotechnology-related policy since 1993. From 1995-1999, he was Program Officer for the [Rural Advancement Foundation International](#) (RAFI, now the ETC Group). Hammond is a member of the Pugwash Study Group on the Chemical and Biological Weapons Conventions. Hammond directs the Sunshine Project in the US and manages its research program on biodefense, incapacitants, and other issues.

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### **Director of the Sunshine Project Germany**

Jan van Aken is Director of the Sunshine Project Germany. He is native of Hamburg and holds a PhD in cell biology (Hamburg University). A former campaigner for [Greenpeace Germany](#), he has worked for more than fifteen years to analyse the threats of genetic engineering to human relations, health and the environment. van Aken is a member of the Pugwash Study Group on the Chemical and Biological Weapons Conventions and is a trained weapons inspector (biological) on the roster of the United Nations Monitoring, Verification and Inspection Commission (UNMOVIC).

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22767 Hamburg  
Germany

**To date, the Sunshine Project has received support from the following German and US foundations:**

**Arca Foundation:** For participation in NGO networking on monitoring of the BWC

**Ben & Jerry's Foundation:** For collaborations to monitor the US biodefense program

**Berghof Stiftung:** For research and awareness building about bioweapons in Germany

**C. Deans Crystle Foundation:** For general support and work on Agent Green

**Educational Foundation of America:** For work to promote constructive US engagement in the BWC

**German Peace Research Foundation (DSF):** For an assessment of multilateral biosafety and other treaty processes relevant to the BWC

**Hatzfeldt Stiftung:** For research into genetic engineering and biological weapons

**Heinrich Böll Stiftung:** For a seminar on Agent Green in Quito, Ecuador

**HKH Foundation:** For general support and work on Agent Green and human genomics

**JoMiJo Foundation:** For general support

**Pettus Crowe Foundation:** For general support

**Ploughshares Fund:** For the Bioweapons and Biodefense Freedom of Information Fund  
([www.cbwtransparency.org](http://www.cbwtransparency.org))

**The Fund for Drug Policy Reform of Tides Foundation:** For work to prevent the use of biological agents in drug crop eradication

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### Introduction to Biological Weapons

Biological weapons, also called bioweapons, are nearly as old as war. In Roman times, wells were poisoned. Two hundred years ago in North America, the British Army attacked Native Americans by using smallpox-infected blankets. In World War II, the Japanese Army used bioweapons on a large scale in China. As disturbing as these cases are, on the other hand, the history of biowarfare (see graphic) can also be interpreted as history of the non-use. Few large scale deployments in wartime have happened.

A major reason is the obvious technical difficulty and the "boomerang effect" that bioweapons can have. Handling and using contagious diseases poses a threat of infection to an aggressor's own soldiers and population. It is also technically challenging to develop [biowarfare agents](#) for large scale use. A relatively sophisticated microbiology is needed to isolate and grow microbes in a reliable manner, and to develop the special means of delivery, such as aerosol techniques, that must be available.

Biological Warfare in History	
Ancient Times	Neanderthals poison arrows with animal faeces
Roman Empire	Soldiers throw animal cadavers into enemies' wells
1346	Tartar leader Khan Janibeg is said to have thrown plague corpses into the city of Kaffa to infect the inhabitants.
18th century	British soldiers distribute smallpox-infected blankets to Native Americans.
World War I	German saboteurs infect enemy horses and cattle with glanders and anthrax.
c. 1933-45	Japan experiments with Chinese prisoners of war and uses biological weapons in attacks on Chinese towns during World War II.
1942-43	UK military researchers perform tests with anthrax bombs on the Scottish island of Gruinard, rendering the island off limits for people for 50 years. To retaliate in kind against any German BW attack, the UK produced millions of cattle cakes.
Until 1969	The US maintained a huge offensive bioweapons program that produced a variety of agents.
1992	Boris Yeltsin admits the of former Soviet Union had a large biological weapons program. A 1979 anthrax accident near Sverdlosk cost 100 lives.
1995	UNSCOM finds final proof for an offensive biowarfare programme in Iraq.

After World War II and through the 1960s, only a few countries - including the UK and the USA - maintained major offensive biowarfare programs and generated the knowledge and the technical means to produce and use biological weapons. When these countries decided to stop their programs,

it paved the way for the [Biological and Toxin Weapons Convention \(BTWC\) of 1972](#), which bans the development or production of biological agents for non-peaceful purposes.

The biotechnology revolution increased the biowarfare threat in the past decades. [Genetically engineered bioweapons](#) sound like science fiction, but are already a deadly reality: lethal microbes, with no cure, invisible to detection systems, and able to overcome vaccines have been reported in scientific publications. In "defensive" programs, researchers in the USA, UK, Russia, Germany and other countries have genetically engineered biological weapons agents, building new deadly strains. For example, the German Army experimented with tularemia bacteria – a standard bioweapon agent – which was genetically engineered to resist antibiotic treatment.

Biotechnology also allows to build completely new types of biological weapons. Since the end of the Cold War, types of conflicts and military interventions have changed. Ethnic conflicts have flared, as have conflicts between the West and "rogue states". Some peacekeeping missions, claims of extraterritorial jurisdiction and, above all, the Drug War, have blurred the line between law enforcement and military action. In response to these newly prominent types of conflicts, new types of armaments have been developed or proposed, including biological weapons.

Recently, US military officials have called for a renegotiation of the Biological and Toxin Weapons

Convention to enable the development of gas-guzzling bacteria to curtail an enemy's mobility. Material-degrading microorganisms are already under development, again in "defensive" mode. One of the most advanced threats to the global consensus against biological weapons is the attempt to deploy biological agents in forced drug eradication ("[Agent Green](#)"). Fungi that attack drug-producing plants have been developed to use against coca, cannabis and opium poppy.

These agents are lowering the political threshold for use of biological weapons and are likely to have tremendous environmental and health impacts. Pursuit of crop-killing fungi or materiel-degrading microbes as weapons would be a step down a slippery slope, that, following the same logic, could easily lead to the use of other plant pathogens, animal pathogens, or even non-lethal biological weapons against humans.

Verification of the BTWC is especially difficult because bioweapons research is beset with the [problem of dual-use](#) technology. Nearly all the know-how and equipment necessary for an offensive biological warfare program has applicability to civilian medical or biological research. A very thin line separates offense and defense bioweapons research. Also [biodefense research can be problematic](#) as in many cases defensive work generates an offensive capability. To test a cure for smallpox, mice and primates must be infected with virulent strains of smallpox.

While the BTWC is very broad and unambiguous in its prohibition of all biological weapons, it lacks any provisions to verify the countries are in compliance. At the beginning of the 1990s, it became apparent that the former Soviet Union, Iraq ([information on Iraq's program from FAS](#)) and the former Apartheid regime in South Africa engaged in offensive warfare programs.

These revelations were instrumental in triggering negotiations for a [legally binding Protocol](#) to strengthen the Convention. The Protocol would provide for verification measures such as laboratory inspections and export notifications. The goal was to complete the negotiations before the [5th Review Conference](#) of the BTWC convenes in Geneva in November 2001, but the new US Administration does not support the protocol, casting doubt on its future.

ENMOD: An international treaty that could be more supportive of the BTWC is the "[Convention on the Prohibition of Military or any Other Hostile Use of Environmental Modification Techniques](#)" (ENMOD). It overlaps with the BTWC, since some BW-applications will automatically result in a widespread environmental modification, like the use of fungi in drug eradication that are likely to attack wild relatives of the drug producing plants in their natural ecosystems.

**The following links are available here:**

[BW agents](#)

[BTWC Text](#)

[Parties to the BTWC](#)

[GE with BW](#)

[Biodefense](#)

[Agent Green](#)

[Iraq](#) (page maintained by the Federation of American Scientists)

[ENMOD](#)

# Bio & Terror Bible

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### Non-Lethal Bio-Weapons

["Non-Lethal" Weapons](#)

[Online Document Clearinghouse](#)

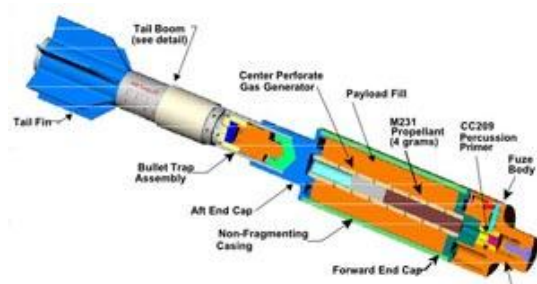
Newly Posted Documents (in PDF):

[Multi-Functional Grenade Modeling and Simulation](#)

US Justice Department agents play "Quake" wearing gas masks and using chemical "knock-out" grenades as weapons. Heavily redacted.

[Independent Tech Assessment: OICW Non-Lethal Munition](#)

Including discussion of tear gas inadequacies and possible US development of treaty-busting (bio)chemical payloads.



Rifle grenade, patented by the US Army in 2003 for delivery of chemical and biological agents.

[\(Click here for more information.\)](#)



## **Frequently Downloaded**

### ["Aphrodisiac" Biochemical Weapons](#)

US Air Force proposal

### [The Return of ARCAD](#)

"Non-lethal" program revives Cold War chemical weapons

### [The Advantages and Limitations of Calmatives for Use as a Non-Lethal Technique](#)

Read Penn State University's (shocking) report for JNLWD

### [Map and Fact Sheet Download](#)

A Peek Inside the Joint Non-Lethal Weapons Directorate

## **"Non-Lethal" Weapons News Releases**

**May 2, 2007**

[New Non-Lethal Papers Document 1990s US Research Program](#)

**January 17, 2005**

[Sunshine Project Responds to Pentagon Statements on Harassing, Annoying, and 'Bad Guy' Identifying Chemicals](#)

**November 30, 2004**

[US Retains Patent on Treaty-Violating Biogrenade](#)

See also: [US Army Patents BW Delivery System](#) (May '03)

**July 19, 2004**

[Lifting Secrecy Surrounding "Non-Lethal" \(Bio\)Chemical Weapons](#)

**April 16, 2004**

[US DSB calls for use of calmative chemical weapons](#)

**January 6, 2004**

[The Return of ARCAD](#)

"Non-lethal" program revives Cold War chemical weapons

**September 8, 2003**

[Pentagon Initiates New Research into Prohibited Chemical Weapons](#)

**March 3, 2003**

[Link and Discussion on US Gulf Deployment of RCAs](#)

Why incapacitants are not "riot control agents"

**February 11, 2003**

[Pentagon Perverts Pharma with New Drug Weapons](#)

What liability for the pharmaceutical industry?

**October 30, 2002**

[NAS Withholds Key Info on Moscow Theater Tragedy](#)

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### Backgrounders & Briefing Papers

#### September 2005 - Backgrounder #14

[Risks of Using Biological Agents in Drug Eradication](#)

#### January 2004 - Backgrounder #13

[Export Controls](#)

Impediments to Technology Transfer Under the Convention on Biological Diversity

#### November 2003 - Backgrounder #12

[Emerging Technologies](#)

Genetic Engineering and Biological Weapons

#### October 2003 - Backgrounder #11

[Biosafety, Biosecurity, and Bioweapons](#)

Three Agreements on Biotechnology, Health, and the Environment, and Their Potential Contribution to Biological Weapons Control

#### May 2002 - Backgrounder #10

[Biological Weapons, their Prohibition, and Biosafety](#)

#### March 2002 - Backgrounder #9

[Non-Lethal Weapons Research in the US: Genetically Engineered Anti-Material Weapons](#)

#### July 2001 - Backgrounder #8

[Non-Lethal Weapons Research in the US: Calmatives & Malodorants](#)

**June 2001 - Backgrounder #7**

[Biological Weapons Research Projects in Germany](#): A report on the German Army's biodefense program.

**May 2001 - Backgrounder #6**

[Addressing Environmental Modification in Post-Cold War Conflict](#) (the ENMOD Convention)  
Published by the Edmonds Institute

**April 2001 - Backgrounder #5**

[Closing Loopholes in the Bioweapons Convention](#)

**April 2001 - Backgrounder #2, revised (updated version of the November 2000 paper)**

[The Biological Weapons Convention and the Negotiations for a Verification Protocol](#)

**February 2001 - Backgrounder #4**

[Risks of Using Biological Agents in Drug Eradication](#)

A briefing paper with emphasis on human health

**December 2000 - Backgrounder #3**

[A Review of Opposition to Biological Weapons in the Drug War](#)

**May 2000 - Backgrounder #1**

[Stopping the Use of Crop Killing Fungi](#)

**Other Announcements and Publications**

**April 22, 2002 - Statement**

[Statement to the Biosafety Protocol \(ICCP-3\)](#)

**October 3, 2001- Commentary**

[Infinite Contract: Biodefense and the Biotech Industry](#)

**September 21, 2001- Commentary**

[Averting Bioterrorism Begins with US Reforms](#)

**January 4, 2001 - Seminar Announcement**

[Biological Weapons in the 21st Century - Dresden, June 2001](#)

**December 2000 - Q & A**

[Questions and Answers About Agent Green](#)

**September 15, 2000 - Seminar Announcement**

[The War on Drugs and the Use of Biological Weapons - Quito, October 2000](#)

**Sunshine Project Press Releases (By Date)**

**April 18, 2007**

[Earth to NSABB: Voluntary Compliance Won't Work](#)

Dismal record of biotech companies detailed in letters.

**April 12, 2007**

[Texas A&M University Violates Federal Bioweapons Law](#)

Officials decided not to report aerosol chamber accident

**February 28, 2007**

**[Biodefense Blackout: Texas BSL-4 Lab Keeps Records Secret](#)**

UTMB Resists Attorney General's Ruling, Case Moves to the Courts

**October 30, 2006**

**[Bedfellows at the Biosecurity Board](#)**

How US science's *nouveau riche* bioweapons constituency is flexing its muscle to carve up safety and security rules.

**September 18, 2006**

**[Transparency Urged for Homeland Security BSL-4 NBAF Lab](#)**

**April 4, 2006** (at [www.smallpoxbiosafety.org](http://www.smallpoxbiosafety.org))

**[Health Assembly Must Stop Dangerous Smallpox Experiments](#)**

**March 15, 2006**

**[Agent Green: US House Votes to Advance Offensive Biological Weapons Plan](#)**

**February 7, 2006**

**[BARDA's Biggest Secret is the Public's Loss: Are Biodefense Labs and National Security Agencies Arriving at a Secrecy Agreement?](#)**

**October 5, 2005**

**[Disease by Design: 1918 "Spanish" Flu Resurrection Creates Major Safety and Security Risks](#)**

**May 25, 2005**

**[No World Health Assembly Approval for Expanding Smallpox Virus Research](#)**

**May 6, 2005**

**[WHO Director-General Questions Smallpox Advisory Committee Recommendation](#)**

**April 18, 2005**

**[Faulty Aerosol Chamber Infects Three](#)**

**March 4, 2005**

**[Sunshine Project Releases CRISPER](#)**

**March 11, 2005**

**[Boston University Lab-Acquired Tularemia: FOIA Appeal to Overturn CDC Secrecy](#)**

**March 1, 2005**

**[Public Health Research Funding in Decline: NIH Data Contradicts NIH Position](#)**

**January 17, 2005**

**[Sunshine Project Responds to Pentagon Statements on "Harassing, Annoying, and 'Bad Guy' Identifying Chemicals"](#)**

**January 13, 2005**

**[US Army Dugway Secrecy Challenged by Watchdogs](#)**

**November 30, 2004**

**[US Retains Illegal Patent on Treaty-Violating Bioweapons Grenade](#)**

**November 16, 2004**

**[French biodefense clouded in secrecy; concern over France's 'non-lethal' chemical activities](#)**

**August 23, 2004**

[Research Transparency: Federal Complaint Filed Against "Bottom of the Barrel" Biosafety Committees](#)

**August 2, 2004**

[NIAID Biodefense Program Funds in Violation of Federal Biosafety Rules](#)

**July 19, 2004**

[Time for the Pentagon to Lift the Secrecy Surrounding its "Non-Lethal" Chemical and Biological Weapons](#)

**June 22, 2004**

[Institute Responsible for Anthrax Accident in California, in Charge of Safety and Security at Chicago Biodefense Laboratory](#)

**June 17, 2004**

[German Army to be equipped with "non-lethal" chemical weapons](#)

**May 3, 2004**

[Federal Complaint Seeks Termination of Government Funding for Nine Biotechnology Research Institutions](#)

**April 16, 2004**

[US Defense Science Board calls for strategic use of caltative chemical weapons](#)

**April 14, 2004**

[US Transparency Survey: Serious Problems Evident](#)

**April 6, 2004**

[US State Department Renews Pressure to Use Agent Green in Colombia](#)

**March 15, 2004**

[University of Texas Reverses Secrecy Stance; but will its New Biosafety Committee be Accountable?](#)

**February 21, 2004**

[Technology Transfer in the Biodiversity to Consider Impediments Such as Export Controls](#)

**January 2004**

[The Return of ARCAD](#)

**November 6, 2003**

[Announcing the Bioweapons and Biodefense FOI Fund](#)

**October 28, 2003**

[The Thomas Butler Case: Some Unreported Information](#)

**October 23, 2003**

[Ricin breeding and production projects at Texas Tech University raise questions](#)

**October 21, 2003**

[Biosafety Irregularity in Spanish Flu Experiments](#)

**October 9, 2003**

[Lethal Virus from 1918 Genetically Reconstructed](#)

**October 7, 2003**

[Biodefense: Secrecy Shuttters Biosafety Committee in Texas](#)

**September 8, 2003**

[Pentagon Initiates New Research into Prohibited Chemical Weapons](#)

**September 4, 2003**

[Texas Attorney General Rules for Biodefense Transparency](#)

**August 6, 2003**

[Bioweapons Watchdogs Seek Suspension of University of Texas Eligibility for Federal Biodefense Research Funds](#)

**May 8, 2003**

[US Army Patents Biological Weapons Delivery System, Violates Bioweapons Convention](#)

**February 11, 2003 (Joint News Release)**

[Loose Monkey Teaches Biodefense Lab a Lesson in the Hazards of Secrecy](#)

**February 11, 2003**

[Pentagon Perverts Pharma with New Drug Weapons](#)

What liability for the pharmaceutical industry?

**February 7, 2003**

[US Plans for Use of Gas in Iraq](#)

Poses major threat to chemical weapons controls

**December 17, 2002**

[Agent Green: New US Bioweapons Threat on Colombia](#)

US legislators renew calls for bio-attack on illicit crops.

**October 30, 2002**

[NAS Withholds Key Info on Moscow Theater Tragedy](#)

**October 14, 2002 (Joint News Release)**

[Time to Reassess Massive US Biodefense Plans](#)

**September 27, 2002**

[US Chemical Weapons: Human Testing Planned](#)

JNLWD chemical program reaching advanced stage

**September 24, 2002**

[US Operates Secret Chemical Weapons Program](#)

The case against JNLWD to be taken to the UN.

**August 12, 2002**

[US Special Forces Seek Genetically Engineered Bioweapons](#)

Bugs to covertly infect and destroy materials

**July 1, 2002**

[Psychopharmacological Weapons Under Consideration](#)

Psychoactives under research are dangerous and illegal.

**May 24, 2002**

[Pentagon BW Proposals at US Attorney's Office](#)

Action requested under Bioweapons Anti-Terrorism Act

**May 8, 2002**

[US Armed Forces Press for Offensive Bioweapons](#)

NAS panel reviews proposals for illegal bioweapons



**February 19, 2002**

[US Tests Ethnically-Targeted Crowd Control Weapons](#)

Ethnic profiling, Pentagon-style.

**December 7, 2001**

[Intent to Kill](#)

US Sabotages Bioweapons Review Conference, EU delegates say the US are "liars".

**December 6, 2001**

[Bioweapons Negotiations Focus on Forum, Not Substance](#)

Latin America Shines. Europe Uninspired. US Quarrelsome.

**October 30, 2001**

[7 Good Reasons to Stand Up for Information Freedom on Biological Weapons Research](#)

And what agendas may be leading the charge for secrecy.

**October 29, 2001**

[House Passes Law to Make Bioweapons Research Secret](#)

Bill Awaits Consideration by the US Senate

**October 22, 2001**

[US Assault on Biological Weapons Control](#)

Will the Bioweapons Convention be left standing?

**October 10, 2001**

[CIA Denies Info on Southeast Asian Bioweapons Plan](#)

Project's demise shows power of strong science regulation.

**September 19, 2001**

[The Threat of "Non-Lethal" Weapons](#)

Stopping CBW Escalation of the War on Terrorism

**September 19, 2001**

[Avoiding Bioterrorism Starts with US](#)

Four Steps the US Must Take to Avoid Biological War

**August 20, 2001**

[A Continental Step Forward for Security](#)

Africa Criminalizes Hostile Use of Biotechnology

**July 25, 2001**

[US Dumps the Bioweapons Verification Protocol](#)

Parties Urged to Continue - "A Wing and a Prayer" is not security.

**July 23, 2001**

[US Quiet as the World Backs the Bioweapons Protocol](#)

Delegates Await Possible Announcement on Wednesday

**July 19, 2001**

[Last Chance for Biological Arms Control?](#)

Peace activists urge North-South cooperation on Verification Protocol

**July 16, 2001**

[Trade Trumps Peace in Bioweapons Negotiations](#)

US scuttles others' security in the interest of biotech hegemony.

**June 5, 2001**

[Who's in Charge of Agent Green in Asia?](#)

While UNDCP maintains a press blackout, a 'technical' advisor backpedals on safety and airs politics.

**May 11, 2001**

[USA's Tell-Tale Silence on the Bioweapons Protocol](#)

**February 1, 2001**

[European Parliament Rejects Agent Green](#)

**January 25, 2001**

[Colombia Abandons Research on Biological Agents](#)

**November 13, 2000**

[United Nations Pulls Out of Plans to Use Anti-Drug Biological Weapons in South America](#)

**August 29, 2000**

[USA Admits Possible Links between Biological Weapons and Agent Green](#)

**August 18, 2000**

[Ecuador Enacts Law to Ban US Drug War Fungus](#)

**August 10, 2000**

[UNDCP and US Mislead on Environmental Supervision of Biological Weapons Plan](#)

**July 20, 2000**

[Sunshine Blasts UNDCP's Self-Serving "Green" Propaganda](#)

**July 18, 2000**

[Colombia's Agent Green Counterproposal Released](#)

**July 13, 2000**

[Tinkering with the Genes of Biological Weapons](#)

**July 7, 2000**

[Press Reports Confused - Colombian Proposal Needs Input](#)

**May 12, 2000**

[Poppy Killing Viruses Investigated by USA](#)

**May 2, 2000**

[Report Calls on the UN Biodiversity Convention to Stop Dangerous US Fungus Experiments](#)

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**Protection or Proliferation?: High Containment and Other Facilities of the US Biodefense Program**

### Publications

**June 26, 2007**

[Texas A&M Bioweapons Infections More the Norm than the Exception](#)

Culture of denial in evidence at Texas A&M - More accident examples

Previous: [Bioweapons Infections Hit Texas A&M Again](#) (Q Fever / June 2007)

Previous: [Texas A&M Violates Federal Bioweapons Law](#) (Brucella / April 2007)

**April 25, 2007**

[Biosafety Archive for Biodefense Public Accountability](#)

Backyard bioweapons in your neighborhood? [Find out out here](#) (maybe)

**April 24, 2007**

[Rolling List of Bidders for the National Bio- and Agro-Defense Facility \(NBAF\)](#)

**March 20, 2006**

[Information concerning the 2006 survey of institutional biosafety committees](#)

**April 18, 2005**

[Faulty Aerosol Chamber Infects Three](#)

**February 1, 2005**

[NIAID Grant Statistics](#)

Anthrax: Up 3470%, Tularemia: Up 3100%, New PI's: 97%

**January 31, 2005**

[Tularemia: CDC Rejects Informing the Public](#)

National implications on accidents & secrecy

**November 16, 2004**

Country Studies: Reports on France & Germany

[Country Studies Home Page](#) | [News Release](#)

**October 4, 2004**

[Mandate for Failure: The IBC System in a Age of Bioweapons Research](#)

Results of the Sunshine Project Institutional Biosafety Committee Survey

**August 2, 2004**

[NIAID Biodefense Program Funds in Violation of Federal Biosafety Rules](#)

Related Item: [Biosafety Bites Series](#)

**June 10, 2004**

[Information concerning Southern Research Institute and the anthrax accident in Oakland, California](#)

**May 3, 2004**

[Federal Complaint Seeks Termination of Government Funding for Nine Biotechnology Research Institutions](#)

Related Items: [complaint](#) and [exhibits](#)

**April 14, 2004**

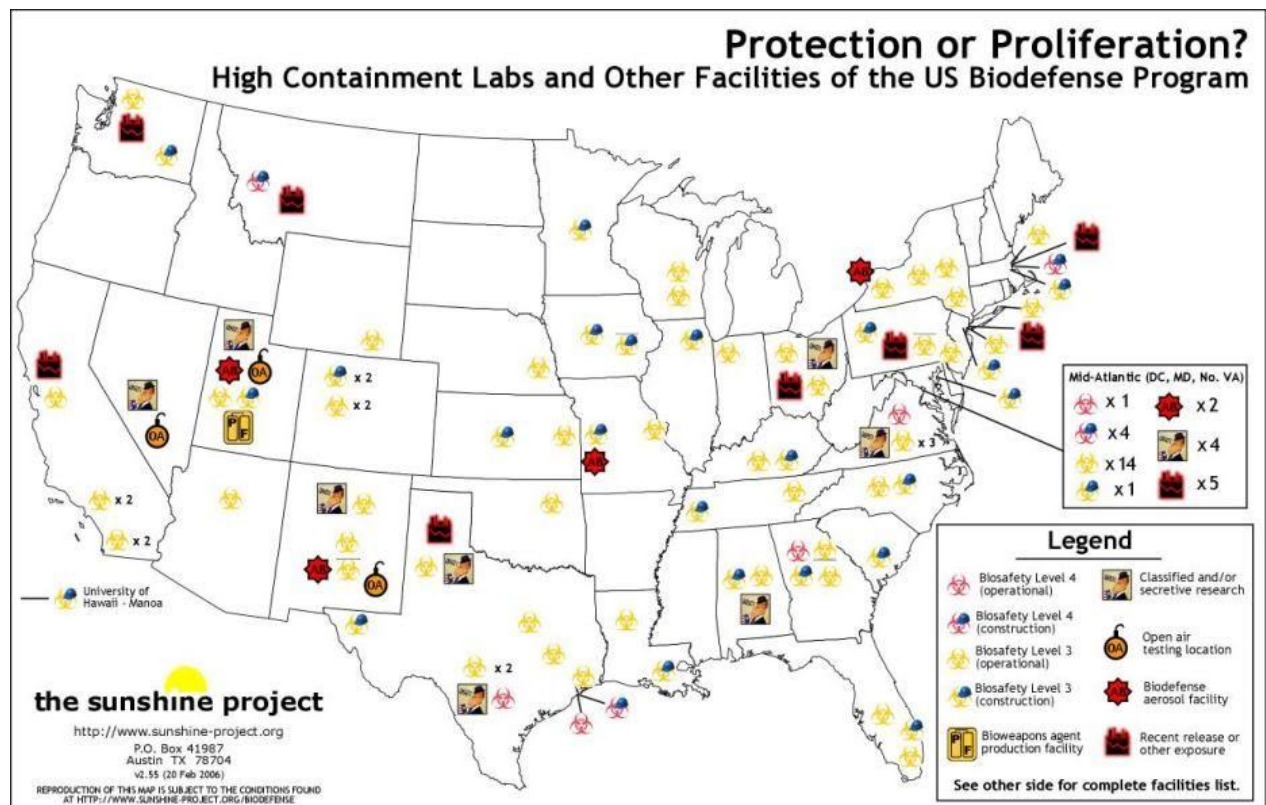
[IBC Transparency Survey: Serious Problems Evident](#)

**October 28, 2003**

[The Thomas Butler Case: Some Unreported Information](#)

**October 9, 2003**

[Lethal Virus from 1918 Genetically Reconstructed](#)



## Other Information

**IBC Minutes Archive:** Backyard bioweapons in your neighborhood? Search our database minutes database for more info.

**CRISP-ER:** Enhanced version of NIH CRISP provides greater detail about biodefense grants. [Click here to search.](#)

**Biodefense News & Discussion Listserver:** Join the Biodefense Listserver for news and discussion of the US Biodefense Program. [Click here to sign up](#)

**Biosafety Bites #13 - #21** (June 2006 - Current): Reports from the front lines of the failing Institutional Biosafety Committee system.

**Biosafety Bites #1 - #12** (June - September 2004): Reports from the front lines of the failing Institutional Biosafety Committee system



### the sunshine project

**Key: High Containment Labs and Other Facilities of the US Biodefense Program**  
This map shows existing biosafety level three and four facilities used in US biodefense research, as well as planned biodefense labs. It also shows important aerosol facilities and open air testing locations used in biodefense. BSL-3/4 facilities not known to be heavily dedicated to biodefense are not indicated here.

<b>Operational BSL-4 Facilities</b> USAMRIID Fort Detrick, Frederick, Maryland DCLS "Biotech Six", Richmond, Virginia Centers for Disease Control, Atlanta, Georgia (x2) Univ. of Texas Medical Branch, Galveston Southwest Fdn for Biomed. Res., San Antonio, TX	<b>(Major) Planned / Under Construction BSL-3 Facilities</b> Tufts University, Grafton, Massachusetts UMD of New Jersey, Newark University of Pittsburgh, Pennsylvania University of Maryland, Baltimore George Mason University, Fairfax, Virginia University of Louisville, Kentucky Duke University, Durham, North Carolina Medical University Of South Carolina, Charleston University of Georgia, Athens Scripps Institute, Palm Beach County, Florida University of Alabama at Birmingham University of Tennessee at Memphis Tulane Primate Center, Covington, Louisiana University of Missouri, Columbia University of Iowa, Iowa City (RCE planning) USDA / Iowa State University, Ames, IA Argonne National Lab, Argonne, Illinois Agricultural Biosecurity Ctr., Manhattan, Kansas Univ. of Minnesota, Minneapolis (RCE planning) University of Texas at El Paso US Army Dugway Proving Ground, Utah Centers for Disease Control, Ft. Collins, Colorado Colorado State University, Fort Collins Pacific Northwest National Lab, Richland, Washington University of Hawaii, Manoa
<b>Planned / Under Construction BSL-4 Facilities</b> Boston University, Boston, Massachusetts NIH Integrated Res. Fac., Frederick, Maryland DHS NBACC (Phase 1), Frederick, Maryland USAMRIID (Phase 1), Frederick, Maryland USDA Planned Facility, Frederick, Maryland Univ. of Texas Medical Branch, Galveston Rocky Mountain Labs, Hamilton, Montana	<b>Operational BSL-3 Facilities</b> Harvard University, Cambridge, MA Cornell University, Ithaca, New York DHS / USDA Plum Island, New York CALSPAN-UB, Buffalo, New York SUNY, Stony Brook, New York PHRI, Newark, New Jersey Wadsworth Center, Albany, New York University of Pennsylvania, Philadelphia Thomas Jefferson University, Philadelphia University of Pittsburgh, Pittsburgh Armed Forces Inst. of Pathology, Washington, DC Naval Medical Research Ctr., Silver Spring, Maryland University of Maryland CARB, Rockville US Army SBCCOMs, Aberdeen, Maryland University of Maryland, Baltimore Southern Research Institute, Frederick, Maryland Versar, Gaithersburg, Maryland The Pentagon, Northern Virginia American Type Culture Collection, Manassas, VA George Mason University, Manassas, Virginia Naval Surface Weapons Center, Dahlgren, VA Commonwealth Biotechnologies, Richmond, VA Virginia Commonwealth University, Richmond University of Kentucky, Lexington Oak Ridge National Laboratory, Tennessee Wake Forest University, Winston-Salem, NC Emory University, Atlanta, Georgia USDA FSIS / MOSPL, Athens, Georgia Midwest Research Institute, Palm Bay, Florida University of Miami, Florida US EPA, Cincinnati, Ohio Battelle Memorial Inst., West Jefferson, Ohio IITRI, Chicago, Illinois University of Wisconsin-Madison St. Louis University, St. Louis, Missouri Midwest Research Inst., Kansas City, Missouri University of Nebraska, Lincoln Southern Research Inst., Birmingham, Alabama Louisiana State University, Baton Rouge University of Texas Health Science Center, Houston University of Texas Southwestern, Dallas University of Texas Health Science Center, San Antonio Lackland Air Force Base, San Antonio, TX Texas Technological University, Lubbock Texas A&M University, College Station Oklahoma State University, Stillwater Colorado State University, Ft. Collins, Colorado Centers for Disease Control, Ft. Collins, Colorado Los Alamos National Lab, Los Alamos, New Mexico Lovelace Institute, Albuquerque, New Mexico University of New Mexico, Albuquerque US Army Dugway Proving Ground, Utah Northern Arizona University, Flagstaff University of California, Irvine University of California, Los Angeles San Diego State University, California Scripps Research Inst., La Jolla, California Lawrence Livermore Lab, Livermore, California University of Washington, Seattle
	<b>Bioweapons Agent Production Facilities</b> US Army Dugway Proving Ground, Utah
	<b>Biodefense Aerosol Facilities</b> CALSPAN-UB, Buffalo, New York US Army Aberdeen Proving Ground, MD George Mason University, Manassas, VA Midwest Research Institute, Kansas City, MO Lovelace Institute, Albuquerque, NM US Army Dugway Proving Ground, Utah
	<b>Open-Air Testing Facilities</b> US Army Dugway Proving Ground, Utah Nevada Test Site (proposed) White Sands Missile Range, NM (probable)
	<b>Classified or Secretive Research</b> US Army Aberdeen Proving Ground, MD USAMRIID Fort Detrick, Frederick, MD Versar, Gaithersburg, MD Commonwealth Biotechnologies, Richmond, VA Southern Research Institute, Birmingham, AL Battelle Institute, Columbus /W. Jefferson, OH Southwest Fdn for Biomed. Res., San Antonio, TX Texas Technological University, Lubbock DTRA et. al., Kirtland / Albuquerque, NM US Army Dugway Proving Ground, UT DOE Nevada Test Site
	<b>Notable (Known) Recent US Accidents and Releases</b> Lab-acquired Tularemia (3x), Boston Univ, MA (2004) Plague-infected mice "lost", UMDNJ, Newark, NJ (2005) Lab-acquired E. coli O157:H7, USDA, Wyndmoor, PA (2002) Anthrax in letters from Ft. Detrick (probable), MD (2001) Anthrax-contaminated offices, Ft. Detrick, MD (2002) Ebola needle stick, Ft. Detrick, MD (2004) Lab-acquired E. coli O157:H7, USDA, Beltsville, MD (2003) Live anthrax shipped as "dead", SRI, Frederick, MD (2004) H2N2 flu in test kits, Meridian Biosci., Cincinnati, OH (2005) Thomas Butler Case, Texas Tech Univ., Lubbock (2003) Q Fever exposure, Rocky Mtn. Labs, Hamilton, MT (2005) Faulty aerosol chamber infects 3, IDRI, Seattle, WA (2004) Live anthrax mishandled, Oakland Children's Hosp, CA (2004)
	<b>Wants to Construct a BSL-4 Lab (not indicated on map)</b> Wadsworth Center, Albany, New York Oak Ridge National Laboratory, Tennessee University of Illinois, Chicago Texas Technological University, Lubbock University of Nebraska Medical Ctr, Omaha University of New Mexico, Albuquerque University of California, Davis Oregon Health Sciences University, Portland



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**Title:** Biomedical Advanced Research And Development Authority

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Biomedical Advanced Research and Development Authority (BARDA), within the [Office of the Assistant Secretary for Preparedness and Response](#) in the U.S. Department of Health and Human Services, provides an integrated, systematic approach to the development and purchase of the necessary vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies.

BARDA manages the procurement and advanced development of medical countermeasures for chemical, biological, radiological, and nuclear agents, as well as the advanced development and procurement of medical countermeasures for pandemic influenza and other emerging infectious diseases.

### Requirements Setting

Medical countermeasure requirements in BARDA provide a solid foundation for establishing advanced development and acquisition programs that support the overarching ASPR mission of reducing the adverse health effects of public health emergencies, including those caused by pandemic influenza, CBRN threat agents and emerging diseases. These requirements are critical to establishing programs to meet our preparedness goals. They also create incentives for industry participation and shape the market for countermeasure products.



Requirements for medical countermeasures for CBRN threats are defined with input from stakeholders across the federal government within the structure of the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE). Once established, these requirements drive BARDA advanced development and acquisition programs, as well as research, development, and acquisition efforts in HHS. CBRN medical countermeasure requirements are consistent with the planning and prioritization expressed in the HHS PHEMCE Implementation Plan for CBRN Threats.

Pandemic Influenza requirements are defined by strategic objectives established in the National Strategy for Pandemic Influenza and the HHS Pandemic Influenza Plan.

### **Advanced Research and Development**

From its inception, BARDA has been committed to creating a robust and dynamic pipeline of medical countermeasures through advanced development of new and improved medical countermeasures. The goal of medical countermeasure development is to provide multiple product candidates in each program to both account for attrition in medical countermeasure development and to establish multi-product/multi-manufacturer portfolios for sustainability and redundancy.

BARDA medical countermeasures include vaccines, antimicrobial drugs, therapeutic products, diagnostics and non-pharmaceutical medical supplies and devices for public health medical emergencies including chemical, biological, radiological, and nuclear threats, pandemic influenza and emerging infectious diseases. BARDA currently has three programs dedicated to overseeing the advanced development of these medical countermeasures: Chemical, Biological, Radiological, and Nuclear (CBRN); pandemic influenza; and emerging infectious diseases. BARDA's Influenza and Emerging Diseases Division is in the planning phase for its Emerging Infectious disease program. This program will, when stood up, support the advanced development of vaccine, therapeutic and diagnostic medical countermeasures that address emerging disease threats.

### **Integrated National Biodefense Medical Countermeasures Portfolio**

Integrated National Biodefense Medical Countermeasure Portfolio "One-Portfolio Approach." The Department of Defense (DoD) and HHS each identify medical countermeasure requirements to address their different missions and focus. DoD's focus is on protecting the armed forces prior to exposure, whereas HHS's focus is on response to threats to the civilian population after exposure in a CBRN event. However, there are areas of common requirements or interest where medical countermeasure candidates, resources and information can be appropriately shared to maximize opportunities for success in the development of medical countermeasures for the highest priority threats. BARDA, in partnership with other HHS and DoD partners, is leading an Integrated National Biodefense Medical Countermeasure Portfolio to leverage resources and programs across the agencies that develop and acquire CBRN medical countermeasures to more effectively address the broad range of common threats and requirements. Members of this Integrated Portfolio include BARDA, biodefense programs in NIAID and other Institutes of NIH, and multiple elements of the DoD Chemical and Biological Defense Program

### **Stockpiling Programs**

The [Pandemic and All Hazards Preparedness Act](#) (PAHPA) established BARDA as the focal point within HHS for the advanced development and acquisition of medical countermeasures to protect the American civilian population against Chemical, Biological, Radiological, and Nuclear (CBRN) and naturally occurring threats to public health.

BARDA's stockpiling efforts are focused on building reserves of critical countermeasures as they emerge from Advanced Development. Stockpiling contributes to preparedness in two ways.

1. Stockpiled medical countermeasures directly support readiness, as the stockpiled products can help to mitigate the effects of an event or outbreak.
2. Establishment of the stockpile helps to ready suppliers to meet the increased demands that an event will bring about, becoming practiced in the production and delivery of products.

BARDA's acquisitions for the stockpile are not one-time events, complete upon the approval/licensure of a product. Rather, programs are structured to include incremental milestone acquisitions during late stage development, to make available products still in development that may increase preparedness in an event, pending Emergency Use Authorization. Furthermore, we aim to establish stockpiling milestones to address long term commitments post-licensure.

### **CBRN Stockpiling Programs**

In FY 2004, Congress appropriated \$5.6 billion to the [Project BioShield](#) Special Reserve Fund (SRF) to support the Project BioShield goal of acquiring CBRN medical countermeasures over a 10-year period. BARDA has used these funds to support major acquisition programs leading to procurement of medical countermeasures against top priority threats.

### **Pandemic Influenza Stockpiling Programs**

Using funds from the Pandemic Influenza Emergency Supplemental Fund, BARDA is leading the nation toward the vaccine and antiviral stockpile goals for preparedness for pandemic influenza.

### **Manufacturing and Infrastructure Building**

Ensuring the availability of medical countermeasures for public health emergencies is central to BARDA's mission. This includes ensuring that manufacturing infrastructure is sufficient to support the production of required products, in a manner that is timely, reliable and cost effective.

BARDA is taking several approaches to bringing online the necessary infrastructure for medical countermeasure manufacturing. We are supporting the construction of new facilities as well as retrofitting existing facilities for maximal capacity and flexibility. We are also exploring the use of multiproduct manufacturing facilities to provide flexibility and surge capacity. So that we are able to rapidly provide countermeasures in the dosage forms required for use in the field, we are establishing a network of formulation/fill-finish manufacturers for emergency production and distribution. BARDA is also exploring the creation of centers of excellence for the development and production of non-commercial products, with assistance from industry partners.

### **Advancing Innovation**

The Pandemic and All Hazards Preparedness Act (PAHPA) charges BARDA to support innovation to reduce the time and cost of medical countermeasures and product advanced research and development. This is to be accomplished through development of technologies that assist the advanced development of countermeasures, investment in research tools and technologies, and research to promote strategic initiatives including rapid diagnostics, broad spectrum antimicrobials, and vaccine manufacturing technologies.

We see this innovation mandate as an opportunity to work with our partners (including NIH, DoD, CDC, industry, and academia) to create new ways to "make medical countermeasure better." Examples of this approach to innovation could include the development of animal models to support efficacy testing, immune modulation and other broad-spectrum approaches, immunity assessment, and analytical (potency) assays.

An example of innovation from the Pandemic Influenza program is BARDA's Mix and Match study, assessing various combinations of antigens and adjuvants to obtain a more robust immune response. BARDA plans to support similar initiatives, leveraging technology platforms and products from multiple companies. PAHPA provided an important "antitrust" authority that is used to facilitate cooperation among companies for whom such cooperation would otherwise be difficult to accomplish.

BARDA's Strategic Science Team helps bring innovation to our programs. This team is the focal point for discussions with the creators of new technologies, ideas, and products. Together with the program managers, they seek ways to integrate innovative science into the development and production of medical countermeasures ([Wikipedia, 2012](#)).

**Title:** BARDA To Exercise Option On Botulism Antitoxin

**Date:** June 6, 2011

**Source:** [Bio Prep Watch](#)

**Abstract:** The Biomedical Advanced Research and Development Authority, the agency within the U.S. Department of Health and Human Services that administers biodefense stockpiling contracts, will exercise options under a botulism antitoxin supply contract with Cangene Corporation.

The options are expected to generate \$61 million in additional revenue over the next few years for Cangene, one of Canada's first and largest biopharmaceutical companies. The delivery schedule for the botulism antitoxin will be extended to 2018 for the approximately 80,000 doses that remain.

By exercising the options, the total contract value for Cangene rises from \$362 million to \$423 million, for which Cangene has already recognized approximately \$200.1 million.

"This is an extremely positive step," Michael Graham, acting president and CEO of Cangene, said. "Not only does this significantly increase the total revenue value of this contract, it also indicates that BARDA is adopting a strategy of extending these types of contracts to replenish supplies of biodefense products. As the supplier for three products in the U.S. Strategic National Stockpile, that's an indication we are happy to see. It also provides for a consistent addition to our revenue stream for the next seven years."

In addition to the botulism antitoxin, the company has also introduced two other items to the U.S. Strategic National Stockpile – an anthrax immune globulin and a vaccinia immune globulin, which counteracts certain complications that can occur from smallpox vaccination ([Bio Prep Watch, 2011](#)).

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**Title:** Centers For Disease Control And Prevention

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Centers for Disease Control and Prevention (or CDC) is a [United States federal agency](#) under the [Department of Health and Human Services](#) headquartered in [Druid Hills, unincorporated DeKalb County, Georgia](#), in [Greater Atlanta](#). It works to protect [public health](#) and [safety](#) by providing information to enhance health decisions, and it promotes health through partnerships with state health departments and other organizations. The CDC focus national attention on developing and applying disease prevention and control (especially [infectious diseases](#) and [foodborne pathogens](#) and other microbial infections), [environmental health](#), [occupational safety and health](#), [health promotion](#), [injury prevention](#) and [education](#) activities designed to improve the [health](#) of the people of the United States. The CDC is the United States' national public health institute and is a founding member of the International Association of National Public Health Institutes [IANPHI \(Wikipedia, 2012\)](#).

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The Center for Biosecurity of the University of Pittsburgh Medical Center coordinated the two largest bio-terror war games executed to date entitled [Dark Winter](#) and [Atlantic Storm](#) and have granted a joint appointment to none other than [Ezekiel Emanuel](#).

**Title:** Center For Biosecurity

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Center for Biosecurity is an independent, nonprofit organization of the [University of Pittsburgh Medical Center](#) (UPMC) that is dedicated to improving the country’s resilience to major biological threats.

The Center for Biosecurity is an independent, nonprofit organization of the University of Pittsburgh Medical Center (UPMC). Our mission is to strengthen national security by reducing the risks posed by biological attacks, epidemics, and other destabilizing events, and to improve the nation’s resilience in the face of such events.

To improve government policy and practice, our staff of experts in medicine, public health, national security, law, government, anthropology, and the biological sciences conducts innovative research and delivers reliable analyses that:

1. Assess the threats and challenges posed by biological weapon attacks, large-scale epidemics, and other large disasters;
2. Identify key barriers and solutions to prevention, preparedness, response, and recovery across the public and private sectors;
3. Advance the development of new technologies, medicines, and vaccines to deal with these challenges; and
4. Improve global public health and security ([Wikipedia, 2012](#)).

**Title:** About Center For Biosecurity Of UPMC

**Date:** 2012

**Source:** [Center For Biosecurity Of UPMC](#)

**Abstract:** Our independent research, analysis, and nonpartisan policy recommendations are valued resources for decision makers who are responsible for strengthening U.S. planning, response, and resilience to catastrophic events.

### **Mission**

The Center for Biosecurity is an independent nonprofit organization of UPMC.

Our mission is to strengthen U.S. national security and resilience by reducing dangers posed by epidemics, biothreats, nuclear disasters, and other destabilizing events.

Our staff comprises experts in medicine, public health, national security, law, economics, the biological and social sciences, and global health.

More than a Decade of Leadership and Scholarship

Prior to joining UPMC in 2003 as the Center for Biosecurity, the group was founded in 1998 as the first and only academic center focused on biosecurity policy and practice. The Center's work has helped to identify the character and potential consequences of major biological threats, the policies needed to protect the nation, and the response capacities necessary to diminish the impact of such an event.

In the late 1990s, the Center led a major effort to develop consensus guidelines for medical and public health management of anthrax, smallpox, plague, botulinum toxin, tularemia, and the hemorrhagic fever viruses. The results were published in the Journal of the American Medical Association (JAMA), and this effort was central in helping shape U.S. biosecurity planning prior to 2001.

In the years after 2001, the Center has hosted more than a dozen high-profile events, including 2 major biosecurity tabletop exercises: [Dark Winter](#) (2001), which focused on domestic response to a covert release of smallpox, and [Atlantic Storm](#) (2005), which led internationally recognized leaders through a bioterrorism scenario that centered on the response to a smallpox attack.

In recent years, the Center's efforts have broadened to include pandemics, natural disaster response, emerging infectious diseases, global health, and nuclear disasters and emergencies, while retaining commitment to analyzing biosecurity challenges and solutions.

Through its research and publications, policy and program analysis, expert working groups, Congressional testimony, scenario exercises, national meetings, and small meetings and briefings with government leaders, the Center has developed a reputation as an independent, valued source of new ideas and pragmatic advice for reducing the dangers posed by biological, nuclear, and other major dangers and challenges facing the country.



## **Our Publications: Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science**

The only peer-reviewed journal in the field, the quarterly Biosecurity and Biodefense provides an international forum for debate and exploration of the many key strategic, scientific, and operational issues posed by biological weapons and bioterrorism.

### **Biosecurity News Today**

This daily digest of global news and developments is designed to keep readers current on important developments in biosecurity, biodefense, nuclear security, and national security. There is no cost to subscribe to this daily email newsletter.

### **Clinician's Biosecurity News**

This free biweekly report on new developments and issues in clinical biosecurity is written for professionals in medicine, public health, and related fields who have an interest in biosecurity and biodefense. There is no cost to subscribe to this email newsletter. The full archive of articles is available online.

### **Press Room**

Browse the most recent press appearances by Center for Biosecurity staff and recent press releases. [\(Center For Biosecurity Of UPMC, 2012\).](#)

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**Title:** Epidemic Intelligence Service

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Epidemic Intelligence Service (EIS) is a program of the [United States' Centers for Disease Control and Prevention](#) (CDC). Established in 1951, due to [biological warfare](#) concerns arising from the [Korean War](#), it has become a hands-on two-year postgraduate training program in [epidemiology](#), with a focus on [field work](#). It is now run through the CDC's Office of Surveillance, Epidemiology, and Laboratory Services (OSELs). Persons participating in the program, popularly called "disease detectives", are called "EIS Officers" by the CDC and have been dispatched to investigate possible epidemics, due to both natural and artificial causes, including [anthrax](#), [hantavirus](#), and [West Nile virus](#) in the United States and [Ebola](#) in [Uganda](#) and [Zaire](#). For the duration of their service, EIS officers are assigned to operational branches within the CDC as the result of a highly competitive matching process. EIS service is also a common recruiting pathway into the [Public Health Service Commissioned Corps](#).

Since the smallpox crusade beginning in 1967, the CDC has paired an EIS officer and a [Public Health Advisor](#) or "PHA" as a scientist (EIS) and operations (PHA) team. These EIS/PHA management teams have made major contribution to the management and leadership of the CDC, with several former EIS officers serving in leadership capacity and closely supported by their deputy manager, the PHA. Together EIS officers and PHAs have worked on several epidemics worldwide ([Wikipedia, 2012](#)).

**Title:** Epidemic Intelligence Service (EIS)

**Date:** 2012

**Source:** [CDC](#)

**Abstract:** The Epidemic Intelligence Service (EIS) is a unique 2-year post-graduate training program of service and on-the-job learning for health professionals interested in the practice of applied epidemiology. Since 1951, over 3,000 EIS officers have responded to requests for epidemiologic assistance within the United States and throughout the world. EIS officers are on the public health frontlines, conducting epidemiologic investigations, research, and public health surveillance both nationally and internationally ([CDC, 2012](#)).

**Title:** CDC Enlists 146 Disease Detectives

**Date:** March 7, 2002

**Source:** [UCLA](#)

**Abstract:** Every summer, the Centers for Disease Control and Prevention takes about 65 new doctors, pharmacists, Ph.D.s and veterinarians and makes them its Special Forces in the war on disease. Members of the Epidemic Intelligence Service expect to spend two years working extreme hours on modest salaries for the chance to tackle problems they would face in no other job.

Recent months have exceeded all their expectations.

The EIS has a total of 146 members this year. Since September, 136 have been sent out from Atlanta on assignments related to terrorism. The mobilization is by far the biggest since the group was created in 1951 to respond to fears that returning Korean War troops might have been infected with biological weapons.

"Before this, the largest single deployment in EIS history was 46 people," said Dr. Douglas Hamilton, who runs the disease-detective corps from a souvenir-crammed office where Friday is Hawaiian-shirt day. "When I put out a call for volunteers on Sept. 11, I had 50 responses the next morning."

EIS officers must be able to leave at any hour to respond to any kind of public health emergency. They investigated the first cases of Legionnaires' disease, hantavirus and AIDS. Over the past six months, they were the front-line troops countering the first fatal bioterrorist attack on U.S. soil.

"Some have deployed four times. They come home, do their laundry and ask to go out again," Hamilton said. "I offer them time off, but people won't take it."

Jennita Reefhuis, a 30-year-old epidemiologist, is a specialist in analyzing birth defects. She expected to spend her two-year appointment at a computer examining data. The EIS realized her skills had another application.

Bioterror threat rises

The CDC began worrying about bioterrorism immediately after the Sept. 11 attacks. If disease organisms were used as weapons, the results would soon show up in doctors' offices and emergency rooms. But unless those cases were immediately distinguished from everyday problems, bioterrorism could go unnoticed and might spread.

To detect anything unusual, the agency needed statistical programs that Reefhuis could write. She left for Washington in late September, sacrificing a trip to her brother's wedding in the Netherlands. She came back Oct. 2. Two days later, she was sent to Florida.

"I wasn't allowed to tell anyone where I was going, and I couldn't tell anybody why I was going," she said. "I couldn't even tell my fiancé."

Reefhuis did four tours all told, constructing databases and teaching local health departments how to use them. Assignments for other EIS officers varied.

McKenzie Andre, a 31-year-old physician from Brooklyn, arrived at ground zero two days after the attacks. Health authorities were worried about conditions for emergency workers. Andre made sure recovery workers had respirators that fit.

"There were about six construction workers working in the basement in a nearby building, and they didn't want to come out," he said. "So I went in and I tested them. They were working 48 and 72 hours straight. They wouldn't stop."

On Sept. 11, Dr. Kelly Moore was in Cairo on her first EIS assignment, investigating fatal bloodstream infections among babies in intensive care. She didn't return to Atlanta until Sept. 20.

Moore, who grew up on a farm within sight of the Huntsville Space Center, was in New York a week later. She expected to stay two weeks. Then the city's first anthrax case was announced. The following day, she went to NBC News, explaining the disease to anxious employees who were far enough from the letters not to need antibiotics.

"One guy told me, 'My wife wouldn't let me sleep in the bed with her. She said I might give her anthrax,' " Moore said. "And I had to say, 'Well, sir, she's going to have to come up with a new excuse.' "

Loved ones left behind

The EIS credential carries long-term benefits: Prominent researchers and policy-makers are among the alumni. But this year especially, the experience has come at a sacrifice. When officers deploy, they often leave partners and young children behind.

Dejana Selenic, who worked eight years for Doctors without Borders before joining the EIS, had planned to marry her fiance Sept. 23. On Sept. 20, she got one of Hamilton's phone calls, putting her on a plane to Washington in several hours.

She called her fiance to tell him. Several minutes later, he called back. "Let's be married now," he said.

Her supervisor found a judge who would stay late at the DeKalb County Courthouse, and an hour later, they were married. She made the deployment with minutes to spare.

"The EIS is one of the great innovations in public health, and not only because it draws good people to the CDC," said Dr. William Foege, a dean of public health in America and a former CDC director. "People talk about what the experience does for individuals. But something that's not understood is how much it has improved the agency itself. The CDC has had to become worthy of the people it sends out there" ([UCLA, 2002](#)).

**Title:** New Troops Enlist At CDC To Fight Disease

**Date:** August 30, 2002

**Source:** [UCLA](#)

**Abstract:** In a concrete block hallway, nervous health workers crowd around a body on a gurney. They are shrouded in baggy white coveralls, thick boots and black rubber gloves that reach their elbows. Heavy respirators mask their faces.

The body on the gurney is a training dummy. But to the drill instructor barking orders at the class, it is a victim of a poison gas release.

"I know your training is to get the patient to treatment ASAP," the instructor says. "But you need to cut his clothes off first. You need to wipe him down with decontaminant. If you rush into the ER with this person, other people are going to die. You have to remember: You're in a new era now."

For 51 years, the disease detectives of the Centers for Disease Control and Prevention have been first on the scene of AIDS, Ebola and West Nile virus. Now the newest group of them -- M.D.s and Ph.D.s who started work last month -- must learn what it will be like to handle a terrorist attack.

The Epidemic Intelligence Service -- the formal name of the CDC's disease detective corps -- is the best known, and to outsiders the most glamorous, part of the agency. It is the rapid response force, featured in movies and best sellers, that always keeps a bag packed and can parachute into disease outbreaks overnight.

Like the rest of the CDC, the intelligence service is at a pivotal moment. Concerns about terrorism have transformed the Atlanta-based public health agency. Hundreds of staff members have been reassigned, budgets boosted and new labs and programs launched with unusual speed. And the service, a group founded at the height of the Korean War to investigate whether troops had been infected with biological weapons, is facing the reality of responding to bioterrorism for the first time.

New officers, as they are called, arrive every July. They serve two years of long hours at relatively low salaries, some in Atlanta and others in state health departments. In return, they get one of the most valuable credentials in public health and the chance to participate in the history of a group that helped eradicate smallpox, identify AIDS and solve the first major outbreaks of Legionnaires' disease, toxic shock syndrome and E. coli 0157.

"This is a critical time for the program," said Dr. Douglas Hamilton, a tall, genial microbiologist and family physician who has headed the corps for five years. "The focus of the country is turning to recognizing the potential for terrorism. But our mission is training epidemiologists, and epidemiology is not only finding a terrorist who is spewing anthrax. It's dealing with a whole range of health problems."

This year's class is the largest in corps history, due to extra funding voted by Congress. There are 89 members, ranging from 26 to 49 years old: 32 men and 57 women; 75 Americans and 14 internationals; 63 Caucasians, 14 Asians, nine of African heritage and three whose background is Spanish-speaking.

There are 56 physicians, 23 Ph.D.s, seven veterinarians, two nurses, a lawyer and a dentist; seven Phi Beta Kappa members, six college athletes and four Peace Corps volunteers. Two of them are married to each other. One is pregnant. Nine of them have children who are not walking yet.

They gathered in early July in a windowless modern conference room on the CDC's headquarters campus, sitting in alphabetical order, starting a month of days that would begin at 8 a.m. and sometimes go late into the night.

"We want them to be bonded as a group," said Hamilton, who joined the Epidemic Intelligence Service after hearing about it at his 20th high school reunion and served in Connecticut, Kazakhstan and Kyrgyzstan during his two years. "If we face a situation again like the anthrax attacks, the cohesion they have developed will help to pull them through."

### **Akin to Boot Camp**

The service's first weeks of training are the classroom equivalent of boot camp: hours of lectures on the basics of finding cases, handling lab samples and respecting the rights of patients. The jargon piles up rapidly: case control study, prevented fraction, population attributable risk percent.

"I advise you to fasten your seat belts," instructor Polly Marchbanks tells them in the first week. "This is going to be difficult."

Morning classes deal with theory: how to design a scientific study, write a questionnaire and run sophisticated software that can reveal disease trends. Afternoons are reserved for case studies of epidemics.

On a steamy afternoon, 10 new officers cluster with Hamilton in a cinder block basement classroom as he leads them through a 1999 investigation: seven children in Albany, N.Y., who have bloody diarrhea after visiting a county fair.

"Is this an outbreak?" he asks.

"An outbreak is more cases than expected in a certain time and place," replies Waimar Tun, an epidemiologist with experience in Bangladesh and Tibet. "We don't know what that baseline would be."

"So is it worth investigating?" Hamilton prods.

"The state health department asked us to investigate," Angela McGowan says. "When they ask us, don't we go?"

Hamilton nods. "We do investigations first to control disease," he says. "We do them because they are good training. And we do them to respond to public and political concern -- those are always important."

McGowan makes notes. Her presence is one sign of changes in the Epidemic Intelligence Service: She is the first lawyer accepted into the program. She is also a second-generation officer, born during her father's service 31 years ago.

"I always heard about it, and I was never going to do it," she said. "I was an international relations major as an undergrad, and in law school I went into a foreign relations program. But then I got interested in health after all. I realized that people make laws and people do research -- but no one looks at the policy that links them. That's what I want to do."

The New York diarrhea cases, it turns out, were part of a huge outbreak: more than 760 cases of *E. coli*, traced to an unchlorinated fairground well. But when investigators arrived, Hamilton reminds them, no one knew the source of the problem. It is an opportunity to reflect on risks they may run.

The work can be dangerous. One member died in an African plane crash in the 1960s. Officers at the 1999 World Trade Organization meeting in Seattle were accidentally tear-gassed. Those who work on Ebola outbreaks have seen African doctors die from a slight lapse in self-protectiveness.

"It is vital that you take care of yourselves," Hamilton lectures them. "If you get sick, you will not do anyone any good."

## **A Field Assignment**

Epidemic Intelligence Service officers need skills that classroom experience cannot teach: curiosity, resourcefulness and cultural sensitivity.

In their third week of training, they get an opportunity to exercise them. The DeKalb County Board of Health asks the class to conduct a survey of whether restaurants are observing a no-smoking ordinance.

It is their first taste of the core technique of CDC-brand research: conducting face-to-face interviews to draw out data for computer programs to crunch. (The service calls it "shoe leather epidemiology" and proudly uses as its symbol a shoe sole with a hole worn in it.) But it is the officers' first experience also with how their carefully gathered statistics might be used.

"You folks are at a point in your career where you're focusing on data," says Dr. Scott Wetterhall, Class of 1984 and now a DeKalb employee. "But data has to go somewhere, and where it usually ends up is tangled in politics."

So one blazing Saturday morning, new officers Leigh Ramsey and Dr. Jacek Mazurek are standing in the parking lot of a strip mall where I-285 crosses Buford Highway, trying to find a restaurant. They have a name. They are at the address. But the Buddha Express is missing.

"It has to be here somewhere," Ramsey says, frowning at an ad for noodles in a cafe window. "Someone has to know where it is."

It has not been a good morning. At a Waffle House, the manager refused to stop cooking to talk with them. At a Korean restaurant, a waitress who took them for inspectors waved insistently at a "98" health rating awarded two weeks earlier. At a Mexican seafood stand, no one spoke enough English to fill in the blanks on the 10-page questionnaire.



Mazurek is a rehabilitation specialist who trained in Warsaw, Poland, and upstate New York. Ramsey, 31, is an Atlanta native with a Ph.D. from the Medical College of Georgia. Small-framed and cheerful, she wears a bracelet of linked tennis rackets and has run seven marathons. In graduate school, she studied how sickle cell anemia responds when patients exercise.

"I have done lab work -- on blood samples, tissue samples -- and I've worked with people," she said. "But I wanted the experience of studying people in large groups and communities, and working for the EIS offers that."

After 45 minutes of hunting, the two find Buddha Express. It sits behind a pinball arcade and a Korean snack bar, wedged into a bowling alley with black light karaoke bowling and glow-in-the-dark shoes. But the restaurant has changed hands. It is a bar called Scrooge's Lounge now, and it is all-smoking, all the time.

It reminds them of another skill they need: a sense of humor.

### **New Focus: Terrorism**

The officers' training used to run three weeks. But last year, every officer who could travel -- 136 of 146 -- was sent to the World Trade Center, the Pentagon and the sites of the anthrax attacks. So this year, the CDC added an extra week of training, devoted only to terrorism and conducted by outside experts.

In the first days of August, the agency bused the group to the Noble Training Center in Anniston, Ala., a former Army hospital whose walls are covered with framed explanations of chemical hazard symbols and posters listing the most dangerous biological agents.

"I hope," Col. Ted Cieslak tells them, "that this week is a waste of all your time."

Cieslak is a pediatrician and a Marine Corps colonel whose brother was an Epidemic Intelligence Service officer in 1992. He worked for years at the Army Medical Research Institute for Infectious Diseases, a Maryland military reservation that led the U.S. biological weapons program.

"Biological agents are the ultimate terrorist weapon," Cieslak said. "In this day and age, with terrorism playing the role it now does in American society, you will all have to go about your business with that possibility in the back of your minds."

The Anniston week is a crash course in nightmares: When to use a Geiger counter. How to diagnose smallpox. When seizures are a sign of a toxic chemical release. How far anthrax spores spread in the wind.

There are lectures on improvising a mask when the air is not breathable (fold a T-shirt and scrunch the fabric over the mouth and nose) and coaching on hand signals to use with a scuba-like air tank: patting the head for "I need assistance," hands around the throat for "I can't breathe." Finally, there was learning how to suit up in coveralls made of impenetrable Tyvek, heavy boots, gloves and respirators -- which came with warnings that beards and bangs would disrupt the air-tight seal -- and how to doff the suits, without contaminating yourself, while standing inside a large plastic bag.

"I cannot emphasize this enough: You are a target, a target, a target," trainer Rick Schlegel told them somberly. "If they take you out, there will be no one to hold the line on the epidemic."

After the suits, the class got an extra-long lunch to recover. In the hospital's old brick entryway, new officer Dr. Wayne Duffus thought about the experience.

"It's good to have to do it for real, to check your tolerance," he said. "The goal is to help people, whatever it takes -- and whatever it takes means taking care of yourself, so you can get to all the people you need to treat."

Duffus, 37, is an internist and a virologist with a Ph.D. A native of Jamaica whose family moved to New York in the 1970s, he began publishing scientific papers in college and spent the past year at Emory on an infectious diseases fellowship. Like Ramsey and about half the class, he will serve his two years away from Atlanta -- in his case, in Columbia.

"I wish I could spend more time with my classmates," he said, looking around. "But I just can't wait to be with the people I'm going to work with. I want to get into the trenches."

### **West Nile Beckons**

Almost every year, a new officer is pulled from training early because some part of the CDC needs help. This year, too: Before the month of training ended, one officer was shipped to Texas to investigate an outbreak of disease among prairie dogs sold for pets. Another left two days later for six weeks in Kabul, Afghanistan, helping refugees.

Others got to their new jobs and were sent out within 24 hours. Dr. Susan Montgomery, a veterinarian, drove cross-country to Fort Collins, Colo., the CDC's insect-borne diseases lab -- and was immediately given a ticket to New Orleans to help with the West Nile virus outbreak. Joel Montgomery (no relation), a microbiologist from Texas, got two weeks to settle into a cubicle in the special pathogens branch in Atlanta, the group that works in the high-security labs. On Aug. 11, he left for Bolivia.

Montgomery is used to dangerous organisms and foreign travel: Before coming to the CDC, he had isolated deadly bacteria from Komodo dragons, sticking his hand into the mouths of the poisonous animals while six technicians held the beasts down. But like most of his classmates, he was reeling slightly from the pace. He had scientific papers to finish and new colleagues to meet; while he was in training, his wife, a special education teacher, had moved them into a new house in Lilburn.

"I wanted to move out of the lab, to get away from the organisms and appreciate the human impact of diseases," he said before leaving. "The point of this is complete immersion, to take these two years and do as much as possible. I'm ready to get to work" ([UCLA, 2002](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** When a major bio-terror attack and subsequent pandemic hit the United States of America, it will most likely be executed from behind the scenes by [Ezekiel Emanuel](#), soon to be known as the “Doctor of Death”. As it currently stands, the city of [Chicago appears to be bio-terror target #1](#) with Ezekiel’s brother [Rahm Emanuel](#) in the power position of mayor. Both Emanuel brothers are dual U.S. and Israeli citizens whose father is a known Zionist terrorist who conducted attacks for the [terror state of Israel](#) who will likely provide the pathogens for the future bio-terror attack.

Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel and its citizens will be prime suspects.

The following government and non-government agencies, institutions and organizations also appear to be intimately involved in some aspect of the upcoming bio-terror attack: [BARDA \(Biomedical Advanced Research and Development Authority\)](#), [CDC \(Center for Disease Control\)](#), [Center for Biosecurity of UPMC](#), [EIS \(Epidemic Intelligence Service\)](#), [INTERPOL \(International Criminal Police Organization\)](#), [NBACC \(National Biodefense Analysis and Countermeasures Center\)](#), [NIAID \(National Institute of Allergy & Infectious Diseases\)](#), [NIH \(National Institutes of Health\)](#), [OBFS \(Organization of Biological Field Stations\)](#), [USAMRICD \(U.S. Army Medical Research Institute of Chemical Defense\)](#), [USAMRIID \(U.S. Army Medical Research Institute of Infectious Diseases\)](#) and the [WHO \(World Health Organization\)](#).

### 1. **BIOTERRORBIBLE.COM:** Ezekiel Emanuel Wikipedia Entry:

**Title:** Ezekiel Emanuel

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** Ezekiel Jonathan Emanuel (born 1957) is an [American bioethicist](#) and fellow at the nonprofit bioethics research institute [The Hastings Center](#). He opposes legalized [euthanasia](#), sometimes called state-[assisted suicide](#), and is a proponent of a voucher-based [universal health care](#). Before joining the NIH in 1998 he was an associate professor at the Harvard Medical School, and as of September 2011 he serves as the Diane and Robert Levy University Professor at the [University of Pennsylvania](#), where he will hold a joint appointment at the [University of Pennsylvania School of Medicine](#) and the [Wharton School](#).

#### Family

Emanuel is the son of Benjamin M. Emanuel and Marsha Emanuel, and is a divorced father of three daughters. His two younger brothers are [Mayor of Chicago Rahm Emanuel](#), also former [White House Chief of Staff](#) and a former [Democratic US Representative](#), and [Hollywood-based talent agent Ari Emanuel](#). He has an adopted sister, [Shoshana Emanuel](#). His father’s brother, Emanuel, was killed in the 1936 Arab Riots in the [British Mandate of Palestine](#), after which the family changed its name from Auerbach to Emanuel in his honor.

His father, Benjamin M. Emanuel, is a [Jerusalem-born](#)<sup>[9]</sup> [pediatrician](#) who was once a member of the [Irgun](#), a Jewish paramilitary organization that operated in [Mandate Palestine](#). He provided free care to poor immigrants and led efforts to get rid of lead paint due to its negative consequences for children.

Emanuel's mother, Marsha, a [nurse](#) and psychiatric social worker, was active in civil rights, including the [Congress of Racial Equality](#) (CORE). She attended marches and demonstrations with her children. Emanuel recalled in a 2009 interview that, in his childhood, "worrying about ethical questions was very much part and parcel of our daily routine."

As children, the three Emanuel brothers shared a bedroom, wrestled and played football in the family room, and spent summers together in Israel. All three brothers took ballet lessons in their childhood, which Emanuel says "hardened us and taught us that if you do something unusual, people will take potshots at you."

Emanuel and his brother Rahm frequently argue about healthcare policy. Emanuel mimics his brother's end of the conversation: "You want to change the whole healthcare system, and I can't even get [SCHIP](#) [State Children's Health Insurance Program] passed with dedicated funding? What kind of idiot are you?"

Emanuel has a sister with [cerebral palsy](#). His daughter Gabrielle, a 2010 graduate of [Dartmouth College](#), won a [Rhodes scholarship](#) in November 2010. Another daughter, Natalia, is a student at [Yale University](#) and former co-editor and chief of the *Hoofbeat*, the Northside Prep High School newspaper.

## Education

A straight-A student in his youth, Emanuel was so interested in science at an early age that his grandfather brought home a cow heart and lung from his meat business for his grandson to dissect. Emanuel graduated from [Amherst College](#) in 1979 and subsequently received his [M.Sc.](#) from the [University of Oxford](#) in [Biochemistry](#). He simultaneously studied for an M.D. and a Ph.D. in [Political Philosophy](#) from [Harvard University](#), receiving the degrees in 1988 and 1989, respectively. Emanuel completed an internship and residency at [Beth Israel Hospital](#) in [internal medicine](#). Subsequently, he undertook fellowships in medicine and medical oncology at the Dana-Farber Cancer Institute, and is a [breast oncologist](#). Emanuel received dozens of honors and awards, including the Toppan Dissertation Prize, the Harvard award for best political science dissertation of 1988.

## Career

After completing his post-doctoral training, Emanuel pursued a career in [academic medicine](#), rising to the level of [associate professor](#) at [Harvard Medical School](#) in 1997. He soon moved into the [public sector](#), and held the position of Chief of the Department of Bioethics at the [Clinical Center](#) of the U.S. [National Institutes of Health](#). Currently, Emanuel is acting as Special Advisor for Health Policy to Peter Orszag, the Director of the [Office of Management and Budget](#). The Office of Management and Budget's role is to assist the [White House](#) in the preparation and administration of the [federal budget](#). Emanuel entered the administration with different views from the president on how to reform health care, but is said by colleagues to be working for the White House goals. As of September 2011 he heads the Department of Medical Ethics & Health Policy at the [University of Pennsylvania](#), where he also serves as a Penn Integrates Knowledge Professor, under the official title Diane S. Levy and Robert M. Levy University Professor.

## Portable Health Insurance

In articles and in his book *Healthcare, Guaranteed*, Emanuel said that universal health care could be guaranteed by replacing employer paid health care insurance, Medicaid and Medicare with health care vouchers funded by a value-added tax. His plan would allow patients to keep the same doctor even if they change jobs or insurance plans. He would reduce co-payments for preventive care and tax or ban junk food from schools. He criticized the idea of requiring individuals to buy health insurance. However, he supports Obama's plans for health care reform, even though they differ from his own.

In the article *Why Tie Health Insurance to a Job?*, Emanuel said that employer based health insurance should be replaced by state or regional insurance exchanges that pool individuals and small groups to pay the same lower prices charged to larger employers. Emanuel said that this would allow portable health insurance even to people that lose their jobs or change jobs, while at the same time preserving the security of employer based health benefits by giving consumers the bargaining power of a large group of patients. According to Emanuel, this would end discrimination by health

insurance companies in the form of denial of health insurance based on age or preexisting conditions. In *Solved!*, Emanuel said that Universal Healthcare Vouchers would solve the problem of rapidly increasing health care costs, which, rising at three times the rate of inflation, would result in higher copayments, fewer benefits, stagnant wages and fewer employers willing to pay for health care benefits.

In an article co-written by Ezekiel Emanuel and [Victor Fuchs](#), Emanuel co-wrote that employer-based health insurance has "inefficiencies and inequities", that Medicaid is "second-class" and that insuring more people without replacing those systems would be to build on a "broken system". He said, "in the short run they require ever more money to cover the uninsured, and in the long run the unabated rise in health costs will quickly revive the problem of the uninsured." He suggested that a federal agency be created to test the effectiveness of new health care technology.

### **As Emanuel Co-Wrote:**

At \$2 trillion per year, the U.S. health-care system suffers much more from inefficiency than lack of funds. The system wastes money on administration, unnecessary tests and marginal medicines that cost a lot for little health benefit. It also provides strong financial incentives to preserve such inefficiency.

By building on the existing health-care system, these reform proposals entrench the perverse incentives.

Moreover, even plans that reduce the number of uninsured today may find that those gains will disappear in a few years if costs continue to grow much faster than gross domestic product. As costs rise, many companies will drop insurance and pay the modest taxes or fees that have been proposed. States will find that costs exceed revenue and that cuts will have to be made.

Emanuel said that replacing employer-based health insurance and programs like Medicaid would "improve efficiency and provide cost control for the health-care system."

Emanuel and Fuchs reject a single-payer system, because it goes against American values of individualism. "The biggest problem with single-payer is its failure to cohere with core American values. Single-payer puts everyone into the same system with the same coverage and makes it virtually impossible to add amenities and services through the private market."

### **The Ends of Human Life**

In his book *The Ends of Human Life* Emanuel used the AIDS patient "Andrew" as an example of moral medical dilemmas. Andrew talked to a local support group and signed a living will asking that life sustaining procedures be withdrawn if there is no reasonable expectation of recovery. The will was not given to anyone but kept in his wallet, and no one was given power of attorney. There were questions about his competence since he had AIDS dementia when he signed the will. Still, Andrew's lover said that he had talked about such situations, and asked that Andrew be allowed to die. Andrew's family strongly disagreed that Andrew wanted to die. Dr. Wolf previously saved Andrew's life, but promised to help him avoid a "miserable death". The ICU wanted guidance from Dr. Wolf as to how aggressively they should try to keep Andrew alive, as his chances of surviving a cardiac arrest were about zero. Two other critical patients were recently refused admission because of a bed shortage. There was a question as to whether Andrew's lover was representing Andrew's wishes or his own. There was also a question as to whether Andrew's parents knew Andrew better than others, or whether they were motivated by guilt from rejecting Andrew's identification as a gay male. The cost of aggressive treatment was \$2,000.00 per day.

This dilemma illustrates the ethical challenges faced by even the most conscientious physicians, in addition to patient confidentiality, the meaning of informed consent, and the ethics of experimental treatments, transplanting genes or brain tissue. Also, while many agree that every citizen should be given adequate health care, few agree on how to define what adequate health care is. Many of these issues have become almost impossible to solve moral dilemmas. Babies that would be born with serious birth defects pose a serious moral dilemma, and medical technology makes it sometimes difficult to define what death is in the case of permanently brain damaged patients on respirators.

There are also ethical questions on how to allocate scarce resources. However, the Hippocratic Oath is proof that medical technology is not the cause of medical questions about ethics.

Emanuel said the [Hippocratic Oath](#) and the codes of modern medical societies require doctors to maintain client patient confidentiality, refrain from lying to a patient, and keep patients informed and obtain their consent, in order to protect the patient from manipulation and discrimination. Emanuel said that a doctor's oath would never allow him to administer a lethal injection for capital punishment as a doctor, although the issue would be different if he were asked to serve on a firing squad not as a doctor but rather as a citizen. He said that in the case of mercy killing there are rare cases where the medical obligation to relieve suffering would be in tension with the obligation to save a life, and that a different argument (an argument that intentional killing "should not be used to achieve the legitimate ends of medicine") would be required instead.

**Emanuel said there is often a need to balance different values: As Emanuel said:**

To know whether it is ethical to turn off the respirator for a quadriplegic patient requires conceptions of personal identity, a worthy human life, murder and suicide; to know how much information a doctor must provide a cancer patient to obtain proper informed consent for an experimental therapy requires conceptions of autonomy, coercion and the public good and how to balance these values; to know whether to break the AIDS patient's confidentiality and inform his wife requires a framework for weighing the relative importance of competing individual rights as well as the public good.

One reason such issues seem impossible to solve is because of the belief that public policy should be neutral, without trying to select one definition of the public good over another. Emanuel believes that "liberal communitarianism" could be the answer. Citizens, according to this view, should be given rights needed to participate in democratic deliberations based on a "common conception of the good life". For example, vouchers could be granted through thousands of Community Health Programs (CHPs), each of which would agree on its own definition of the public good. Each CHP would decide which services would be covered as basic, and which services would not be covered.

### **Opposition to Legalization of Euthanasia**

Emanuel said that legalizing euthanasia, as was done in the [Netherlands](#), might be counterproductive, in that it would decrease support for pain management and mental health care. However, Emanuel does support the use of [Medical Directives](#) to allow patients to express their wishes when they can no longer communicate. Ezekiel, and his former wife Linda Emanuel, an M.D. Ph.D. bioethicist and [geriatrician](#), created the Medical Directive, which is described as more specific and extensive than previous living wills and is a third generation Advance Directive. He claims the [Hippocratic Oath](#) debunks the theory that opposition to euthanasia is modern. Emanuel said that for the vast majority of dying patients, "legalizing euthanasia or physician-assisted suicide would be of no benefit. To the contrary, it would be a way of avoiding the complex and arduous efforts required of doctors and other health-care providers to ensure that dying patients receive humane, dignified care." Emanuel said that a historical review of opinions on euthanasia from ancient Greece to now "suggests an association between interest in legalizing euthanasia and moments when [Social Darwinism](#) and raw individualism, free markets and wealth accumulation, and limited government are celebrated."

Emanuel said that it is a myth that most patients who want to die choose euthanasia because they are in extreme pain. He said that in his own experience, "those with pain are more likely than others to oppose physician-assisted suicide and euthanasia." He said that patients were more likely to want euthanasia because of "depression and general psychological distress ... a loss of control or of dignity, of being a burden, and of being dependent." He also said that the kind of legalized euthanasia practiced in the Netherlands would lead to an ethical "[slippery slope](#)" which would make it easier for doctors to rationalize euthanasia when it would save them the trouble of cleaning bedpans and otherwise caring for patients who want to live. He said that legalized euthanasia in the Netherlands did not adhere to all the legal guidelines, and that some newborns were euthanised even though they could not possibly have given the legally required consent. As Emanuel said, "The Netherlands studies fail to demonstrate that permitting physician-assisted suicide and euthanasia will not lead to the nonvoluntary euthanasia of children, the demented, the mentally ill, the old, and others. Indeed, the persistence of abuse and the violation of safeguards, despite publicity and condemnation, suggest that the feared consequences of legalization are exactly its inherent consequences."



Emanuel also expressed the concern that budgetary pressures might be used to justify euthanasia if it were legal. As Emanuel said,

There is one final matter to consider: the possibility that euthanasia not only would be performed on incompetent patients in violation of the rules—as an abuse of the safeguards—but would become the rule in the context of demographic and budgetary pressures on [Social Security](#) and [Medicare](#) as the [Baby Boom](#) generation begins to retire, around 2010. Once legalized, physician-assisted suicide and euthanasia would become routine. Over time doctors would become comfortable giving injections to end life and Americans would become comfortable having euthanasia as an option. Comfort would make us want to extend the option to others who, in society's view, are suffering and leading purposeless lives. The ethical arguments for physician-assisted suicide and euthanasia, advocates of euthanasia have maintained, do not apply to euthanasia only when it is voluntary; they can also be used to justify some kinds of nonvoluntary euthanasia of the incompetent.

Emanuel said that while there might be some exceptions to the rule, legalizing euthanasia would be too dangerous. As Emanuel said (emphasis in the original),

The proper policy, in my view, should be to affirm the status of physician-assisted suicide and euthanasia as *illegal*. In so doing we would affirm that as a society we condemn ending a patient's life and do not consider that to have one's life ended by a doctor is a right. This does not mean we deny that in exceptional cases interventions are appropriate, as acts of desperation when all other elements of treatment—all medications, surgical procedures, psychotherapy, spiritual care, and so on—have been tried. Physician-assisted suicide and euthanasia should not be performed simply because a patient is depressed, tired of life, worried about being a burden, or worried about being dependent. All these may be signs that not every effort has yet been made.

Emanuel said that claims of cost saving from assisted suicide are a distortion, and that such costs are relatively small, including only 0.1 percent of total medical spending.

## Controversy

The controversy surrounding Ezekiel Emanuel is largely due to [Betsy McCaughey's](#) misrepresentation of his quotes as supporting euthanasia, despite Emanuel's opposition to such practices. These quotes have been used by Republicans opposing health care reform.

## Death Panels

In a New York Post opinion article, Ezekiel Emanuel was described by [Betsy McCaughey](#) as a "Deadly Doctor." The article, which accused Emanuel of advocating healthcare rationing by age and disability, was quoted from on the floor of the House of Representatives by Representative [Michele Bachmann](#) of Minnesota. [Sarah Palin](#) cited the Bachmann speech and said that Emanuel's philosophy was "Orwellian" and "downright evil", and tied it to a health care reform end of life counseling provision she claimed would create a "[death panel](#)". Emanuel said that Palin's death panel statement was "Orwellian". Palin later said that her death panel remark had been "vindicated" and that the policies of Emanuel are "particularly disturbing" and "shocking". On former Senator Fred Thompson's radio program, McCaughey warned that "[the healthcare reform bill](#)" would make it mandatory—absolutely require—that every five years people in Medicare have a required counseling session that will tell them how to end their life sooner." She said those sessions would help the elderly learn how to "decline nutrition, how to decline being hydrated, how to go in to hospice care ... all to do what's in society's best interest or in your family's best interest and cut your life short." As The New York Times mentioned, conservative pundits were comparing the Nazi T4 euthanasia program to Obama's policies as far back as November 2008, calling them "America's T4 program—trivialization of abortion, acceptance of euthanasia, and the normalization of physician assisted suicide."

The nonpartisan Politifact.com Web site described McCaughey's claim as a "ridiculous falsehood." FactCheck.org said, "We agree that Emanuel's meaning is being twisted. In one article, he was talking about a philosophical trend, and in another, he was writing about how to make the most ethical choices when forced to choose which patients get organ transplants or vaccines when supplies are limited." An article on [Time.com](#) said that Emanuel "was only addressing extreme cases like organ donation, where there is an absolute scarcity of resources ... 'My quotes were just being taken out of context.'" A decade ago, when many doctors wanted to legalize euthanasia or physician-assisted



suicide, Emanuel opposed it. Emanuel said the "death panel" idea is "an outright lie, a complete fabrication. And the paradox, the hypocrisy, the contradiction is that many of the people who are attacking me now supported living wills and consultations with doctors about end-of-life care, before they became against it for political reasons." "I worked pretty hard and against the odds to improve end-of-life care. And so to have that record and that work completely perverted—it's pretty shocking."

Rep. [Earl Blumenauer](#), D-Ore., who sponsored the end-of-life provision in [H.R. 3200 section 1233](#), said the measure would block funds for counseling that presents suicide or assisted suicide as an option, and called references to death panels or euthanasia "mind-numbing". Blumenauer said that as recently as April 2008 then-governor Palin supported end-of-life counseling as part of Health Care Decisions Day.<sup>[49][50]</sup> Palin's office called this comparison "hysterically funny" and "desperate". Republican Senator [Johnny Isakson](#), who co-sponsored a 2007 end-of-life counseling provision, called the euthanasia claim "nuts".<sup>[51]</sup> Analysts who examined the end-of-life provision Palin cited agreed that it merely authorized [Medicare](#) reimbursement for physicians who provide voluntary counseling for advance health care directives (including living wills).<sup>[52][53][54][55][56]</sup>

### Rationing

According to Ezekiel, the most important life-saving cancer drugs are rationed not by "death panels" but by The Medicare Prescription Drug, Improvement and Modernization Act of 2003, signed by President George W. Bush. The act limits Medicare payments for generic cancer drugs, which cuts profits from producing them and results in shortages.

Emanuel's previous statements on rationing were about the "allocation of very scarce medical interventions such as organs and vaccines" such as who should get a "liver for transplantation". Such rationing was said to be unavoidable because of scarcity, and because a scarce resource such as a liver is "indivisible". However, McCaughey incorrectly accused Emanuel of rationing all of health care. Also, McCaughey ignored the fact that Emanuel often described complex philosophical alternatives for such situations without necessarily endorsing them, as when he used the qualifiers "Without overstating it (and without fully defending it) ... Clearly, more needs to be done ..." Emanuel once compared the word "rationing" to [George Carlin's seven words you can't say on television](#). In 1994 Emanuel said in testimony before the Senate Finance Committee, "Just because we are spending a lot of money on patients who die does not mean that we can save a lot of money on end of life care." According to PolitiFact, private health insurance companies ration health care by income, by denying health insurance to those with pre-existing conditions and by caps on health insurance payments. Rationing exists now, and will continue to exist with or without health care reform.

Emanuel wrote *Where Civic Republicanism and Deliberative Democracy Meet* (1996) for the [Hastings Center Report](#). In this article Emanuel questioned whether a defect in our medical ethics causes the failure of the US to enact universal health care coverage. The macro level of the issue is the proportion of total gross national product allotted to health care, the micro level is which individual patient will receive specific forms of health care, e.g., "whether Mrs. White should receive this available liver for transplantation." In between are the basic or essential health care services that should be provided to each citizen. The end-stage renal disease program is an example of a service that increases the total cost of health care, and reduces the amount that can be spent on basic or essential health care.

Emanuel distinguished between basic services that should be guaranteed to everybody from discretionary medical services that are not guaranteed. The result would be a two tiered system, where those with more money could afford more discretionary services. He saw a failure to define basic services as the reason attempts at universal health care coverage have failed. As a result, the belief that universal health care would require unlimited costs makes any attempt at providing universal health care seem likely to end in national bankruptcy. Instead of universal coverage of basic health care, those who are well insured have coverage for many discretionary forms of health care and no coverage for some basic forms of health care. Emanuel said that while drawing a line separating basic and universal health care from discretionary health care is difficult, the attempt should be made. Emanuel mentioned the philosophies of [Amy Gutmann](#), Norman Daniels and [Daniel Callahan](#) when arguing that there is an overlap between [liberalism](#) and [communitarianism](#) where civic [republicanism](#) and [deliberative democracy](#) meet. According to The Atlantic, Emanuel is describing the philosophy of [John Rawls](#) in arguing that society is choosing one value (equality) over another (a

healthy society), and this substitution may be responsible for limited choices in health care. PolitiFact says that Emanuel was describing the fact that doctors often have to make difficult choices, such as who should get a liver transplant. PolitiFact also said, "Academics often write theoretically about ideas that are being kicked around. And they repeat and explore those ideas, without necessarily endorsing them."

### **As Emanuel Wrote:**

Without overstating it (and without fully defending it) not only is there a consensus about the need for a conception of the good, there may even be a consensus about the particular conception of the good that should inform policies on these nonconstitutional political issues. Communitarians endorse civic republicanism and a growing number of liberals endorse some version of deliberative democracy. Both envision a need for citizens who are independent and responsible and for public forums that present citizens with opportunities to enter into public deliberations on social policies. This civic republican or deliberative democratic conception of the good provides both procedural and substantive insights for developing a just allocation of health care resources. Procedurally, it suggests the need for public forums to deliberate about which health services should be considered basic and should be socially guaranteed. Substantively, it suggests services that promote the continuation of the polity—those that ensure healthy future generations, ensure development of practical reasoning skills, and ensure full and active participation by citizens in public deliberations—are to be socially guaranteed as basic. Conversely, services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia. A less obvious example is guaranteeing neuropsychological services to ensure children with learning disabilities can read and learn to reason. Clearly, more needs to be done to elucidate what specific health care services are basic; however, the overlap between liberalism and communitarianism points to a way of introducing the good back into medical ethics and devising a principled way of distinguishing basic from discretionary health care services.

When asked if those who are not "participating citizens" should be denied health care, Emanuel said "No" and "The rest of the text around that quote made it made it pretty clear I was trying to analyze it and understand it, not endorse it."

In 2009, Govind Persad, Alan Wertheimer and Ezekiel Emanuel co-wrote another article on a similar topic in the journal [The Lancet](#). Ezekiel was one of three authors who co-wrote *Principles for allocation of scarce medical interventions*, which examines eight theoretical approaches for dealing with "allocation of very scarce medical interventions such as organs and vaccines." All eight approaches were judged to be less than perfect, and the Complete Lives system combines most of them.

Treating people equally could be accomplished by lottery or first come first served. A lottery system is simple and difficult to corrupt, but blind in that it would treat saving forty years of life the same as saving four months. A first come first served system seems fair at first, but favors the well off, those who are informed, can travel easily and who push to the front of a line.

Favoring the worst off could be accomplished by favoring the sickest first or by favoring the youngest first. Favoring the sickest appeals to the rule of rescue, but organ transplants don't always work well with the sickest patients. Also, a different patient could become equally sick in the future. Favoring the youngest saves the most years of life, but a twenty year old has a more developed personality than an infant.

Maximizing total benefits or utilitarianism can be accomplished by saving the most lives or by prognosis (life years). While saving the most lives is best if all else is equal, all else is seldom equal. Going by prognosis alone might unfairly favor improving the health of a person who is healthy to begin with.

Promoting and rewarding social usefulness can be accomplished through instrumental value or by reciprocity. Social usefulness is difficult to define, in that going by conventional values or favoring church goers might be unfair. Instrumental value, such as giving priority to workers producing a vaccine, cannot be separated from other values, like saving the most lives. Reciprocity (favoring

previous organ donors or veterans) might seem like justice, but is backward looking and could lead to demeaning and intrusive inquiries into lifestyle.

When resources (organs, vaccines and so forth) are scarce, the Complete Lives system blends five different approaches (excluding first come first served, sickest first and reciprocity) but is weighted in favor of saving the most years of life. However, it also emphasizes the importance of saving the large investment of nurture and education spent on an adolescent. It would not favor the young when the prognosis is poor and the number of years of life saved would not be great, when dealing with scarcity.

### **As Emanuel Co-Wrote:**

The complete lives system discriminates against older people. Age-based allocation is ageism. Unlike allocation by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years. Treating 65-year-olds differently because of stereotypes or falsehoods would be ageist; treating them differently because they have already had more life-years is not.

When implemented, the complete lives system produces a priority curve on which individuals aged between roughly 15 and 40 years get the most substantial chance, whereas the youngest and oldest people get chances that are attenuated (figure).<sup>78</sup> It therefore superficially resembles the proposal made by [DALY](#) advocates; however, the complete lives system justifies preference to younger people because of priority to the worst-off rather than instrumental value. Additionally, the complete lives system assumes that, although life-years are equally valuable to all, justice requires the fair distribution of them. Conversely, DALY allocation treats life-years given to elderly or disabled people as objectively less valuable ...

Ultimately, the complete lives system does not create "classes of Untermenschen whose lives and well being are deemed not worth spending money on" but rather empowers us to decide fairly whom to save when genuine scarcity makes saving everyone impossible.

Emanuel said the Complete Lives system was not meant to apply to health care in general, but only to a situation where "we don't have enough organs for everybody who needs a transplant. You have one liver, you have three people who need the liver - who gets it? The solution isn't 'We get more livers.' You can't. It's a tragic choice."

Of the 1996 Hastings Center Report, Emanuel said, "I was examining two different, abstract philosophical positions to see what they might offer in the context of redoing the health-care system and trying to reduce resource consumption in health care. It's as abstractly philosophical as you can get on a practical question. I qualified it in 27 different ways, saying it wasn't my view." He also said, "As far as rationing goes, it's nothing I've ever advocated for the health system as a whole, and I've talked about rationing only in the context of situations where you have limited items, like limited livers or limited vaccine, and not for overall health care."

Emanuel said that his words were selectively quoted, and misrepresent his views. He said, "I find it a little dispiriting, after a whole career's worth of work dedicated to improving care for people at the end of life, that now I'm 'advocating euthanasia panels.'" Emanuel spent his career opposing euthanasia and received multiple awards for his efforts to improve end of life care. Emanuel said, "It is incredible how much one's reputation can be besmirched and taken out of context" and "No one who has read what I have done for 25 years would come to the conclusions that have been put out there."

### **The Perfect Storm**

In *The Perfect Storm of Overutilization* (Journal of the American Medical Association, June 18, 2008) Emanuel said, "Overall, US health care expenditures are 2.4 times the average of those of all developed countries (\$2759 per person), yet health outcomes for US patients, whether measured by life expectancy, disease-specific mortality rates, or other variables, are unimpressive." He said that expensive drugs and treatments that provide only marginal benefits are the largest problems. [Fee-for-service](#) payments, physician directed pharmaceutical marketing, and medical malpractice laws and

the resultant defensive medicine encourage [overutilization](#). Direct-to-consumer marketing by pharmaceutical companies also drives up costs.

#### **As Emanuel Co-Wrote:**

At least 7 factors drive overuse, 4 related to physicians and 3 related to patients. First, there is the matter of physician culture. Medical school education and postgraduate training emphasize thoroughness. When evaluating a patient, students, interns, and residents are trained to identify and praised for and graded on enumerating all possible diagnoses and tests that would confirm or exclude them. The thought is that the more thorough the evaluation, the more intelligent the student or house officer. Trainees who ignore the improbable ["zebra" diagnoses](#) are not deemed insightful. In medical training, meticulousness, not effectiveness, is rewarded.

This mentality carries over into practice. Peer recognition goes to the most thorough and aggressive physicians. The prudent physician is not deemed particularly competent, but rather inadequate. This culture is further reinforced by a unique understanding of professional obligations, specifically, the [Hippocratic Oath's](#) admonition to 'use my power to help the sick to the best of my ability and judgment' as an imperative to do everything for the patient regardless of cost or effect on others.

According to TIME, [Betsy McCaughey](#) said that Emanuel "has criticized medical culture for trying to do everything for a patient, 'regardless of the cost or effects on others,' without making clear that he was not speaking of lifesaving care but of treatments with little demonstrated value." Emanuel made a related comment during a Washington Post interview, when he said that improving the quality and efficiency of healthcare to avoid unnecessary and even harmful care would be a way to avoid the need for rationing.

One reason the high cost of health care yields disappointing results is because only 0.05 percent of health care dollars are spent on assessing how well new health care technology works. This is largely because health care lobbyists oppose such research. For example, when the [Agency for Health Care Policy and Research](#) found that there was little evidence to support common back operations, orthopedic and neurosurgeons lobbied to cut funding for such research.

Emanuel said that fee-for-service reimbursements encourage spending on ineffective health care. However, more should be spent on fraud detection, coordinating health services for patients with multiple doctors, and evaluating the effectiveness of new medical technologies such as genetic fingerprints for cancer and better ways of managing intravenous lines.

#### **As Emanuel Wrote:**

Also, the care that the system delivers is of much poorer quality than Americans realize. Use of unproven, non-beneficial, marginal or harmful services is common. The list of offending interventions that are paid for and widely used but either unproven or of marginal benefit to patients is vast – IMRT and proton beam for early prostate cancer, CT and MRI angiograms, [Epogen](#) for chemotherapy induced anemia, [Eribitux](#) and [Avastin](#) for colorectal cancer, and [drug eluting stents](#) for coronary artery disease. Stanford researchers recently showed that between 15 and 20 percent of prescriptions are written for indications for which there is absolutely no published data supporting their use. The Dartmouth study for variation in practices demonstrate that for many interventions, more services are not better. For instance, heart attack patients in Miami receive vastly more care than similar patients in Minnesota at 2.45 times the cost, yet have slightly worse outcomes.

In a Washington Post article Emanuel co-wrote with Shannon Brownlee, Emanuel described our health care system as "truly dysfunctional, often chaotic", "spectacularly wasteful" and "expensive".

As Emanuel co-wrote:*aid on Television About Healthcare* Emanuel said,

Life expectancy in the United States is 78 years, ranking 45th in the world, well behind Switzerland, Norway, Germany, and even Greece, Bosnia, and Jordan. The US infant mortality rate is 6.37 per 1000 live births, higher than almost all other developed countries, as well as Cuba ...

The US health care system is considered a dysfunctional mess. Conventional wisdom has been

turned on its head. If a politician declares that the United States has the best health care system in the world today, he or she looks clueless rather than patriotic or authoritative.

To many, the specialness of health care meant that cost should not be a consideration in care. Ethical physicians could and should not consider money in deciding what they should do for sick patients. Patients were to receive whatever services they needed, regardless of its cost. Reasoning based on cost has been strenuously resisted; it violated the Hippocratic Oath, was associated with rationing, and derided as putting a price on life, akin to the economist who knew the price of everything but the value of nothing. Indeed, many physicians were willing to lie to get patients what they needed from insurance companies that were trying to hold costs down.

The tipping point came when the media began reporting that the high cost of pharmaceuticals forced some elderly to choose between drugs and food ... When health care began compromising access to other important goods--food, heating, and education--it ceased to be so special it was beyond cost. Today, saying that health care is so special that its cost is irrelevant serves to discredit the source ...

Increasingly, Americans are beginning to be skeptical about whether new health care technologies are better. The tipping point probably came with the withdrawal of [rofecoxib](#) from the US market. Today, the list of drugs and technologies for which new might not be better (and may be even worse) has expanded rapidly: postmenopausal hormone therapy, bare-metal stents, megadose antioxidants, selective serotonin reuptake inhibitors for adolescents, Swan-Ganz catheters, [gabapentin](#) for bipolar disorder, [erythropoietin](#) for anemia, and the list goes on ...

Americans are increasingly aware that structural and systemic problems – lack of electronic medical records, computerized physician orders, and coordination among various clinicians and health care systems – mean these problems affect the rich and the poor alike, that people cannot really buy their way out of unsafe and unreliable care no matter how much money they have.

### **Conflicts of Interest**

In the slideshow *Conflicts of Interest*, Emanuel said that there were conflicts of interest between a physician's primary responsibilities (providing optimal care for patients, promoting patient safety and public health) and a physician's secondary interests (publishing, educating, obtaining research funding, obtaining a good income and political activism). Emanuel said that while it is difficult to know when conflicts of interest exist, the fact that they do is "the truth". When there is no doubt of a conflict, the issue is not a mere conflict of interest but fraud. For example, the makers of [Celebrex](#) published only six months of data favoring their drug when twelve months of data was available and indicated that the drug is ineffective.

In *Conflict of Interest in Industry-sponsored Drug Development* Emanuel said that there is a conflict between the primary interests of drug researchers (conducting and publishing good test results and protecting the patient) and secondary concerns (obligations to family and medical societies and money from industries). However, industry sponsored tests are more likely to use [double-blind](#) protocols and randomization, and more likely to preset study endpoints and mention adverse effects. Also, there is no evidence that patients are harmed by such studies. However, there is evidence that money influences how test results are interpreted. Emanuel mentioned the Selfox study on the use of calcium channel blockers in treating hypertension, in which authors with a financial interest in the results reported much better results than the rest. Worse yet, test results sponsored by industry are likely to be widely published only if the results are positive. For example, in a Whittington study for data on selective serotonin reuptake inhibitors, negative results were much less likely to be published than positive results. However, in *The Obligation to Participate in Biomedical Research* the authors Schaefer, Emanuel and Wertheimer said that people should be encouraged to view participation in biomedical research as a civic obligation, because of the public good that could result ([Wikipedia, 2012](#)).



## 2. BIOTERRORBIBLE.COM: Ezekiel Emanuel's Father:

**Title:** Obama's First Appointment Is Son Of Zionist Terrorist

**Date:** November 6, 2008

**Source:** [Prison Planet](#)

**Abstract:** Rahm Emanuel's father was member of militant terror group that bombed hotels, massacred villagers – Obama pick is keen supporter of lobbying group aimed at creating militarized youth brigades

President elect Barack Obama's first appointment, Rahm Emanuel, who is set to become chief-of-staff, is the son of a member of the Zionist terrorist group Irgun, which was responsible for bombing hotels, marketplaces as well as the infamous Deir Yassin massacre, in which hundreds of Palestinian villagers were slaughtered.

Revelations about Obama's relationship with Bill Ayers, a Weather Underground domestic terrorist, which dogged him during the final weeks of the campaign trail, pale in significance to his selection of Emanuel, whose father, [Benjamin M. Emanuel](#), was an Irgun member.

Irgun has been labeled a terrorist organization by both [The New York Times](#) newspaper and by the [Anglo-American Committee of Enquiry](#).

Irgun was closely affiliated with the widely feared hardcore terrorist Stern Gang, an organization that carried out assassinations, train bombings and bombed police stations in an attempt to pave the way for unrestricted immigration of Jews into Palestine. Irgun operated in Palestine between 1931 and 1948.

Following the ideology of right-wing Revisionist Zionism, Irgun's doctrine was that, "Every Jew had the right to enter Palestine; only active retaliation would deter the Arabs and the British; only Jewish armed force would ensure the Jewish state".

This manifested itself by way of terror attacks such as the July 1946 bombing of the King David Hotel in Jerusalem, which killed 91 people. In 2006, Israelis including former Prime Minister Benjamin Netanyahu and former members of Irgun, attended a 60th anniversary celebration of the bombing organized by the Menachem Begin Centre.

Buses and marketplaces were also a target for Irgun, who were widely chastised for favoring attacks against civilian targets.

The widely condemned Deir Yassin massacre, which occurred in April 1948, involved Irgun working in consort with the Stern Gang and going house to house slaughtering Palestinian villagers. Eyewitness accounts of spies working for mainstream Jewish authorities, such as Meir Pa'il, reported Irgun members running around shooting civilians "full of lust for murder".

"I saw the horrors that the fighters had created. I saw bodies of women and children, who were murdered in their houses in cold blood by gunfire, with no signs of battle and not as the result of blowing up the houses," said eyewitness Eliahu Arbel.

"[One body was] a woman who must have been eight months pregnant," noted Jacques de Reynier, a French-Swiss Representative of the International Red Cross, "He hit in the stomach, with powder burns on her dress indicating she'd been shot point-blank."

The son of a man who helped carry out this slaughter has now been selected by Obama to be his chief-of-staff. Cries of "sins of the father" lose their gusto [when one considers the fact that](#), after the 1996 re-election of Bill Clinton, Rahm Emanuel "Was so angry at the president's enemies that he stood up at a celebratory dinner with colleagues from the campaign, grabbed a steak knife and began rattling off a list of betrayers, shouting 'Dead! ... Dead! ... Dead!' and plunging the knife into the table after every name." Sounds like a nice guy.

Rahm Emanuel is also an enthusiastic supporter of the [United States Public Service Academy Act](#), a lobbying group founded in 2006 in order to promote the foundation of an American public service academy modeled on the military academies – a youth corps whose students would be trained in “civilian internship in the armed forces”.

This rings the alarm bells when we recall Obama’s pledge to create a “civilian national security force” that is “just as powerful, just as strong, just as well-funded” as the U.S. military.

A creepy You Tube video of a brown-shirt style Obama youth brigade chanting and marching military style emerged last month, [raising fears](#) about where the messianic cult-like status of Obama’s image could eventually lead ([Prison Planet, 2008](#)).

**Title:** Rahm Emanuel's Father: An Israeli Terrorist?

**Date:** November 8, 2008

**Source:** [Belfast Telegraph](#)

**Abstract:** The appointment of Rahm Emanuel triggered widespread interest in Israel, the native country of his former Jewish underground fighter father.

The older Emanuel, a paediatrician born in Jerusalem, was a member of Irgun, the hard-line militant group which fought for Jewish independence until 1948.

It was described as "terrorist" at the time by Britain. Mr Emanuel's appointment could reassure Israel that Mr Obama will continue America's close alliance.

The Ynet news service quoted Michael Kotzin, a leader of the Jewish Federation of Metropolitan Chicago, as saying Mr Emanuel is a frequent attendee at Israel-related events.

He co-sponsored a Bill defending Israel against a world court advisory opinion in 2004 criticising the route of the military's separation barrier for cutting deep into the West Bank, and co-sponsored another Bill congratulating Israelis and Palestinians who work together for peace.

He is credited with choreographing the famous handshake between Yasser Arafat and Yitzhak Rabin on the White House lawn in 1993 ([Belfast Telegraph, 2008](#))

**Title:** Wikipedia Deletes Benjamin Emanuel Entry

**Date:** November 13, 2008

**Source:** [Uruknet](#)

**Abstract:** Wikipedia has deleted Rahm Emanuel's father's page. Benjamin M. Emanuel's entry was recommended for deletion shortly after Obama named the younger Emanuel as his Chief of Staff, and it looks like it had already been deleted (or recommended for deletion) once before in January of 2007.

"Benjamin M. Emanuel" is no longer searchable in Wikipedia, but the former-page can be accessed through the original URL: [http://en.wikipedia.org/wiki/Benjamin\\_M.\\_Emanuel](http://en.wikipedia.org/wiki/Benjamin_M._Emanuel)

The old entry is no longer even in Google cache. The Progressive Mind was forward-thinking enough to save the original entry, including the original links. Here's what is used say:

<http://www.theprogressivemind.info/2008/11/benjamin-m-emanuel-wikipedia-free.html>



And here's a screenshot (from [Blog-Reporter](#)):

## Benjamin M. Emanuel

From Wikipedia, the free encyclopedia  
Jump to: [navigation](#), [search](#)

This article is being considered for deletion in accordance with Wikipedia's [deletion policy](#).

Please share your thoughts on the matter at [this article's entry](#) on the [Articles for deletion](#) page.

Feel free to edit the article, but the article **must not** be blanked, and this notice **must not** be removed, until the discussion is closed. For more information, particularly on merging or moving the article during the discussion, read the [guide to deletion](#).

*Steps to fix an article for deletion:* 1. *{{subst:pid}}* 2. *{{subst:pid|pg=Benjamin M. Emanuel|pat=|pert=}}~~~~~ (categories)* 3. *{{subst:pid|pg=Benjamin M. Emanuel (2nd nomination)}} (add to top of list)* 4. *Please consider notifying the author(s) by placing {{subst:adv|Benjamin M. Emanuel|Benjamin M. Emanuel (2nd nomination)}} ~~~~ on their talk page(s).*

**Benjamin M. Emanuel** is a [Chicago](#) pediatrician and former member of the [Ingru](#).<sup>[1][2]</sup> He is the father of U.S. Congressman and White House Chief of Staff-designate [Rahm Emanuel](#),<sup>[1][3]</sup> bioethicist [Ezekiel J. Emanuel](#),<sup>[4]</sup> talent agent [Ari Emanuel](#),<sup>[5]</sup> and adopted daughter Shoshana.<sup>[1]</sup> Born in [Jerusalem](#) in 1927,<sup>[1]</sup> he later emigrated to America in the 1950s<sup>[2]</sup> and married Martha Smolevitz. They lived first in [Chicago](#) and later moved to [Winnetka](#).<sup>[1]</sup> Emanuel's family adopted their surname in 1933, after Benjamin's brother, Emanuel Auerbach, was killed in a skirmish with Arabs in Jerusalem.<sup>[1]</sup> According to Benjamin Emanuel, his son Rahm is the namesake of Rahsaan, a [Lola](#) combatant who was killed.<sup>[1]</sup>

### Quotes

[\[edit\]](#)

"Obviously he [[Rahm Emanuel](#)] will influence the president to be pro-Israel. Why wouldn't he be? What is he, an Arab? He's not going to clean the floors of the [White House](#)." <sup>[6][7][8]</sup>

### References

[\[edit\]](#)

- <sup>↑</sup> <sup>1</sup> <sup>2</sup> <sup>3</sup> <sup>4</sup> <sup>5</sup> <sup>6</sup> <sup>7</sup> <sup>8</sup> Elizabeth Burriller (1997-06-15). "The Brothers Emanuel". *New York Times*. Retrieved on Nov. 6, 2008.
- <sup>↑</sup> <sup>1</sup> <sup>2</sup> Anshel Pfeffer and Solomon Shamir (November 6, 2006). "Obama's first pick: Israeli Rahm Emanuel as chief of staff", *Maariv*. Retrieved on November 6, 2008.
- <sup>↑</sup> <sup>1</sup> <sup>2</sup> <sup>3</sup> MATTHEW KALMAN (2008-11-06). "Obama chief of staff Rahm Emanuel is no pal of ours, Israel's foes say", *New York Daily News*. Retrieved on Nov. 7, 2008.
- <sup>↑</sup> "Interview with Benjamin Emanuel" (in Hebrew), *Ma'ariv* (November 6, 2008). Retrieved on November 8, 2008.
- <sup>↑</sup> Staff (November 6, 2008). "Emanuel to be Obama's chief of staff", *Jerusalem Post*. Retrieved on November 6, 2008.
- <sup>↑</sup> Mark Silva (November 8, 2008). "Rahm Emanuel, Obama, Israel and Family", *The Swamp: Chicago Tribune's Washington Bureau*. Retrieved on November 8, 2008.

Retrieved from "[http://en.wikipedia.org/wiki/Benjamin\\_M.\\_Emanuel](http://en.wikipedia.org/wiki/Benjamin_M._Emanuel)"

(Uruknet, 2008).

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** When a major bio-terror attack and subsequent pandemic hit the United States of America, it will most likely be executed from behind the scenes by [Ezekiel Emanuel](#), soon to be known as the “Doctor of Death”. As it currently stands, the city of [Chicago appears to be bio-terror target #1](#) with Ezekiel’s brother [Rahm Emanuel](#) in the power position of mayor. Both Emanuel brothers are dual U.S. and Israeli citizens whose father is a known Zionist terrorist who conducted attacks for the [terror state of Israel](#) who will likely provide the pathogens for the future bio-terror attack.

Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel and its citizens will be prime suspects.

The following government and non-government agencies, institutions and organizations also appear to be intimately involved in some aspect of the upcoming bio-terror attack: [BARDA \(Biomedical Advanced Research and Development Authority\)](#), [CDC \(Center for Disease Control\)](#), [Center for Biosecurity of UPMC](#), [EIS \(Epidemic Intelligence Service\)](#), [INTERPOL \(International Criminal Police Organization\)](#), [NBACC \(National Biodefense Analysis and Countermeasures Center\)](#), [NIAID \(National Institute of Allergy & Infectious Diseases\)](#), [NIH \(National Institutes of Health\)](#), [OBFS \(Organization of Biological Field Stations\)](#), [USAMRICD \(U.S. Army Medical Research Institute of Chemical Defense\)](#), [USAMRIID \(U.S. Army Medical Research Institute of Infectious Diseases\)](#) and the [WHO \(World Health Organization\)](#).

**Title:** INTERPOL

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** Interpol, whose full name is the International Criminal Police Organization – INTERPOL, is an organization facilitating international police cooperation. It was established as the International Criminal Police Commission in 1923 and adopted its telegraphic address as its common name in 1956.

Its membership of 190 countries provides finance of around €59 million through annual contributions. The organization's headquarters is in [Lyon](#), France. It is the second largest [intergovernmental organization](#) after the [United Nations](#), in terms of number of [member states](#).

Its current Secretary-General is [Ronald Noble](#), a former United States [Under Secretary of the Treasury for Enforcement](#). Its current President is [Singapore's](#) Senior Deputy Secretary of the [Ministry of Home Affairs](#) and former [Commissioner of Police Khoo Boon Hui](#); the President before that, [Jackie Selebi](#), National Commissioner of the [South African Police Service](#), held his term from 2004 till his resignation on 13 January 2008, after which he was charged in South Africa on three counts of corruption and one of defeating the course of justice, and replaced by [Arturo Herrera Verdugo](#), current National Commissioner

of [Investigations Police of Chile](#) and former vice president for the American Zone, who remained acting president until the organization meeting in October 2008.

In order to maintain as politically neutral a role as possible, Interpol's [constitution](#) forbids it to undertake any interventions or activities of a political, military, religious, or racial nature. Its work focuses primarily on public safety, [terrorism](#), [organized crime](#), [crimes against humanity](#), [environmental crime](#), [genocide](#), [war crimes](#), [piracy](#), [illicit drug](#) production, [drug trafficking](#), [weapons smuggling](#), [human trafficking](#), [money laundering](#), [child pornography](#), [white-collar crime](#), [computer crime](#), [intellectual property crime](#) and [corruption](#).

In 2008, the Interpol General Secretariat employed a staff of 588, representing 84 member countries. The Interpol public website received an average of 2.2 million page visits every month. Interpol issued 3,126 [red notices](#) for the year 2008 which led to the arrest of 718 people ([Wikipedia, 2012](#)).

**Title:** INTERPOL CBRNE Programme

**Date:** 2012

**Source:** [INTERPOL](#)

**Abstract:** Terrorism that makes use of chemical, biological, radiological, nuclear and explosives (CBRNe) materials is commonly conceived as the worst case scenario of all terrorist attacks.

Although CBRNe terrorism is a low incidence crime, national and global implications of a successful attack are tremendously disturbing. Not only does this type of terrorism pose a clear threat to large-scale public health and safety, but such an event would have alarming ramifications for national security and economic and political stability on a global level. Accordingly, the prevention of such incidents is of the highest priority.

The threat of CBRNe terrorism is evolving and, with it, the risk of incidents intended to maximize the number of victims on a global scale. We know that terrorist groups are working hard to acquire CBRNe materials and the expertise to use them in their operations.

At INTERPOL, our CBRNe Terrorism Prevention Programme specializes in the prevention of the different aspects of CBRNe.

## **Bioterrorism**

The possibility of terrorist attacks using biological agents represents a growing concern for law enforcement bodies, governments and public health officials around the world. Biological agents – such as bacteria, viruses and fungi – are significantly cheaper and easier to produce, handle and transport than nuclear or conventional weapons. They are difficult to detect and symptoms from exposure may not appear for hours or days.

## **The Threats**

Recent trends in terrorism show a heightened interest in the use of bio-weapons which are an effective means of instilling widespread fear among the public. There have been numerous historical events involving the use or threatened use of toxins and pathogens and there is clear evidence that, in recent times, a number of individuals and terrorist organizations have carried out research into, or attempted to acquire, biological agents and toxins.

## INTERPOL's Response

Our strategy for countering the threat posed by Bioterrorism consists of three main pillars:

- Intelligence analysis for police services;
- Programmes preventing the dispersal of biological materials in any form;
- Responding to and investigating any legitimate biological threat or incident.

### Intelligence analysis

We register the major biological incidents occurring around the world in a "Biocrimes Database". The recording goes from the beginning of the 20th century to the present day. The data is analysed through threat and risk assessment methodologies in order to reach concrete and real results that help INTERPOL's member countries prevent and respond more efficiently to biological attacks.

### Training courses

- 1. Regional Training Workshops** in Chile, Oman, Singapore, South Africa and Ukraine have brought together hundreds of participants to reinforce the messages of the international conference.
- 2. Regional Train-The-Trainer Sessions** help participants develop their own training capabilities and response units, and promote increased collaboration among national agencies in different sectors (law enforcement, public health, customs and prosecution). From 2007 to 2011, nine sessions were organized covering most regions of the world and including nearly 400 participants.
- 3. International Tabletop Exercises**, which assess national capabilities for preventing bio-crimes and help to identify issues critical to a coordinated response, have been organized in France, Malaysia, Poland and Argentina, with 120 participants from more than 30 countries.
- 4. A Fellowship Programme**, for active police officers working in the field of counterterrorism and bioterrorism preparedness enhances their ability to develop, implement and/or integrate a bioterrorism prevention and response strategy in their country of origin. Five fellowship sessions have been completed by law enforcement officers from the Czech Republic, Mauritius, Oman, Peru and Vietnam.

### Materials and Resources

- 1. A Bioterrorism Incident Pre-Planning and Response Guide (BIRG)** contains information on bioterrorism preparedness activities and operational response, in order to assist member countries in addressing the unique aspects of intentional biological threats and conducting a forensic investigation in a bioterrorism-related case. Now in its second edition in all four INTERPOL languages (Arabic, English, French and Spanish) and Russian, the Guide is available to INTERPOL's member countries.
- 2. An online Bioterrorism Prevention Resource Centre** assesses the vast amount of bioterrorism-related data that is increasingly available, and provides links to the most useful websites, as well as other INTERPOL resources in this area.
- 3. A set of e-Learning modules** are available for law enforcement officers. This computer-based training curriculum that can be accessed through INTERPOL's secured training website, or by CD-Roms distributed by bioterrorism training points of contact in member states. The e-learning

package consists of several modules that cover CBRN materials, biological agents, law enforcement response and personal protective equipment, with basic awareness information for police officers.

Following a workshop in October 2010 that gathered experts from 23 countries, an innovative **common curriculum for bioterrorism prevention training** for use at police academies worldwide has been launched. The curriculum addresses three different levels that are concerned with responding to bioterrorism threat and incidents: law enforcement first responders level, CBRNe specialist responders level, and strategic management level.

### **Operational Support**

In the case of an imminent threat or actual incident, INTERPOL will provide operational support to its member countries through:

1. Deploying an Incident Response Team (IRT) with biological expertise to support law enforcement authorities in their criminal investigations;
2. Conducting searches of INTERPOL's databases of nominal data, fingerprints, DNA profiles, and travel documents, upon request;
3. Issuing notices, which are used to alert the international law enforcement community to wanted persons (red notices) or devices and weapons that pose a threat to public safety (orange notices);
4. Providing strategic and tactical analytical expertise, upon request.

### **International Cooperation**

Bioterrorism is a global threat with transnational consequences. Therefore, international cooperation between nations and between international organizations is a crucial element in INTERPOL's global strategy.

We maintain a close relationship with other international organizations working in the same field, such as the World Health Organization and EUROPOL ([Interpol. 2012](#)).

**Title:** The 1st Interpol Global Conference To Strengthen Law Enforcement Preparedness And Develop Effective Police Training

**Date:** March 1, 2005

**Source:** [INTERPOL](#)

**Abstract:** Bioterrorism is inherently a matter for international attention. Bio-weapons threaten mass casualties in addition to other disastrous long term consequences. Criminal networks can covertly transport lethal agents across borders and terrorists have already proven that anthrax can be fatally deployed.

[UN Security Council Resolution 1540](#) - adopted on 28 April 2004 - recognises the serious threat to international peace and security posed by biological weapons and urges greater co-ordination, nationally and internationally, to strengthen the global response.

Law enforcement agencies have a crucial role to play - with significant support from, and in collaboration with, a range of other bodies - in preventing and responding to bioterrorism ([INTERPOL, 2005](#)).

**Title:** Selebi Opens International Conference On Bioterrorism

**Date:** November 21, 2005

**Source:** [Bua News](#)

**Abstract:** As part of its programme against bioterrorism, Interpol opened its first bioterrorism workshop in Cape Town today, with national police Commissioner Jackie Selebi calling for multi-agency co-operation to combat this threat to global security.

"We as policemen cannot effectively face the problem of bioterrorism or the proliferation of biological weapons without building strong partnerships with scientists, educators and public health practitioners," Mr Selebi told more than 90 delegates from Africa and around the world.

Combating bioterrorism said Commissioner Selebi, who is also president of the international police organisation, "requires communities unaccustomed to working with one another to learn a common language, and a common way of thinking."

The workshop is the first of three regional workshops that Interpol is holding to improve capacity among its members to prevent, prepare for and deal with the possibility of a bioterrorist attack.

Another workshop is planned for the Asia region and will be held in Singapore next year. The third will be held in Chile for the Americas region, also next year.

Interpol's programme to combat bioterrorism was launched at its headquarters in Lyon, France, last year. In March this year it staged the largest-ever gathering of police and security officials when it hosted the Global Congress on preventing Bioterrorism.

This gathering was attended by more than 500 delegates from 155 countries. The current regional workshop being held at the International Convention Centre in Cape Town has drawn delegates from 41 African countries as well as security and health experts from around the world.

"No country can regard itself as immune [from a bioterrorist attack] and all countries need to be prepared," said Interpol chairperson John Abbott.

An announcement of a "train the trainer" project for the National Central Bureaus in Interpol's 184 member countries was made.

Commissioner Selebi said the emphasis at the Africa regional workshop was on "training, training, training".

"What we pick up here we are going to use," the commissioner told journalists.

He added that the African regional workshop aimed to strengthen regional co-operation and enable all agencies to "immediately identify and work closely with the right partners at the right time, to establish a common response against biological weapons, and to resolve the consequences of bio-attacks."

Ronald Noble, Interpol's secretary-general, said: "Defence measures against biological attack are neither well known nor easily implemented, so there is a natural tendency for law enforcement services to put them aside in favour of 'more urgent' problems that they are comfortable dealing with."

"Political support and funding for security programmes tends to be orientated towards the traditional areas of crime which affect citizens on a daily basis," Mr Noble said.

However, he said Interpol strongly believed that the risks of bioterrorism were "so momentous that the police and the public health communities must break down the barriers preventing close collaboration, locally, nationally and internationally" ([Bua News, 2005](#)).

**Title:** INTERPOL Trains Asian And South Pacific Officials In Bioterror Threat Prevention

**Date:** February 25, 2010

**Source:** [Bio Prep Watch](#)

**Abstract:** A recent "Train-the-Trainer" session for the prevention of bioterrorism presented by INTERPOL was attended by law enforcement, customs and public health officials from Asia and the South Pacific.

The course, which carried a goal of enhancing the capacity of regional INTERPOL member countries to prevent and prepare for bioterror threats, was attended by 38 participants from 16 countries.

Attending nations included American Samoa, Bhutan, Cambodia, Fiji, Hong Kong, India, Japan, Laos, Maldives, Macao, Mongolia, Nepal, New Zealand, Papua New Guinea, Sri Lanka and Timor Leste.

Trainers from INTERPOL, the World Health Organization, the Australian Federal Police, the United States Sandia Laboratories, the New South Wales Police in Australia, the FBI, the U.K. Metropolitan Police and the United States Center for Disease Control led the course, which was sponsored by the Alfred P. Sloan Foundation.

John Abbot, chairman of the INTERPOL Bioterrorism Steering Group Committee, called preparation and planning for bioterrorism threats the key to preventing them, noting that knowing what to do if a bioterror attack happens, is suspected or threatened, is an essential part of every country's counterterrorism strategy.

"Terrorist groups have talked of developing the capability of using biological weapons," Abbot said. "There is evidence of terrorist groups and individuals experimenting and using bio-weapons, and the increasing development of the bio-sciences is providing a range of potential opportunities for such people or groups."

"This is what the INTERPOL prevention of bioterrorism programme is about. Supporting and assisting countries to be better prepared to prevent bioterrorism. To help them understand the issues better; to assist in developing their national plans, to train all staff and to exercise all the agencies and government departments that will be involved. And to understand what assistance can be expected internationally" ([Bio Prep Watch, 2010](#)).



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The following government and non-government agencies, institutions and organizations also appear to be intimately involved in some aspect of the upcoming bio-terror attack: [BARDA \(Biomedical Advanced Research and Development Authority\)](#), [CDC \(Center for Disease Control\)](#), [Center for Biosecurity of UPMC](#), [EIS \(Epidemic Intelligence Service\)](#), [INTERPOL \(International Criminal Police Organization\)](#), [NBACC \(National Biodefense Analysis and Countermeasures Center\)](#), [NIAID \(National Institute of Allergy & Infectious Diseases\)](#), [NIH \(National Institutes of Health\)](#), [OBFS \(Organization of Biological Field Stations\)](#), [USAMRICD \(U.S. Army Medical Research Institute of Chemical Defense\)](#), [USAMRIID \(U.S. Army Medical Research Institute of Infectious Diseases\)](#) and the [WHO \(World Health Organization\)](#).

**Title:** National Biodefense Analysis And Countermeasures Center

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The National Biodefense Analysis and Countermeasures Center (NBACC) is a government biodefense research laboratory created by the [U.S. Department of Homeland Security](#) (DHS) and located at the sprawling biodefense campus at [Fort Detrick](#) in [Frederick, MD](#), USA. Created quietly a few months after the [2001 anthrax attacks](#), the NBACC (pronounced EN-back) is intended to be the principal U.S. biodefense research institution engaged in laboratory-based threat assessment and bioforensics. NBACC will be an important part of the [National Integrated Biodefense Campus](#) (NIBC) also being built at Fort Detrick for the [US Army](#), [National Institutes of Health](#) and the [US Department of Agriculture](#).

### Mission & Operations

The core of the NBACC facility (currently under construction) is a cluster of laboratories ranging from [BSL-2](#) to [BSL-4](#) built to hold and assess the threat of small amounts of bacteria and viruses to the people of the United States. Part of the NBACC’s mission is to conduct realistic tests of the pathogens and tactics that might be used in a [bioterrorism](#) attack. It seeks to quantitatively answer questions pertaining to what might happen in a biological attack.

The NBACC will be equipped to develop and investigate genetically engineered viruses and bacteria. New and emerging technologies will be evaluated along with delivery devices that U.S. adversaries might use to disseminate the pathogens.

The NBACC coordinates closely with the many Departments and Agencies in the U.S. government, including the U.S. intelligence community which has assigned advisers to the Center.

In June 2006, construction began on a new \$128 million, 160,000 sq ft (15,000 m<sup>2</sup>) facility inside the Ft. Detrick installation. Space inside the 8-story, glass-and-brick structure, scheduled to open in 2008, will be divided between NBACC's two centers:

1. The Biological Threat Characterization Center (BTCC), which seeks to identify and prioritize biological threats and our vulnerabilities to those threats through its laboratory threat assessments.
2. The National Bioforensic Analysis Center (NBFAC), a forensic testing center equipped to identify and characterize the possible culprit pathogens after an attack has already occurred

The BTCC will include biocontainment suites, including [BSL- 2, 3, and 4](#) laboratory space, air-handling equipment, security controls, and other supporting features as well as large [aerosol-test chambers](#) where experimental animals will be exposed to deadly pathogens. The new building will be classified as a SCIF, or [Sensitive Compartmented Information Facility](#); access will be severely limited and all of the activity and conversation inside will be presumed restricted from public disclosure.

Until its new building is completed, the NBFAC (in collaboration with the FBI) is borrowing floorspace from the US Army's biodefense facility (see [USAMRIID](#)) at Ft Detrick.

The NBACC expects to eventually employ about 120 researchers and support staff.

A business entity spun off from Battelle Memorial Institute will manage NBACC for DHS as an FFRDC. Battelle is well suited for this job as it has experience successfully running other US National Laboratories.

## **Controversy**

Questions have been raised by some arms-control and international law experts as to the necessity and advisability of the very high level of security surrounding the NBACC and as to whether it does (or will) place the United States in violation of the 1972 [Biological and Toxin Weapons Convention](#) (BWC). (The BWC outlawed developing, stockpiling, acquiring or retaining pathogens "of types and in quantities that have no justification" for peaceful purposes.) Experts at the [University of Pittsburgh's Center for Biosecurity](#) have been particularly vocal in their criticism.

NBACC's opponents contend that the facility will operate in a "legal gray zone" and skirt the edges of the BWC which outlaws production of even small amounts of biological weapons. They contend that a high degree of transparency is needed to reassure Americans (and the rest of the world) of the U.S. government's good intentions. In their view, the U.S. government may find it hard in the future to object to other countries testing genetically engineered pathogens and novel delivery systems when they invoke their own national biodefense requirements.

The Bush administration contends that the NBACC is purely defensive and thus its operations are fully legal and in accord with the BWC. A principle is that assessing the technical threat of biological pathogens is essential to inform and help develop biodefense policy. Administration officials say that making small amounts of biowarfare pathogens for study is permitted under a broad interpretation of the treaty. (Some legal experts counter that the treaty does not actually make any distinction between "defensive" and "offensive" activities or intent.)

Officials say that NBACC's work will be carefully monitored and in compliance with the bioweapons convention guidelines as well as normal scientific oversight. The latter will consist, in addition to DHS internal review boards, of a conventional peer-review process involving small groups of scientists who are independent of the research in question (albeit all with government security clearances). However, some activists and bioweapons experts have called for unusual forms of oversight for the NBACC, including panels of well-respected, internationally-known scientists and outside observers from other countries.

On the security "overkill" issue, officials say that much of the lab's less-sensitive work is to be made public eventually ([Wikipedia, 2012](#)).

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**Title:** National Institute Of Allergy And Infectious Diseases

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The National Institute of Allergy and Infectious Diseases (NIAID) is one of the 27 institutes and centers that make up the [National Institutes of Health \(NIH\)](#), an agency of the [United States Department of Health and Human Services \(DHHS\)](#). NIAID’s mission is to conduct basic and applied research to better understand, treat, and ultimately prevent infectious, immunologic, and allergic diseases.

NIAID has intramural, or in-house, laboratories in [Maryland](#) and [Montana](#), and funds research conducted by scientists at institutions in the United States and throughout the world. NIAID also works closely with partners in academia, industry, government, and non-governmental organizations in multifaceted and multidisciplinary efforts to address emerging health challenges such as the [pandemic H1N1/09 virus \(Wikipedia, 2012\)](#).

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**Title:** National Institutes Of Health

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The National Institutes of Health (NIH) is an agency of the [United States Department of Health and Human Services](#) and is the primary agency of the United States government responsible for [biomedical](#) and [health](#)-related [research](#). Its science and engineering counterpart is the [National Science Foundation](#). It comprises 27 separate institutes, centers, and offices which includes the [Office of the Director](#). [Francis S. Collins](#) is the current Director.

As of 2003, the NIH was responsible for 28%—about US\$26.4 billion—of the total biomedical research funding spent annually in the U.S., with most of the rest coming from industry.

The NIH's research is divided into two parts: the Extramural Research Program is responsible for the funding of [biomedical research](#) outside the NIH, while the [Intramural Research Program \(IRP\)](#) is the internal research program of the NIH, known for its synergistic approach to biomedical science. With 1,200 [principal investigators](#) and more than 4,000 [postdoctoral](#) fellows in basic, translational, and [clinical research](#), the IRP is the largest biomedical research institution on earth. The unique funding environment of the IRP facilitates opportunities to conduct both long-term and high-impact science that would otherwise be difficult to undertake. With rigorous external reviews ensuring that only the most innovative research secures funding, the IRP is responsible for many scientific accomplishments, including the discovery of [fluoride](#) to prevent [tooth decay](#), the use of [lithium](#) to manage [bipolar disorder](#), and the creation of [vaccines](#) against [hepatitis](#), Haemophilus influenzae ([HIB](#)), and [human papillomavirus](#). Intramural research is primarily conducted at the [main campus](#) in [Bethesda, Maryland](#), and the

surrounding communities. The National Institute on Aging and the National Institute on Drug Abuse are located in [Baltimore, Maryland](#), and the National Institute of Environmental Health Sciences is in [Research Triangle, North Carolina](#). The National Institute of Allergy and Infectious Diseases ([NIAID](#)) maintains Rocky Mountain Labs in [Hamilton, Montana](#), with an emphasis on virology.

The goal of NIH research is to acquire new knowledge to help prevent, detect, diagnose, and treat [disease](#) and [disability](#), from the rarest [genetic disorder](#) to the [common cold](#). The NIH mission is to uncover new knowledge that will lead to better health for everyone. NIH works toward that mission by conducting research in its own laboratories, supporting the research of non-federal [scientists](#) (in [universities](#), [medical schools](#), [hospitals](#), and research institutions throughout the country and abroad), helping in the training of research investigators, and fostering communication of medical and health sciences information ([Wikipedia, 2012](#)).

**Title:** NIH Plans Bioterrorism Research

**Date:** March 14, 2002

**Source:** [UCLA](#)

**Abstract:** Testing of potential new vaccines against anthrax and the Ebola virus and basic research on how the immune system fends off invaders top the government's plans for how to spend some \$1.2 billion in bioterrorism research funding.

Congress has not yet voted on the Bush administration's proposal to award the National Institutes of Health that amount for bioterrorism work.

But the NIH on Thursday unveiled its plans to explain the mesh of basic laboratory research and clinical studies necessary for battling the most worrisome bioterrorism agents: anthrax, smallpox, plague, tularemia, viral hemorrhagic fevers and botulism.

Such research, particularly studies focusing on the immune system, brings an added bonus, said Dr. Anthony Fauci, the NIH's bioterrorism chief. What scientists learn about how the immune system deals with, or is stumped by, a bioterrorist-caused disease should shed light on naturally occurring killers, too, he said.

**The NIH's anti-bioterrorism agenda describes six major research categories:**

1. Microbial biology, including unraveling the genetic structure of each bioterrorism agent, to understand how the bugs cause disease.
2. Better understanding of human immunology, important as a basis to create new vaccines, diagnostic tests and broadly acting drugs.
3. Developing new vaccines. Experimental candidates against the Ebola virus and better anthrax vaccines should soon enter clinical trials, the NIH said.
4. Hunting new treatments. Already NIH research has uncovered that an anti-AIDS drug called cidofovir may help treat smallpox.
5. Hunting more rapid tests to diagnose if someone is infected with a bioterrorism agent.
6. Developing the very tools needed to do such research, including more high-containment laboratories and animal models of the diseases ([UCLA, 2002](#)).



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**Title:** Organization of Biological Field Stations

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Organization of Biological Field Stations (OBFS) is a [nonprofit](#) multinational organization representing the field stations and research centers across [Canada](#), [United States](#), and [Central America](#). While it has no administrative or management control over its member stations, it helps to improve their effectiveness in research, education, and outreach through various initiatives. This includes promoting the establishment of research networks, working with public agencies to enhance funding sources, and building interactions between scientists and policy makers. The OBFS collaborates with the [National Center for Ecological Analysis and Synthesis](#) (NCEAS), the [University of California Natural Reserve System](#) (UC NRS), and the [Long Term Ecological Research Network](#) Office in maintaining a comprehensive registry of scientific data sets which may be used in future research projects.

Since its establishment in 1963, the organization has grown to nearly two hundred member stations. With the success, the International Organization of Biological Field Stations (IOBFS) was later created to facilitate the exchange of information and ideas at a larger geographic scale ([Wikipedia, 2012](#)).



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### 1. BIOTERRORBIBLE.COM: Rahm Emanuel Wikipedia Entry:

**Title:** Rahm Emanuel  
**Date:** 2012  
**Source:** [Wikipedia](#)

**Abstract:** Rahm Israel Emanuel (born November 29, 1959) is an [American](#) politician and the 55th and current [Mayor of Chicago](#). He was formerly [White House Chief of Staff](#) to [President Barack Obama](#). He served as senior advisor to President [Bill Clinton](#) from 1993 to 1998 and as a [Democratic](#) member of the [United States House of Representatives](#), representing [Illinois's 5th congressional district](#), from 2003 until his resignation in 2009 to take his position in the [Obama Administration](#).

Emanuel was chair of the [Democratic Congressional Campaign Committee](#) during the [2006 mid-term elections](#) and remained a top strategist for House Democrats during the [2008 cycle](#). After Democrats regained control of the House in 2006, Emanuel was elected chairman of the [Democratic Caucus](#). This made him the fourth-ranking House Democrat, behind [Speaker Nancy Pelosi](#), [Majority Leader Steny Hoyer](#) and [Majority Whip Jim Clyburn](#).

Two days after Obama's election victory, Emanuel was announced as Obama's designee for White House Chief of Staff. He resigned from the House on January 2, 2009, and began his duties as Chief of Staff on January 20, 2009, the day of Obama's inauguration.

Emanuel resigned as Chief of Staff effective October 1, 2010, in order to pursue [a campaign to run for Mayor of Chicago](#) pending the announced retirement of six-term [incumbent Richard M. Daley](#). On January 27, 2011, the [Illinois Supreme Court](#) reversed a lower court's ruling that had cast doubt on Emanuel's candidacy; the court unanimously held that Emanuel did not abandon his [Chicago](#) residency by serving in the White House, thus affirming his eligibility to run for mayor. He won the Mayoral election on February 22, 2011, with 55% of the vote. President Obama appointed [William M. Daley](#), the brother of Emanuel's predecessor as mayor, as Chief of Staff to replace Emanuel.

### Early & Personal Life

Emanuel was born in [Chicago, Illinois](#), to [Jewish](#) parents. His father, Benjamin M. Emanuel, is a [Jerusalem-born pediatrician](#) who was once a member of the [Irgun](#), a Jewish paramilitary organization that operated in [Mandate Palestine](#). His mother, Marsha Smulevitz, is the daughter of a Chicago [union](#) organizer.<sup>[1]</sup> She worked in the civil rights movement and owned, briefly, a local [rock and roll](#) club. She is now a [psychiatric social worker](#). The two met in Chicago in the 1950s. Emanuel's older brother [Ezekiel Emanuel](#) is an [oncologist](#) and [bioethicist](#) at the [National Institutes of Health](#), and his younger brother [Ari Emanuel](#), a [Hollywood](#) talent agent. He has an adopted sister, Shoshanna, who is 14 years younger. Emanuel's grandfather was a Romanian Jew from [Moldova](#).

Emanuel's first name, Rahm (רם) means high or lofty in [Hebrew](#). The surname Emanuel (עמנואל), adopted by the family in honor of his father's brother Emanuel Auerbach, who was killed in the [1948 Arab–Israeli War](#) in Jerusalem, means God is with us. Sources disagree as to whether the family name was changed in 1933 or 1938.

When the family lived in Chicago, Emanuel attended the [Bernard Zell Anshe Emet Day School](#). After his family moved to [Wilmette](#), he attended public schools: Romona School, Locust Junior High School, and [New Trier West High School](#). He and his brothers attended summer camp in Israel, including just after the 1967 [Six-Day War](#).

While working at an [Arby's](#) restaurant in his high school years, Emanuel severely cut his right middle finger on a meat slicer. He sought medical attention after suffering a severe infection from swimming in Lake Michigan and as a result, had his finger partially [amputated](#).

Emanuel was encouraged by his mother to take [ballet](#) lessons as a boy and is a graduate of the Evanston School of Ballet as well as a student of The Joel Hall Dance Center, where his children also took dance lessons. He won a scholarship to the [Joffrey Ballet](#), but turned it down to attend [Sarah Lawrence College](#), a liberal arts school with a strong [dance](#) program.

He graduated from [Sarah Lawrence College](#) in 1981 with a [B.A.](#) in [Liberal Arts](#), and went on to receive an [M.A.](#) in [Speech](#) and [Communication](#) from [Northwestern University](#) in 1985. While an undergraduate, Emanuel was elected to the Sarah Lawrence Student Senate. He also joined the congressional campaign of David Robinson of Chicago.

During the 1991 Gulf War, Emanuel volunteered with the [Israel Defense Forces](#) as a civilian helping to maintain equipment.

Emanuel's wife, Amy Rule, [converted to Judaism](#) shortly before their wedding. They are members of the Chicago synagogue [Anshe Sholom B'nai Israel](#). They have a son and two daughters.

Emanuel is a close friend of fellow Chicagoan [David Axelrod](#), chief strategist for the 2008 [Barack Obama](#) presidential campaign. Axelrod signed the [ketuba](#), the Jewish marriage contract, at Emanuel's wedding.

Rabbi [Asher Lopatin](#) of [Anshe Sholom B'nai Israel](#) Congregation is quoted as saying Emanuel's family is "a very involved Jewish family", adding that "Amy was one of the teachers for a class for children during the High Holidays two years ago." Emanuel has said of his Judaism: "I am proud of my heritage and treasure the values it has taught me." Emanuel's family lives on the North Side of Chicago, in the [North Center](#) neighborhood.

Emanuel trains for and participates in [triathlons](#).

### Career as Political Staffer

Emanuel began his political career with the [public interest](#) and [consumer rights](#) organization Illinois Public Action. He went on to serve in a number of capacities in local and national politics, initially specializing in fundraising for Illinois campaigns and then nationally.

Emanuel worked for Democrat [Paul Simon](#)'s 1984 election to the [U.S. Senate](#), was the national campaign director for the [Democratic Congressional Campaign Committee](#) in 1988, and was senior advisor and chief fundraiser for [Richard M. Daley](#)'s victorious campaign for [Mayor of Chicago](#) in 1989.

At the start of then-[Arkansas](#) Governor Bill Clinton's presidential primary campaign, Emanuel was appointed to direct the campaign's finance committee. Emanuel insisted that Clinton schedule a lot of time for fundraising and greatly delay campaigning in [New Hampshire](#). Clinton agreed and embarked on an aggressive fundraising campaign across the nation. The fundraising paid off later, providing the campaign a vital buffer to keep buying television time as attacks on Clinton's character threatened to swamp the campaign during the [New Hampshire primary](#).

Clinton's primary rival, [Paul Tsongas](#) (the [New Hampshire Democratic primary](#) winner in 1992), later withdrew, citing a lack of campaign funds. Richard Mintz, a Washington public relations consultant who worked with Emanuel on the campaign, spoke about the soundness of the idea: "It was that [extra] million dollars that really allowed the campaign to withstand the storm we had to ride out in New Hampshire [over Clinton's relationship with [Gennifer Flowers](#) and the controversy over his [draft](#) status during the [Vietnam War](#)]." Emanuel's knowledge of the top donors in the country, and his rapport with "the heavily Jewish donor community" helped Clinton amass a then-unheard-of sum of \$72 million.

Following the campaign, Emanuel became a senior advisor to Clinton at the [White House](#) from 1993 to 1998. In the White House, Emanuel was initially Assistant to the President for Political Affairs and then Senior Advisor to the President for Policy and Strategy. He was a leading strategist in the unsuccessful White House efforts to institute [universal healthcare](#) and many other Clinton initiatives.

Emanuel is known for his "take-no-prisoners style" that has earned him the nickname "[Rahmbo](#)." Emanuel is said to have sent a dead fish in a box to a pollster who was late delivering polling results. On the night after the [1996 election](#), "Emanuel was so angry at the president's enemies that he stood up at a celebratory dinner with colleagues from the campaign, grabbed a steak knife and began rattling off a list of betrayers, shouting 'Dead! ... Dead! ... Dead!' and plunging the knife into the table after every name." Before [Tony Blair](#) gave a pro-Clinton speech during the impeachment crisis, Emanuel reportedly screamed to Blair's face "Don't fuck this up!" while Clinton was present; Blair and Clinton both burst into laughter. However, by 2007 friends of Emanuel were saying that he has "mellowed out". Stories of his personal style have entered the popular culture, inspiring articles and websites that chronicle these and other quotes and incidents. Though executive producer [Lawrence O'Donnell](#) has denied it, the character [Josh Lyman](#) in [The West Wing](#) is said to be based on Rahm Emanuel.

One of his proudest moments during the [Clinton administration](#) "was an event that touched his political sensibilities and his personal ties to [Israel](#): the 1993 Rose Garden signing ceremony after the [Oslo Accords](#) between Israel and the [Palestine Liberation Organization](#). Emanuel directed the details of the ceremony, down to the choreography of the famous handshake between [Israeli Prime Minister Yitzhak Rabin](#) and PLO leader [Yasser Arafat](#)."

### Career in Finance

After serving as an advisor to Bill Clinton, in 1998 Emanuel resigned from his position in the Clinton administration and joined the [investment banking](#) firm of [Wasserstein Perella](#), where he worked until 2002. Although he did not have an [MBA](#) degree or prior banking experience, he became a managing director at the firm's Chicago office in 1999 and, according to Congressional disclosures, made \$16.2 million in his two-and-a-half-years as a banker. At Wasserstein Perella, he worked on eight deals, including the acquisition by [Commonwealth Edison](#) of [Peco Energy](#) and the purchase by [GTCR](#) [Golder Rauner](#) of the SecurityLink home security unit from [SBC Communications](#).

Emanuel was named to the Board of Directors of the [Federal Home Loan Mortgage Corporation](#) (Freddie Mac) by President Clinton in 2000. His position earned him at least \$320,000, including later

stock sales. He was not assigned to any of the board's working committees, and the Board met no more than six times per year.

During Rahm's time on the board, Freddie Mac was plagued with scandals involving campaign contributions and accounting irregularities. The Obama Administration rejected a request under the [Freedom of Information Act](#) to review Freddie Mac board minutes and correspondence during Emanuel's time as a director.

The [Office of Federal Housing Enterprise Oversight](#) (OFHEO) later accused the board of having "failed in its duty to follow up on matters brought to its attention." Emanuel resigned from the board in 2001 when he ran for Congress.

### **Congressional Career**

After working in investment banking, in 2002 Emanuel pursued the U.S. House seat in the 5th District of Illinois previously held by [Rod Blagojevich](#), who chose not to run for re-election, but instead successfully ran for [Governor of Illinois](#). Rahm's strongest opponent of the seven other candidates in the 2002 Democratic primary was former Illinois State Representative [Nancy Kaszak](#), who had unsuccessfully opposed Blagojevich in the 1996 primary. The most controversial moment of the primary election came when [Edward Moskal](#), president of the [Polish American Congress](#), a [political action committee](#) endorsing Kaszak, called Emanuel a "millionaire [carpetbagger](#) who knows nothing" about "our heritage". Moskal also charged that Emanuel had [dual citizenship](#) with [Israel](#) and had served in the [Israeli Army](#). Emanuel did not serve in the Israeli army, but was a civilian volunteer assisting the [Israel Defense Forces](#) for a short time during the 1991 [Gulf War](#), repairing truck brakes in one of Israel's northern bases with [Sar-El](#). Emanuel brought together a coalition of Chicago clergy to denounce the incident. He recalled, "One of the proudest moments of my life was seeing people of my district from all backgrounds demonstrate our common values by coming together in response to this obvious attempt to divide them." Moskal's comments were denounced as [anti-Semitic](#) by Kaszak.

Emanuel won the primary and defeated [Republican](#) candidate Mark Augusti in the [general election](#).

Emanuel was elected after the October 2002 [joint Congressional resolution](#) authorizing the [Iraq War](#), and thus was not able to vote on it. However, in the lead up to the resolution, Emanuel spoke out strongly in support of the war, urging a United States' "muscular projection of force" in Iraq. Emanuel has been the focus of anti-war protests for his support of funding bills for the war in Iraq, and his support, during Democratic party primaries, of Democratic party candidates that are more hawkish. In his first term, Rahm Emanuel was a founding member and the Co-Chair of the Congressional [Serbian Caucus](#).

In January 2003, Emanuel was named to the [House Financial Services Committee](#), and sat on the subcommittee that oversaw Freddie Mac. A few months later, Freddie Mac Chief Executive Officer [Leland Brendsel](#) was forced out, and the committee and subcommittee commenced hearings lasting for more than a year. Emanuel skipped every hearing allegedly for reasons of avoiding any appearance of favoritism, impropriety, or conflict of interest.

### **Democratic Congressional Campaign Committee Chairman**

Emanuel assumed the position of [Democratic Congressional Campaign Committee](#) chairman (DCCC) after the death of the previous chair, [Bob Matsui](#). Emanuel led the Democratic Party's effort to capture the majority in the House of Representatives in the 2006 elections. The documentary [HouseQuake](#), featuring Emanuel, chronicles those elections. After Emanuel's election as chairman of the Democratic Caucus, [Chris Van Hollen](#) became committee chair for the 110th Congress.

While chairman of the DCCC, Emanuel was known to have had disagreements over Democratic election strategy with [Democratic National Committee](#) Chairman [Howard Dean](#). Dean favored a "[fifty-state strategy](#)", building support for the Democratic Party over the long term, while Emanuel believed a more tactical approach, focusing attention on key districts, was necessary to ensure victory.

Ultimately the Democratic Party enjoyed considerable success in the [2006 elections](#), gaining 30 seats in the House. Emanuel has received considerable praise for his stewardship of the DCCC during this election cycle, even from Illinois Republican Rep. [Ray LaHood](#) who said "He legitimately can be called the golden boy of the Democratic Party today. He recruited the right candidates, found the

money and funded them, and provided issues for them. Rahm did what no one else could do in seven cycles." However, he also faced some criticism for his failure to support some progressive candidates, as Howard Dean advocated.

### 2008 Election

Emanuel declared in April 2006 that he would support [Hillary Rodham Clinton](#) should she pursue the presidency in 2008. Emanuel remained close to Clinton since leaving the White House, talking strategy with her at least once a month as chairman of the DCCC. However, Emanuel's loyalties came into conflict when his home-state senator [Barack Obama](#) expressed interest in the race; asked in January 2007 about his stance on the Democratic presidential nomination, he said: "I'm hiding under the desk. I'm very far under the desk, and I'm bringing my paper and my phone." Emanuel remained neutral in the race until June 4, 2008, the day after the final primary contests, when he endorsed the eventual winner Obama.

Emanuel won re-election to the House, defeating Republican candidate Tom Hanson. [Open Secrets](#) reported that Emanuel "was the top House recipient in the 2008 election cycle of contributions from hedge funds, private equity firms and the larger securities/investment industry". Securities and investments business interests were the main sector contributing to Emanuel's campaigns in both 2006 and 2008.

### House Leadership

After his role in helping the Democrats win the 2006 elections, Emanuel was believed to be a leading candidate for the position of [Majority Whip](#). Nancy Pelosi, who became the next Speaker of the House, persuaded him not to challenge [Jim Clyburn](#), but instead to succeed Clyburn in the role of [Democratic Caucus Chairman](#). In return, Pelosi agreed to assign the caucus chair more responsibilities, including "aspects of strategy and messaging, incumbent retention, policy development and rapid-response communications." Caucus vice-chair [John Larson](#) remained in this role instead of running for the chairman position.

After [U.S. Vice President Dick Cheney](#) asserted that he did not fall within the bounds of orders set for the [executive branch](#), Emanuel called for cutting off the \$4.8 million the Executive Branch provides for the Vice President's office.

### Political Views

During his original 2002 campaign, Emanuel "indicated his support of [President Bush](#)'s position on [Iraq](#), but said he believed the president needed to better articulate his position to the American people". One of the major goals he spoke of during the race was "to help make [health care](#) affordable and available for all Americans".

In the 2006 congressional primaries, Emanuel, then head of the Democratic Congressional Campaign Committee, made national headlines for engineering a run by [Tammy Duckworth](#) — an Iraq war veteran with no political experience — against grassroots candidate Christine Cegelis in Illinois' 6th District. Expedited withdrawal from Iraq was a central point of Cegelis' campaign; Duckworth opposed a withdrawal timetable.

In his 2006 book, co-authored with Bruce Reed, *The Plan: Big Ideas for America*, Emanuel advocated a three-month compulsory universal service program for Americans between the ages of 18 and 25. An expanded version of this idea was later proposed by U.S. Presidential candidate Barack Obama (who was later to choose Emanuel as his White House Chief of Staff), during his 2008 campaign, in a [speech](#) on July 2, 2008, at the [University of Colorado](#), in which Obama proposed a "civilian national security force" (this term being used in the spoken version of his speech, not in the original written version), which included expanded voluntary national service programs in many areas, such as infrastructure rebuilding, service to the elderly, and environmental cleanup. For some of these services, tax credits and direct pay — primarily for college tuition — was proposed. Obama's original proposal was for participation by all ages, but with required participation by all middle-school and high-school students for 50 hours of community service a year. That proposed requirement was later modified to being "a goal". Obama's entire service program proposal quickly became controversial, largely for being mistaken as a call for a national paramilitary force, though the proposal's only reference to military service was volunteer participation in regular [U.S. Armed Forces](#), as one activity that would qualify for inclusion under the program's umbrella.



Emanuel is generally [liberal](#) on [social issues](#). He maintained a 100-percent [pro-choice](#) voting record, supports [gay rights](#) and [same sex marriage](#), and is a strong supporter of gun control, rated "F" by the NRA in December 2003. He has also strongly supported the banning of numerous rifles based upon "sporting" purposes criteria. He has aligned himself with the right wing of the Democratic Party, the [Democratic Leadership Council](#).

In June 2007, Emanuel condemned an outbreak of Palestinian violence in the Gaza Strip and criticized Arab countries for not applying the same kind of pressure on the Palestinians as they have on Israel. At a 2003 pro-Israel rally in Chicago, Emanuel told the marchers Israel was ready for peace but would not get there until Palestinians "turn away from the path of terror".

Emanuel has been called an ally of former Illinois Governor [Rod Blagojevich](#) and Chicago Mayor [Richard M. Daley](#); other sources dispute that he has been an ally of Blagojevich, for whom Emanuel served as a campaign adviser. He called Illinois state legislator [John C. D'Amico](#) in 2008 in support of Blagojevich's Illinois capital bill, but withdrew his encouragement when he discovered Daley opposed the bill. After Obama's election victory, Emanuel articulated his view on the role of government as a positive force to face difficult challenges and solve national problems, notably combating global warming through [green energy](#) policies and completely restructuring the healthcare system.

### **White House Chief of Staff**

**See also:** [Illinois's 5th congressional district special election, 2009](#)

On November 6, 2008, Emanuel accepted the Cabinet-level position of [White House Chief of Staff](#) for [Barack Obama](#). He resigned his congressional seat effective January 2, 2009. A special primary to fill his vacated congressional seat was held on March 3, 2009, and the special general election on April 7. Chicago newspapers reported that one candidate for that seat said at a forum that Emanuel had told him he may be interested in running for the seat again in the future.

Some Republican leaders criticized Emanuel's appointment because they believed it went against Obama's promises to make politics less divisive, given Emanuel's reputation as a partisan Democrat. Republican [Lindsey Graham](#) disagreed, saying: "This is a wise choice by President-elect Obama. He's tough but fair—honest, direct and candid."

Ira Forman, executive director of the [National Jewish Democratic Council](#), said that the choice indicates that Obama will not listen to the "wrong people" regarding the U.S.–Israel relationship. Some commentators opined that Emanuel would be good for the [Israeli–Palestinian peace process](#) because if Israeli leaders make excuses for not dismantling settlements, Emanuel will be tough and pressure the Israelis to comply. Some [Palestinians](#) expressed dismay at Obama's appointment of Emanuel. Emanuel said that Obama did not need his influence to "orientate his policy toward Israel".

In a 2010 article in [The New York Times](#), Emanuel was characterized as being "perhaps the most influential chief of staff of a generation".

At a closed-door meeting in the White House with liberal activists, he called them "fucking retarded" for planning to run TV ads attacking conservative Democrats who didn't support Obama's health-care overhaul. In February 2010, Emanuel apologized to organizations for the mentally handicapped for using the word "retarded." He expressed his regret to [Tim Shriver](#), the chief executive of the [Special Olympics](#) after the remark was reported in an article by [The Wall Street Journal](#) about growing liberal angst at the chief of staff. The apology came as former [Alaska governor](#) and conservative activist [Sarah Palin](#) called on President Obama to fire Emanuel via the former governor's Facebook page.

Emanuel also could make his team laugh. Chief technology officer [Aneesh Chopra](#) would come to staff meetings and give uniformly upbeat reports, administration aides said. Once Emanuel is said to have looked at him and said: "Whatever you're taking, I want some." Emanuel had a hand in war strategy, political maneuvering, communications and economic policy. Bob Woodward wrote in his book, *Obama's Wars* that Emanuel made a habit of calling up CIA Director [Leon Panetta](#) and asking about the lethal drone strikes aimed at Al Qaeda. "Who did we get today?" he would ask.



In 2010, Emanuel was reported to have conflicts with other senior members of the president's team and ideological clashes over policy. He was also the focal point of criticism from left-leaning Democrats for the administration's perceived move to the center. By September 2010, with the Democrats anticipating heavy losses in midterm elections, this was said to precipitate Emanuel's departure as Chief of Staff.

## Mayor of Chicago

### 2011 Chicago Mayoral Campaign

See also: [Chicago mayoral election, 2011](#)

On September 30, 2010, it was announced that Emanuel would be leaving his post as White House Chief of Staff to run for Mayor of Chicago. He was replaced by [Pete Rouse](#) on October 2, 2010.

After being cleared as eligible to run for mayor by the Board of Elections and the Cook County Circuit Court (his eligibility was challenged on the basis of his lack of residency in Chicago for one year prior to the election), a divided Court of Appeals reversed holding on January 24, 2011, that residency for purposes of a candidate is different from residency for purposes of being a voter. Nevertheless, a further appeal to the [Illinois Supreme Court](#) resulted in a unanimous decision reversing the Court of Appeals and affirming Emanuel's eligibility to run for mayor. Emanuel was elected mayor on Tuesday, February 22, 2011. He is Chicago's first [Jewish](#) mayor.

Emanuel's electoral campaign was the inspiration for a Twitter account, [@MayorEmanuel](#), which was written by Chicago journalist Dan Sinker. The account received over 43000 followers, and was more popular than Emanuel's real Twitter account. Emanuel announced on February 28 that if the author would reveal himself, he would donate \$5000 to the charity of his choice. When Sinker revealed himself, Emanuel donated the money to Young Chicago Authors, a community organization which helps young people with writing and publishing skills.

### Mayoralty

Emanuel was sworn in as the [55th Mayor of Chicago](#) on May 16, 2011 at the [Pritzker Pavilion](#). At his inauguration were outgoing Mayor [Richard M. Daley](#), [Vice President Joe Biden](#), [Labor Secretary Hilda Solis](#), [Treasury Secretary Timothy Geithner](#), and [William M. Daley](#), who succeeded Emanuel as White House Chief of Staff and is the brother of the outgoing Mayor Richard Daley ([Wikipedia, 2012](#)).

## 2. BIOTERRORBIBLE.COM: Rahm Emanuel News:

**Title:** Obama's First Appointment Is Son Of Zionist Terrorist

**Date:** November 6, 2008

**Source:** [Prison Planet](#)

**Abstract:** Rahm Emanuel's father was member of militant terror group that bombed hotels, massacred villagers – Obama pick is keen supporter of lobbying group aimed at creating militarized youth brigades

President elect Barack Obama's first appointment, Rahm Emanuel, who is set to become chief-of-staff, is the son of a member of the Zionist terrorist group Irgun, which was responsible for bombing hotels, marketplaces as well as the infamous Deir Yassin massacre, in which hundreds of Palestinian villagers were slaughtered.

Revelations about Obama's relationship with Bill Ayers, a Weather Underground domestic terrorist, which dogged him during the final weeks of the campaign trail, pale in significance to his selection of Emanuel, whose father, [Benjamin M. Emanuel](#), was an Irgun member.

Irgun has been labeled a terrorist organization by both [The New York Times](#) newspaper and by the [Anglo-American Committee of Enquiry](#).

Irgun was closely affiliated with the widely feared hardcore terrorist Stern Gang, an organization that carried out assassinations, train bombings and bombed police stations in an attempt to pave the way for unrestricted immigration of Jews into Palestine. Irgun operated in Palestine between 1931 and 1948.

Following the ideology of right-wing Revisionist Zionism, Irgun's doctrine was that, "Every Jew had the right to enter Palestine; only active retaliation would deter the Arabs and the British; only Jewish armed force would ensure the Jewish state".

This manifested itself by way of terror attacks such as the July 1946 bombing of the King David Hotel in Jerusalem, which killed 91 people. In 2006, Israelis including former Prime Minister Benjamin Netanyahu and former members of Irgun, attended a 60th anniversary celebration of the bombing organized by the Menachem Begin Centre.

Buses and marketplaces were also a target for Irgun, who were widely chastised for favoring attacks against civilian targets.

The widely condemned Deir Yassin massacre, which occurred in April 1948, involved Irgun working in consort with the Stern Gang and going house to house slaughtering Palestinian villagers. Eyewitness accounts of spies working for mainstream Jewish authorities, such as Meir Pa'il, reported Irgun members running around shooting civilians "full of lust for murder".

"I saw the horrors that the fighters had created. I saw bodies of women and children, who were murdered in their houses in cold blood by gunfire, with no signs of battle and not as the result of blowing up the houses," said eyewitness Eliahu Arbel.

"[One body was] a woman who must have been eight months pregnant," noted Jacques de Reynier, a French-Swiss Representative of the International Red Cross, "He hit in the stomach, with powder burns on her dress indicating she'd been shot point-blank."

The son of a man who helped carry out this slaughter has now been selected by Obama to be his chief-of-staff. Cries of "sins of the father" lose their gusto [when one considers the fact that](#), after the 1996 re-election of Bill Clinton, Rahm Emanuel "Was so angry at the president's enemies that he stood up at a celebratory dinner with colleagues from the campaign, grabbed a steak knife and began rattling off a list of betrayers, shouting 'Dead! ... Dead! ... Dead!' and plunging the knife into the table after every name." Sounds like a nice guy.

Rahm Emanuel is also an enthusiastic supporter of the [United States Public Service Academy Act](#), a lobbying group founded in 2006 in order to promote the foundation of an American public service academy modeled on the military academies – a youth corps whose students would be trained in "civilian internship in the armed forces".

This rings the alarm bells when we recall Obama's pledge to create a "civilian national security force" that is "just as powerful, just as strong, just as well-funded" as the U.S. military.

A creepy You Tube video of a brown-shirt style Obama youth brigade chanting and marching military style emerged last month, [raising fears](#) about where the messianic cult-like status of Obama's image could eventually lead ([Prison Planet, 2008](#)).

**Title:** Rahm Emanuel's Father: An Israeli Terrorist?

**Date:** November 8, 2008

**Source:** [Belfast Telegraph](#)

**Abstract:** The appointment of Rahm Emanuel triggered widespread interest in Israel, the native country of his former Jewish underground fighter father.

The older Emanuel, a paediatrician born in Jerusalem, was a member of Irgun, the hard-line militant group which fought for Jewish independence until 1948.

It was described as "terrorist" at the time by Britain. Mr Emanuel's appointment could reassure Israel that Mr Obama will continue America's close alliance.

The Ynet news service quoted Michael Kotzin, a leader of the Jewish Federation of Metropolitan Chicago, as saying Mr Emanuel is a frequent attendee at Israel-related events.

He co-sponsored a Bill defending Israel against a world court advisory opinion in 2004 criticising the route of the military's separation barrier for cutting deep into the West Bank, and co-sponsored another Bill congratulating Israelis and Palestinians who work together for peace.

He is credited with choreographing the famous handshake between Yasser Arafat and Yitzhak Rabin on the White House lawn in 1993 ([Belfast Telegraph, 2008](#))

**Title:** Wikipedia Deletes Benjamin Emanuel Entry

**Date:** November 13, 2008

**Source:** [Uruknet](#)

**Abstract:** Wikipedia has deleted Rahm Emanuel's father's page. Benjamin M. Emanuel's entry was recommended for deletion shortly after Obama named the younger Emanuel as his Chief of Staff, and it looks like it had already been deleted (or recommended for deletion) once before in January of 2007.

"Benjamin M. Emanuel" is no longer searchable in Wikipedia, but the former-page can be accessed through the original URL: [http://en.wikipedia.org/wiki/Benjamin\\_M.\\_Emanuel](http://en.wikipedia.org/wiki/Benjamin_M._Emanuel)

The old entry is no longer even in Google cache. The Progressive Mind was forward-thinking enough to save the original entry, including the original links. Here's what is used say:

<http://www.theprogressivemind.info/2008/11/benjamin-m-emanuel-wikipedia-free.html>

And here's a screenshot (from [Blog-Reporter](#)):

# Benjamin M. Emanuel

From Wikipedia, the free encyclopedia

Jump to: navigation, search

This article is being considered for deletion in accordance with Wikipedia's [deletion policy](#).

Please share your thoughts on the matter at [this article's entry](#) on the [Articles for deletion](#) page.

Feel free to edit the article, but the article **must not** be blanked, and this notice **must not** be removed, until the discussion is closed. For more information, particularly on merging or moving the article during the discussion, read the [guide to deletion](#).

*Steps to list an article for deletion:* 1. {{subst:pid}} 2. {{subst:pid|pg=Benjamin M. Emanuel|cat=|text=}} ~~~~ (categories) 3. {{subst:pid|pg=Benjamin M. Emanuel (2nd nomination)}} (add to top of list) 4. Please consider merging the author(s) by placing {{subst:adv|Benjamin M. Emanuel|Benjamin M. Emanuel (2nd nomination)}} ~~~~ on their talk page(s).

**Benjamin M. Emanuel** is a [Chicago](#) pediatrician and former member of the [Iraqi](#)<sup>[1][2]</sup>. He is the father of U.S. Congressman and White House Chief of Staff-designate [Rahm Emanuel](#), [NIE](#) bioethicist [Ezekiel J. Emanuel](#), talent agent [Ari Emanuel](#), and adopted daughter Shoshana<sup>[1]</sup> Born in [Jerusalem](#) in 1927,<sup>[1]</sup> he later emigrated to America in the 1950s<sup>[2]</sup> and married Martha Smolensky. They lived first in [Chicago](#) and later moved to [Winnetka](#).<sup>[1]</sup> Emanuel's family adopted their surname in 1933, after Benjamin's brother, Emanuel Auerbach, was killed in a skirmish with Arabs in Jerusalem.<sup>[1]</sup> According to Benjamin Emanuel, his son Rahm is the namesake of Rahanun, a [Lehi](#) combatant who was killed.<sup>[1]</sup>

## Quotes

[[edit](#)]

"Obviously he [[Rahm Emanuel](#)] will influence the president to be pro-Israel. Why wouldn't he be? What is he, an [Arab](#)? He's not going to clean the floors of the [White House](#)."<sup>[3][4][6]</sup>

## References

[[edit](#)]

- ↑ *Elizabeth Burrill* (1997-04-15). "The Brothers Emanuel". *New York Times*. Retrieved on Nov. 6, 2008
- ↑ *Anshel Pfeffer* and *Shlomo Shamir* (November 6, 2006). "Obama's first pick: Israeli Rahm Emanuel as chief of staff". *Haaretz*. Retrieved on November 6, 2008
- ↑ *MATTHEW KALMAN* (2008-11-06). "Obama chief of staff Rahm Emanuel is no pal of ours, Israel's foes say". *New York Daily News*. Retrieved on Nov. 7, 2008
- ↑ "Interview with Benjamin Emanuel" (in Hebrew), *Ma'ariv* (November 6, 2008). Retrieved on November 8, 2008
- ↑ *Staff* (November 6, 2008). "Emanuel to be Obama's chief of staff". *Jerusalem Post*. Retrieved on November 6, 2008
- ↑ *Mark Sila* (November 8, 2008). "Rahm Emanuel, Obama, Israel and family". *The Swamp: Chicago Tribune's Washington Bureau*. Retrieved on November 8, 2008

Retrieved from "http://en.wikipedia.org/wiki/Benjamin\_M.\_Emanuel"

(Uruknet, 2008).

**Title:** Rahm Emanuel Apologizes For Father's Disparaging Remarks About Arabs

**Date:** November 14, 2008

**Source:** [Haaretz](#)

**Abstract:** U.S. President-elect Barack Obama's chief of staff Rahm Emanuel apologized to an Arab-American group on Thursday for comments disparaging Arabs made by his father.

The American-Arab Anti-Discrimination Committee sent a letter to Emanuel calling on him to distance himself from remarks made by the elder Emanuel in an interview with an Israeli newspaper following his son's appointment last week.

In the interview, Benjamin Emanuel was reported as saying: "Obviously, he will influence the president to be pro-Israel. Why wouldn't he? What is he, an Arab? He's not going to clean the floors of the White House."

While some political analysts have said Rahm Emanuel, a veteran Democratic congressman, should not be held responsible for the actions of his father, there was also a sense that an apology was unavoidable.

"Today, Rep. Emanuel called Mary Rose Oakar, president of the American-Arab Anti-Discrimination Committee, apologized on behalf of his family and offered to meet with representatives of the Arab-American community at an appropriate time in the future," a statement from his office said.

The committee, in a statement on its website, said Emanuel told Oakar it was unacceptable to make such remarks against any ethnic or religious group.

"From the fullness of my heart, I personally apologize on behalf of my family and me. These are not the values upon which I was raised or those of my family," the group quoted him as saying.

Oakar welcomed the apology, saying: "We cannot allow Arabs and Muslims to be portrayed in these unacceptable terms."

Some commentators in the Middle East have raised concern about the appointment of Emanuel, who has a pro-Israel record, suggesting he could use his position to influence Obama's policies in the region.

But political analysts and Emanuel himself this week dismissed such suggestions. The congressman said Obama did not need his influence to "orientate his policy toward Israel."

The chief of staff position serves as one of the closest advisers to the president and typically can decide who gains access to the president, while also developing administration policies ([Haaretz, 2008](#)).

**Title:** Rahm Emanuel Elected Mayor Of Chicago

**Date:** February 22, 2011

**Source:** [ABC News](#)

**Abstract:** Rahm Emanuel, the former White House chief of staff, has realized his lifelong ambition to become mayor of Chicago.

With 97 percent of the vote in the Chicago mayor's race counted this evening, Emanuel, 51, had 55 percent, winning the mayoral election outright and avoiding a runoff in April.

"Looking forward to working together as your next mayor," he tweeted tonight.

After a topsy-turvy campaign, in which his Chicago residence was repeatedly challenged, Emanuel easily outdistanced a crowded field.

His closest challenger, longtime city official Gery Chico, drew only 25 percent of the vote.

Former Sen. Carol Moseley Braun, the so-called "consensus" African-American candidate, polled a distant fourth with only about 8 percent.

In his victory address at Plumbers Hall, Emanuel thanked his supporters and spoke about his vision for the city.

"We have not won anything until a child can go to school and not think of their safety we have not won anything. Until a parent can think of their work, and not where they're going to find work, we have not won anything," Emanuel said. "The plural pronoun of 'we' is how we're going to meet the challenges. ... I do not want to see another child's name in memorial killed by violence."

President Obama, Emanuel's longtime friend and former employer, issued a statement congratulating him after all five other candidates in the race had conceded.

"I want to extend my congratulations to Rahm Emanuel on a well-deserved victory tonight," the president said. "As a Chicagoan and a friend, I couldn't be prouder. Rahm will be a terrific mayor for all the people of Chicago."

For more on the history of the job of mayor in Chicago, why so many politicians want it, and an [interview by George Stephanopoulos with current Mayor Richard Daley click here](#).

Turnout in Chicago was far lower than expected, according to city election officials, who said fewer than half of the city's registered voters showed up at the polls.

Emanuel takes office in May, succeeding Richard M. Daley who is retiring after 22 years in office -- serving longer than his famous father, Richard J. Daley, the last of America's big-city bosses.

Despite his big victory, Emanuel faces huge challenges including a crippling city budget deficit. The city faces a \$655 million budget gap in the current fiscal year and unfunded pension liabilities estimated at more than \$20 billion.

The results were not a surprise, as the most recent polls showed Emanuel far out in front, trailed by Chico.

Since Mayor Richard Daley announced he would not seek a record seventh term, Emanuel has led the pack in polling and fund-raising, amassing more than \$12 million in campaign contributions.

An attempt by Rev. Jesse Jackson and others to solidify African-American support behind Braun largely fizzled as the former senator's campaign [suffered numerous embarrassing gaffes](#).

Emanuel's most serious challenge had been expected to come from Chico, a former school board president and Daley chief of staff who had the support of Chicago's police and firefighters unions ([ABC News, 2011](#)).



# Bio Terror Bible

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The birth of modern terrorism essentially begins and ends with the illegal state of Israel. History clearly shows that the ideology of Zionism will stop at nothing to advance its political agenda even if it means killing their own. Like the Nazis before them, the Zionists must be condemned, ridiculed and ultimately tried for their crimes against humanity, should this world ever wish to live in peace.

### **Patria Bombing (1940)**

On November 25, 1940, [Zionist terrorists bombed a ship entitled the “Patria”](#) in Haifa harbor in false-flag terror attack which was to be blamed on the occupying British for political gain. The terrorist bombing killed 240 Jewish refugees and injured 172. The Patria bombing was taken directly from Protocol 10 of [The Protocols of the Learned Elders of Zion](#).

### **King David Hotel Bombing (1946)**

Dressed as Arabs, [Zionist terrorists bombed the King David Hotel](#) in [Jerusalem](#) on July 22, 1946. 91 people were killed and 46 were injured in the deadly bombing. The [terror attack was led by Menachem Begin](#) who later became the 6<sup>th</sup> Prime Minister of Israel. The King David Hotel Bombing is seen by many historians as the birth of modern terrorism.

### **Albert Einstein's Letter Against Zionism (1948)**

In an [open letter](#) written to the New York Times on December 4, 1948, prominent Jews such as Albert Einstein and 27 others publicly stated that, “The newly created state of Israel of the “Freedom Party” (Tnuat HaHerut), is a political party closely akin in its organization, methods, political philosophy and social appeal to the Nazi and Fascist parties.” Coincidentally, just days before [Einstein was to go on television](#) and speak about Zionist atrocities and the illegal state of Israel, Einstein suffered an aortic aneurysm and died. Einstein reportedly took the speech he was preparing to the hospital, but didn't live long enough to complete it. Einstein's timely death ensured that the world was never properly informed about evils of Zionism, the state of Israel and their war crimes against Palestine.

### **The Lavon Affair (1954)**

Dressed as Arabs, 9 [Zionist terrorists bombed a post office, library and theatre](#) in Egypt as part of "Operation Susanna" during the summer of 1954. The operation became widely known as the "Lavon Affair" after the Israeli defense minister [Pinhas Lavon](#) was forced to resign due to his role in the terror attacks.

### **Israeli Hijack (1954)**

The [first act of air piracy in the history of civil aviation was carried out by Israel](#) in December of 1954 when a civilian Syrian airliner was forced down in Tel Aviv and its passengers and crew were held for days by Israeli terrorists. Despite international condemnation, the Israeli terrorists refused to release the hostages.

### **Israeli Political Assassinations (1956-Present)**

Since 1956, the [Israeli Mossad has openly conducted at least 75 major political assassination](#) operations around the globe which have killed thousands of innocent civilians in the collateral damage. No evidence, no trial, no jury, just outright murder and bloodshed by the state of Israel.

### **USS Liberty Attack (1967)**

The [USS Liberty was attacked by the Israeli military on June 8, 1967](#), when Air Force jet fighter aircraft and [Israeli Navy torpedo boats](#) conducted a surprise attack on the American ship while it was in international waters. The unprovoked attack killed 34 U.S. sailors and wounded 170. To date, Israel has never apologized for the premeditated attack.

### **Israeli Airport Terror (1968)**

In 1968, [Israeli commando terrorists blew up 13 civilian airliners](#) at Beirut airport in Beirut, Lebanon. Unfortunately, this major terrorist attack committed by the state of Israel is highly underreported.

### **Nuclear Proliferation (1970's)**

According to documents discovered by an American academic, the state of [Israel offered to proliferate nuclear weapons on the black market to South Africa](#) in the 1970's. Although Israel has not and will not confirm that they have nuclear weapons, despite a large amount of evidence showing they have as many as 200 nuclear warheads, Israel did have enough nuclear weapons to proliferate. Israel is joined only by India, Pakistan and North Korea as the only non-signatories of the [Nuclear Non-Proliferation Treaty](#).

### **Israeli STRATFOR & Alex Jones (1996-Present)**

On February 12, 2012, [the story broke](#) that radio host Alex Jones was likely the intelligence tool of [STRATFOR](#), a Zionist intelligence agency located in Austin, Texas. [STRATFOR](#) admits to being an intelligence gathering center and therefore it stands to reason that Alex Jones and his affiliates of [InforWars](#) and [PrisonPlanet](#) have likely been gathering intelligence, data and info on patriotic Americans since 1996, coincidentally the exact same year that STRATFOR was founded.

[The Alex Jones Show](#) boasts a radio audience of over 3 million gun-owning Americans. Essentially, Alex Jones is the unofficial Commander and Chief of the largest militia the world has ever seen. With this unprecedented concentration of power into the hands of one man it is imperative that people take a second look at Jones the Israeli STRATFOR behind him. The fear is that [Alex Jones is a disinformation agent](#) sent to provoke violence in the midst of a national tragedy.

The goal of Alex Jones and his Zionist handlers is to get America to destroy herself the [same way](#) that Russia was destroyed under Stalin by dividing and then collapsing society upon itself by baiting Americans into a violent revolution against their own police and military. The Alex Jones [STRATFOR](#) connection is taken directly from Protocol 2 of [The Protocols of the Learned Elders of Zion](#).

### **9/11 Attacks (2001)**

The role of the [Israeli Mossad in the 9/11 attacks is unmistakable](#). Although other intelligence agencies were involved as patsies in the attacks, the Israelis Mossad played the role of execution in the 9/11 terror operation. After all, Israel has the most to gain from a U.S. invasion of its Middle Eastern neighbors.

### **1. Vacating the Twin Towers (Pre 9/11)**

Months before 9/11, ZIM (Integrated Shipping Services), an [Israeli company, broke its lease losing \\$50,000 and vacated its office in the North WTC tower](#). Speculation exists that the vacated office space was used as a staging ground for the explosives used in the demolition of WTC #1 and WTC #2. FBI agent Michael Dick, who had been investigating Israeli espionage before and after 9/11, began investigating the suspicious and timely move by ZIM only to be removed from his duties by the head of the Justice Department's criminal division, Zionist Michael Chertoff.

### **2. Israeli Spies in America (Pre 9/11)**

Just prior to 9/11, almost 150 [Israelis were arrested for suspected espionage after they were caught targeting U.S.](#), military bases, DEA, FBI, Secret Service, ATF, and other government installations throughout America.

### **3. 9/11 Airport Security (9/11)**

ICTS, [an Israeli company, was in charge of every 9/11 airport](#) from which the hijacked planes allegedly operated out of. A few hours before the Patriot Act was voted on, it was edited to make foreign companies in charge of security on 9/11 immune to lawsuits. The Patriot Act essentially prevents American courts from demanding that ICTS provide testimony or hand over the missing surveillance videos from the airports.

### **4. ODIGO: Israeli Instant Messaging Service (9/11)**

At least two Israeli employees of [ODIGO, an Israeli Instant Messaging Service, received a text message warning them of the 9/11 attack](#) two full hours before the first plane hit the WTC tower on September 11, 2001. ODIGO's office was only two blocks from the WTC, but no ODIGO employee passed the warning to U.S. authorities. Failure to pass the warning onto WTC security resulted in the deaths of almost 3,000 people.

### **5. The 5 Dancing Israelis (9/11)**

On 9/11, five [Israeli men were caught videotaping the Twin Towers prior to the 9/11 attack](#) and began dancing and celebrating with joy after the planes hit the building. The men even photographed themselves smiling in front of the burning wreckage while holding a lighter. After returning to Israel, the men who were later identified as Mossad agents, went on TV and stated that ["Our purpose was to document the event"](#).

### **6. The 9/11 Truck Bomb (9/11)**

On the evening of 9/11, [Israelis driving a truck/van bomb with over 1 ton of explosives was apprehended](#) around George Washington Bridge in New York City. The FBI later determined that two of the five Israelis arrested were Israeli Mossad agents.

### **7. Israeli Spies in America (Post 9/11)**

After 9/11, over [60 Israelis, some active Israeli military personnel, were arrested](#) under the Patriot Anti-Terrorism Act or for espionage and immigrations violations within the United States.

### **8. Evidence Linking Israel to 9/11 is Classified (Post 9/11)**

According to Fox News and their reporter Carl Cameron, ["Evidence linking these Israelis to 9/11 is classified"](#). I cannot tell you about evidence that has been gathered. It is classified information." The reason the information is classified is because it would implicate Israel in the greatest terror attack the world has ever seen.

### **Jewish Leader of Al Qaeda (2004-Present)**

Since 2004, alleged Al Qaeda mastermind Adam Gadahn has been terrorizing Americans with threats of terror and taunting the deaths of U.S. servicemen and women. Interestingly, [Gadahn is of Jewish decent](#) rather than of Arabic decent. [Gadahn's grandfather was none other than Carl Pearlman](#), a prominent urologist who sits on the [Anti-Defamation League's](#) Board of Directors. Dressed up as an Arab terrorist, the Jewish Gadahn goes on TV and threatens America and the world with Al Qaeda terror.

### **London Bombings of 7/7 (2005)**

Just prior to the London Bombings of July 7, 2005, the [Israeli embassy in London was advised in advance](#) of an impending terror attack. [Verint Systems, an Israeli security company](#) with approximately 1000 employees, was the security firm responsible for the CCTV surveillance cameras in the London Underground rail network. Curiously, no CCTV footage of the four Muslims boarding the tube-trains has ever been released by Verint who claim that their cameras were not working that day. A CCTV video of 7/7 would show that the four Muslims "terrorists" never boarded the tube-trains that blew up and that someone else altogether was responsible.

### **DHS & Israeli Partnership (2008)**

The 2008 [partnership between Israel and the U.S. Department of Homeland Security](#) (DHS) ensures that Israel is never investigated for its role in the terror attacks of 9/11. It also allows Israel to commit acts of terrorism in America while DHS looks the other way. The one-sided partnership forces America to keep fighting Israel's wars while simultaneously providing a shield by which the state of Israel and their Mossad can terrorize America with impunity.

### **DHS & Israeli Partnership (March, 2010)**

In the 2010 partnership, [DHS and Israel signed an agreement to work together to share information more quickly about civil aviation](#) incidents. "The real-time exchange of information with our international partners is critical to our efforts to enhance overall global aviation security," said DHS Secretary Janet Napolitano. "This agreement will allow the United States and Israel to better coordinate on, and respond to potential aviation security incidents to strengthen our mutual safety." As with the 2008 DHS partnership, this agreement makes sure that Israel is never investigated for its role in the attacks of 9/11 and it allows Israel to commit acts of terrorism in the United States while DHS, FAA and the TSA look the other way.

### **Israeli Stuxnet Virus (June, 2010)**

The [Stuxnet](#) computer virus is an Israeli computer cyber terror worm discovered in June of 2010. It was initially spread via Microsoft Windows and targets Siemens industrial software and equipment. The virus infected computers in Iran, Indonesia, India, Azerbaijan, United States, Pakistan and many other nations costing billions of dollars in damage. A movie played at a retirement party for the head of the Israel Defense Forces bragged that [Israel was indeed responsible for the Stuxnet cyber-attack](#).

### **Chicago's Zionist Rahm Emanuel (Feb, 2011-Present)**

Chicago's mayor as of February 22, 2012 is [Rahm Emanuel, the son of an admitted Zionist terrorist](#) who is directly responsible for the brutal genocide of countless Palestinians. Emanuel is Barack Obama's former [White House Chief of Staff](#) and ensures the future whitewash of a major terror attack upon the city of Chicago by the Israeli Mossad. Chicago terror scenarios included an [attack on the Sears Tower](#), an [Obama assassination](#) attempt or a [bio-terror attack](#).

### **Fukushima Nuclear Disaster (March, 2011)**

Magna BSP, an [Israeli security firm, was responsible for security at the Fukushima](#) nuclear power plant in Japan before, during and immediately after the nuclear disaster of March 11, 2011. Speculation concerning what really happened that terrible day continues to mount as [multiple reports](#) state that the nuclear plant was sabotaged by the Israeli security firm who had been on the job less than a year.

### **Trinidad Assassination Plot Exposed (June, 2011)**

Two [Israeli citizens were arrested in the Trinidad assassination plot](#) when it was discovered that they had fake passports and that they were part of an Israeli assassination hit team. The couple then mysteriously escaped from their hotel, five months after being placed there under tight security. Authorities are investigating whether Robert and Anastasia, who were pretending to be husband and wife, were in fact a hit-team involved in a plot to assassinate Prime Minister Kamla Persad-Bissessar and four members of her cabinet.

### **Israeli Duqu Virus (Sep, 2011)**

The [Duqu](#) virus was discovered on September 1, 2011, and appears to be a cyber terror worm related to the Israeli Stuxnet virus. As evidenced by the virus' capabilities, the Duqu virus is programmed to take over computer systems such as nuclear reactors, stock markets, and travel hubs. According to Wikipedia, [Duqu looks for information that could be useful in attacking industrial control systems](#). Based on the modular structure of Duqu, special payloads could be used to attack any type of computer systems by any means and thus cyber-physical attacks based on Duqu are possible.

According to McAfee, one of Duqu's actions is to steal digital certificates (and corresponding private keys) from attacked computers to help future viruses appear as secure software. The [malware attacks software programs that run Supervisory Control](#) and Data Acquisition, or SCADA, systems. Such systems are used to monitor automated plants such as nuclear facilities. Should American nuclear power plants be targeted for terror, the Israeli Duqu virus will be the top suspect.

### **Israeli Arson (Jan, 2012)**

A massive blaze that destroyed thousands of hectares in the Chilean National Park of Torres del Paine was the result of arson committed by a 23 year old [Israeli "tourist" named Rotem Singer who has been charged with purposely starting the fire](#). More than 550 government and military personnel from Chile and Argentina and several aircraft were deployed to combat the fire according to the website of Chile's emergency agency. Interior Minister Rodrigo Hinzpeter said more than 11,000 hectares (27,000 acres) have been consumed in the fire.

### **Assassination of Obama (Feb, 2012)**

Atlanta Jewish Times owner and publisher Andrew Adler [called for President Obama's assassination](#) when he described the third of three options that Israel must take in regards to Iran: "Three, give the go-ahead for U.S.-based Mossad agents to take out a president deemed unfriendly to Israel...Order a hit on a president in order to preserve Israel's existence...don't you think that this almost unfathomable idea has been discussed in Israel's most inner circles?" The [Israeli newspaper Haaretz stated in 2010](#) that, "Obama's election may usher a political climate that could produce an assassination attempt...It is most likely, though, to be a lone assassin, he says, rather than an organized network".

### **WMD Terror (Future)**

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**Title:** United States Army Medical Research Institute of Chemical Defense

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The United States Army Medical Research Institute of Chemical Defense (USAMRICD) is a [military research institute](#) located at [Aberdeen Proving Ground, Maryland](#), USA, and is used by the [United States Army](#) for the [development](#), [testing](#), and evaluation of therapy and material to prevent and treat [casualties](#) of [chemical warfare](#) agents.

Its mission includes [fundamental](#) and [applied research](#) in the [pharmacology](#), [physiology](#), [toxicology](#), [pathology](#), and [biochemistry](#) of chemical agents and their medical countermeasures. In addition to research, the Institute, in partnership with the [United States Army Medical Research Institute of Infectious Diseases](#) (USAMRIID), educates health care providers in the medical management of chemical and biological agent casualties. The USAMRICD supports a Chemical/Biological Rapid Response Team (C/B-RRT), supports and trains Area Medical Laboratory (formerly Theater Area Medical Laboratory) personnel, and maintains a chemical surety facility ([Wikipedia, 2012](#)).



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**Title:** United States Army Medical Research Institute Of Infectious Diseases

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID, pronounced U-sam-rid) is the [U.S Army](#)’s main institution and facility for defensive [research](#) into countermeasures against [biological warfare](#). It is located on [Fort Detrick](#), [Maryland](#) and is a subordinate lab of the [U. S. Army Medical Research and Materiel Command](#) (USAMRMC), headquartered on the same installation. USAMRIID is the only [U.S. Department of Defense laboratory](#) equipped to study highly hazardous [viruses](#) at [Biosafety Level 4](#) within [positive pressure personnel suits](#). USAMRIID employs both military and civilian [scientists](#) as well as highly specialized support personnel. In the 1950s and 1960s, it pioneered unique, [state-of-the-art biocontainment](#) facilities which it continues to maintain and upgrade. Investigators at its facilities frequently collaborate with the [Centers for Disease Control and Prevention](#), the [World Health Organization](#), and major biomedical and academic centers worldwide.

USAMRIID was the first bio-facility of its type to research the [Ames strain](#) of anthrax, determined through [genetic analysis](#) to be the [bacterium](#) used in the [2001 anthrax attacks \(Wikipedia, 2012\)](#).

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**Title:** World Health Organization

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The World Health Organization (WHO) is a specialized agency of the [United Nations](#) (UN) that acts as a coordinating authority on international [public health](#). Established on 7 April 1948, with headquarters in [Geneva](#), Switzerland, the agency inherited the mandate and resources of its predecessor, the Health Organization, which was an agency of the [League of Nations](#). It is a member of the [United Nations Development Group](#).

**Title:** Summary of WHO Global Pandemic Phases (WHO Global Influenza Preparedness Plan, 2005)

**Date:** 2005

**Source:** [WHO](#) (World Health Organization)

**Abstract:**

### Interpandemic Period

**Phase 1.** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low

**Phase 2.** No new influenza virus subtypes have been detected in humans. However, a circulating animal

influenza  
virus subtype poses a substantial risk of human disease

### **Pandemic Alert Period**

**Phase 3.** Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact

**Phase 4.** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans

**Phase 5.** Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)  
Pandemic Period

**Phase 6.** Pandemic phase: increased and sustained transmission in the general population

### **Postpandemic Period**

Return to the Interpandemic Period (Phase 1) ([WHO, 2005](#)).

**Title:** Current WHO Phase Of Pandemic Alert For Pandemic (H1N1) 2009

**Date:** 2009

**Source:** [WHO](#) (World Health Organization)

**Abstract:** In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

**Phase 4** is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

**Phase 5** is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

**Phase 6**, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required ([WHO, 2009](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** In the aftermath of man-made bio-terror generated pandemic, the government and media may attempt to scapegoat monkeys just as they did in the 1994 book [The Hot Zone](#) and the 1995 blockbuster movie entitled [Outbreak](#). Since 9/11, there have been unprecedented reports of monkey [attacks](#), monkey [escapes](#), monkey [thefts](#) and monkey [smuggling](#) which may suggest that the monkey scapegoat option is being primed for prime-time.

**Title:** Monkey Injures Several People In India

**Date:** November 13, 2007

**Source:** [Red Orbit](#)

**Abstract:** A wild monkey went on a rampage in a low-income neighborhood in the Indian capital, injuring several people, most of them children, police said Monday.

Police sub-inspector Gaje Singh told The Associated Press that the attacks started late Saturday in the Shastri Park area of New Delhi, adding that it was not immediately possible to give an exact tally of the injured. Local news reports said as many as 25 people were injured.

Singh said officers were patrolling the neighborhood in search of the rogue animal.

"But the monkey hasn't been spotted yet," Singh said.

People in Shastri Park often sleep outside their homes or on open roofs to escape the heat.

Neighborhood resident Naseema, who goes by one name, carried her 1-year-old daughter into her house in attempts to escape the animal. "The monkey followed me in and buried its teeth in my baby's leg," she told the Times of India newspaper.

As New Delhi's forest cover shrinks, rhesus macaque monkeys have overrun its government buildings, temples and residential areas, occasionally biting passers-by or snatching food from them. A government official died last month when he fell from his balcony during an attack by wild monkeys.

Part of the problem is that devout Hindus believe monkeys are manifestations of the god Hanuman and feed them bananas and peanuts, encouraging them to frequent public places.

Last year, the Delhi High Court reprimanded city authorities for not doing enough to stop the animals from terrifying residents.

City authorities have experimented with using langurs – a larger and fiercer kind of monkey – to scare or catch the macaques, but the problem persists ([Red Orbit, 2007](#)).

**Title:** Chesapeake Man Bitten By Service Monkey Again

**Date:** March 30, 2010

**Source:** [Red Orbit](#)

**Abstract:** A service monkey has attacked his Chesapeake owner again.

The owner might finally be willing to give up his pet capuchin. Police say Noah the monkey bit his owner for the second time in two weeks Monday night.

Noah is like family to Babe Hamric.

"Even though this happened, he's still my baby."

That's what Hamerick told NewsChannel 3 when his pet monkey bit his thumbs off two weeks ago. After Noah went for his legs last night, Hamric seems to be reconsidering.

"From what my officers reported, the owner had made a statement last night that he was not willing to give up the monkey after this latest bite," said Kathy Strouse, Chesapeake Animal Control.

Gayle O'Neal, the woman who bred Noah, says Hamerick never paid in full for him.

She emailed Hamric saying she is willing to take Noah back for Hamerick's "safety and well-being". O'Neal says she is more concerned about Noah, worried that Hamerick did something. She thinks the trust factor may have been broken.

O'Neal is also concerned with Noah's teeth. They should have been filed down or removed as a certification requirement for service animals.

Hamerick has told NewsChannel 3 Noah is certified to help him deal with post traumatic war stress from Vietnam.

"When I get ready to go into an anxiety attack he'll jump on me or hug me around the neck and he'll chatter in my ear - so I know it's time to sit down and relax," Hamric said.

Officials are questioning whether Noah will be able to relax in another setting with another owner.

Monkey experts say he will first need to be neutered and have his canines removed. If deemed home-friendly, he would be better off with a female owner.

Noah could also become a breeding monkey.

Before anything happens he will need a temperament evaluation.

Euthanizing Noah would also be an option.

"If you take him, you take me too," Hamric has said of his monkey. He might not be happy with the result, but fortunately for Noah, authorities say several people have already called and are willing to adopt him ([WTKR, 2010](#)).

**Title:** Family Vows To Keep Monkey After Attack

**Date:** July 21, 2010

**Source:** [RTV 6 News](#)

**Abstract:** A Hamilton County family said they have no plans to get rid of a pet monkey that attacked several people and a dog after it got loose on Wednesday.



A teenager in the home called 911 just after 10 a.m. to report that his family's pet Patas monkey had gotten out of its cage and was tearing up his house at 2936 E. 276th St. in Atlanta.

"We have a monkey and he's gotten out of his cage. My brother's hurt and so is my dog," the man told the operator.

When police and animal control officers responded to the scene, the monkey's owner, Bobbi Phelan, had gotten the animal back into his elaborate indoor-outdoor cage.

Her 15-year-old son suffered a cut to his head, and the family's dog had his ear torn off by the animal, police said.

Still, Phelan said the monkey, Eujo, isn't going anywhere, [6News' Tanya Spencer](#) reported.

"He is part of the family. In fact, when people ask if I own a monkey, no, I don't own a monkey, because he's my son. We have a monkey," Phelan said, "But I'm not taking it lightly. I do understand human life and protecting it and the risk."

She said the 40-pound monkey, who she's had for six years, jumped around the home and ate some Pringles, but didn't mean to hurt anyone.

Hamilton County Sheriff's Department Deputy Vicky Dunbar said because of the attack, the monkey will be considered a vicious animal and that a follow-up investigation will be conducted.

"The animal is extremely quick, extremely strong," she said. "My understanding is that it has about the strength of three to four men and had very large teeth."

The monkey has bit Phelan once before. She spent three days in the hospital, but said that's when Eujo started puberty, becoming aggressive.

Phelan said she's already added locks to the monkey's cage, but doesn't plan to give him up.

"He's my son," she said. "I didn't give birth, but I love him just like I love any of my children."

In Indiana, residents are not required to have a permit to own a pet monkey ([RTV 6 News, 2010](#)).

**Title:** Escaped Monkey Attacks Oneida Castle Woman

**Date:** November 11, 2010

**Source:** [Oneida Dispatch](#)

**Abstract:** An Oneida Castle woman became the victim of an attack from the unlikelyst of creatures in Central New York while playing with her son on Sunday.

Nick Fedchenko, of Prospect Street in Oneida Castle, said his wife Amy was playing with their two-year-old son on the newly installed tire swing in the backyard when they were attacked by an escaped capuchin monkey.

"Out of nowhere a monkey ran up and was going after our son," he said. "She intervened and the monkey attacked. It jumped on her several times and she threw it off. It bit her twice and penetrated, causing puncture wounds to her middle finger."

He described a long retreat to the house for his family.

"She had to keep the monkey at bay from the swing all the way to the house until she could get me," he said. "The monkey was coming at her the whole time. When she got to me, the monkey was at our side garage door trying to get in after them still. I was standing in my garage shocked to see that there was a monkey wrenching at the door."

He put on leather gloves and a jacket before proceeding outside as his wife called 911.

"I went out and kept the monkey on the porch," he said. "The monkey came after me a few times, but eventually we got it settled down when a banana came out. The authorities came here and did a great job."

State Police Captain Francis Coots described the scene upon arrival.

"A trooper arrives and sees the monkey on top of the house," said Coots. "The owner of the monkey, Robert Jones, who lives just around the corner, comes over and gets a hold of the monkey. It apparently had escaped from his residence unbeknownst to him."

Coots said Jones produced proof of the monkey's rabies vaccination and his license from the Department of Environmental Conservation to own an exotic pet. Amy was taken to the hospital and the monkey was tested for rabies.

Fedchenko said the results of the test had not been made available to him on Thursday.

The eight-year-old monkey, Jada, was scheduled to be euthanized on Wednesday and not held for observation while the rabies test is run in accordance with state law, but The Dispatch could not confirm if it had taken place.

The Oneida County Health Department could not be reached for comment Thursday.

Fedchenko said the real hero of the day was his wife.

"She did a very good job protecting our son," he said.

He said the day's events were unreal in a way.

"It was a bizarre Sunday," he said.

Robert Jones could not be reached for comment Thursday ([Oneida Dispatch, 2010](#)).

**Title:** Authorities Catch Ear-Biting Monkey

**Date:** December 22, 2010

**Source:** [UPI](#)

**Abstract:** Florida wildlife authorities said they were trying to find the owner of a monkey that bit a man on the ear.

Eduardo Monteagudo, a neighbor of the southwest Miami-Dade County victim, said he witnessed the man cooking his dinner Tuesday when the small monkey climbed onto his shoulder, Miami's WSVN-TV reported

"When he saw it, he tried to hit it and it bit him on the ear," Monteagudo said.

Miami-Dade Police and Fire Rescue units said they responded to the home about 7 p.m. and tried to coax the monkey, a black-and-white Capuchin, off the home's roof.

"He was scared, scared of the crowd, the lights, scared of everything," Lt. Lisa Wood told Miami's WFOR-TV. "Once we got him back there where it was quiet, he sat very calm, let us move things around and then I put the carrier down and he went right in like, oh, thank you very much."

Investigators said they were trying to find the owner of the monkey. Neighbors said the animal has been seen loose before ([UPI, 2010](#)).

**Title:** Monkey, Lucky, Bites 118 People Then Escapes

**Date:** January 24, 2011

**Source:** [Chimpamzee Info](#)

**Abstract:** A Japanese monkey that was captured in Shizuoka Prefecture after biting over 100 people has escaped from a park, sparking a warning from local authorities. The monkey, named Lucky, escaped from Rakujuen Garden in Mishima on Monday morning. The macaque was spotted near JR Mishima Station, and some 20 city workers launched a search, but were unsuccessful. The Mishima Municipal Government has warned residents to lock their doors, saying there is a possibility the monkey could bite more people.

In a news conference on Monday, city officials said Lucky escaped when a worker cleaning her cage opened an inner door without locking the outer one. At first she remained beside the cage for a while, but workers failed to catch her.

"It was a human error," Rakujuen head Shizuo Sugiyama said in an apology.

Lucky bit 118 people in five cities and one town before city workers captured her on Oct. 10 last year in a resident's home. After naming the monkey Lucky, city workers put her on display at the garden. Souvenirs associated with the monkey were sold and the garden saw an increase in visitors, but Lucky had been losing hair, apparently due to stress ([Chimpanzee Info, 2011](#)).

**Title:** Man Falls To Death From Rooftop After Monkey Attack

**Date:** February 22, 2011

**Source:** [Times of India](#)

**Abstract:** After two elephants injured a [Korean couple](#) at Amber, it was the turn of monkeys on Monday to create a ruckus. A 42-year-old businessman fell from the third floor of his house after being attacked by a group of monkeys in Galta Gate area in the morning. He died on the spot.

According to the police, the deceased, Giriraj Prasad Gupta, was a resident of Raghunath Colony in Galta Gate and owned a shop in Surajpole. He used to take a stroll on the rooftop of his third floor along with his wife every morning, said his father [Brij Bihari Gupta](#).

At around 6 am, Giriraj asked his wife to go down and get tea for him.

"She had taken a few steps down the stairs when a group of monkeys jumped to the rooftop from another house and attacked Giriraj," said a police officer.

His wife told police that while trying to scare away the monkeys, Giriraj asked her to run for safety.

"As his wife climbed down the stairs, she saw the monkeys attacking Giriraj," said the officer adding that he fell head-on to the ground. "Giriraj's brother, who was in his room on the second floor, heard a loud thud and peeped out of the window. He saw Giriraj and rushed outside. But he had died on the spot," said the officer.

Nevertheless, the victim was rushed to [SMS Hospital](#) by family members, but declared brought dead. The hospital informed the police following which a post-mortem was conducted.

"We have handed over the body to the family members. A physical verification of the spot will be conducted on Tuesday," said the officer.  
([Times of India, 2011](#)).

**Title:** Escaped Monkey Attacks 2 Kids In Fremont

**Date:** June 9, 2011

**Source:** [North West Ohio](#)

**Abstract:** A small monkey attacked two children and ran wild for hours Thursday in Fremont, police said.

The two girls were around nine years old and suffered scratches, according to Fremont Police Chief Tim Wiersma. Wiersma said the girls should be okay.

The grivet monkey, which is about the size of a raccoon, figured out a way to unlatch his leash and run away from his owner on Hickory Street, Wiersma said. Police fired two rounds at the pet monkey during a nearly three-hour pursuit that ended with the owner capturing it around 6 p.m.

The owner was cited with allowing an animal to run at large, which Wiersma said is a minor misdemeanor with a fine of up to \$150. The animal spent Thursday night with its owner, who did not come to the door when WNWO's [Michael Henrich](#) and [Michael Melchiorre](#) knocked.

Wiersma also said this owner has been cited for the same offense one time before, when the monkey escaped and scratched a different neighbor, but the department's hands are tied. The police chief said he would like to see some sort of exotic animals law put in place to avoid these types of incidents ([North West Ohio, 2011](#)).

**Title:** Chimpanzee Attack Victim Gets New Face

**Date:** June 10, 2011

**Source:** [CNN](#)

**Abstract:** More than two years after a chimpanzee mauled her, Charla Nash will once again be able to eat solid foods and regain her sense of smell thanks to a full face transplant, doctors at Boston's Brigham and Women's Hospital said Friday.

"I am happy to report that the team has achieved tremendous success," said Dr. Elof Eriksson, chief of the Division of Plastic Surgery.

Surgeons also transplanted two hands to Nash, but they didn't thrive and were removed.

In February 2009, Sandra Herold had called her friend Nash for help in getting her pet chimpanzee, Travis, back inside her house after he used a key to escape. When Nash arrived, the chimp, who had been featured in TV commercials for Coca-Cola and Old Navy, jumped on her and began biting and mauling her, causing serious injuries to her face, neck and hands.

Police shot Travis to halt the attack and he later died of gunshot wounds.

Doctors say they see Nash as more than an animal attack victim.

"To us, Charla is a courageous, strong person. (She) inspired the team to do everything possible, using our collective expertise, to restore her quality of life," Plastic Surgeon Director Dr. Bohdan Pomahac said.

Nash's face transplant was different than others done before because of the extent of damage to it, the doctors said.

She is the third person at Brigham and Women's Hospital to receive a full face transplant; Dallas Wiens was the first in the United States to have such a surgery in March, also at the hospital.

Nash is the second to receive a double-hand transplant at the same time as a face transplant; the first was performed in France in 2009. That patient died of a heart attack in a later operation.

Nash had lost her nose, upper jaw, most of the soft tissue on her face, and both upper and lower lips. She was also left blind.

The surgery, which was performed last month, involved removing some tissue and attaching skin and underlying muscle, based on vessels and nerves that provide motor and sensory functions, Pomahac said. The entire hard palate and teeth were also transplanted.

The result was "miraculous," said Nash's brother, Steve.

The thing Nash is most looking forward to, her brother said, was visiting their favorite hot dog stand.

As for the double hand transplant, doctors successfully attached the new hands, but a few days later Nash became sick and her blood pressure fell, causing circulation problems to the new limbs. After a few days, doctors saw that the hands were not thriving and removed them.

In the next three months, Nash will regain sensation to her face, and in six to nine months will be able to smile, control her lips and otherwise make facial expressions, Pomahac said.

"All these things will gradually improve," he said.

Nash skipped her child's high school graduation because she was afraid of taking away from the occasion, but thanks to the transplant, can look forward to being present for college graduation, Pomahac said.

The surgery will give her a chance to have a more normal social life, he said ([CNN, 2011](#)).

**Title:** Monkey Bites Boy

**Date:** August 2, 2011

**Source:** [Australian Independent](#)

**Abstract:** A family father may face charges over negligence after his son was seriously injured by a monkey at the weekend.

The four-year-old child was bitten on the hand by male Barbary Macaque named "Juppi" at a wildlife park in Preding, Styria, on Sunday after he was lifted over the fence by his dad to feed the animal. There are however signposts at the enclosure warning against coming too close to the fence.

Doctors at the Children's Clinic in Graz, where the boy underwent surgery, said that a main nerve was ripped by the bite.

Hospital chief Michael Höllwarth said today (Tues): "That's the third time a visitor was bitten by a monkey there. I wrote to the managers asking them to strengthen safety and accident prevention standards, but no one got back to me."

Managers of the wildlife park meanwhile criticised the family dad for his actions. "What are we supposed to do? Now we will probably be ordered to put the animal down," they said.

Deutschlandsberg district authorities said they will investigate the incident.

The wildlife park made headlines last August when kangaroo "Sumsi" escaped its enclosure. The animal, which was spotted around 50 kilometres from the site some days later, is still on the run. ([Australian Independent, 2011](#)).

**Title:** "Very Aggressive" Monkey Attacks Tennessee Woman

**Date:** August 5, 2011

**Source:** [Reuters](#)

**Abstract:** An aggressive snow monkey named Yoshi, who was being kept by a Tennessee family, bit a woman and a sheriff's officer before he was shot and killed, police said on Friday.

Four other monkeys belonging to the same family were taken to a shelter.

"That was worse than any dog I've ever seen," said Capt. Tony Barrett of the Bedford County Sheriff's Department, describing the bloodshed caused by the "very aggressive" monkey that kept coming at lawmen even after apparently being shot at least twice.

The monkey's first victim was Michelle Pyrdum, who was bitten in the leg while she was washing her truck on Thursday morning in the Shelbyville area, Barrett said.

Once the injured woman was taken away in an ambulance, it was up to sheriff's deputies to figure out how to handle the 3-1/2-foot monkey, which had retreated two houses down to the roof of the garage from which it had escaped. The monkey left the garage and moved toward two deputies.

"He approached one of them, stopped and leaped five or six feet through the air after the deputy. The deputy shot at him. I don't know if he hit him or not, but he didn't hurt him too bad," Barrett said.

After firing his shotgun and realizing the monkey was still coming, Deputy Ronnie Gault put his left forearm up for protection, Barrett said. "The monkey was going for his face, but he got a hold of the left arm and bit into it, scratched and filleted the arm wide open."

Gault beat the monkey off with the shotgun and Capt. David Williams shot the monkey twice, first with buckshot and then with a 12-gauge slug.

"That buckshot knocked him down, but the slug got him," said Barrett.

The day's monkey business wasn't over for lawmen. Four other monkeys lived on the property, two in the garage and two in another outbuilding, Barrett said.

With the help of animal control and veterinarians from Nashville, the others were subdued and taken by Animal Rescue Corps to a compound at the state fairgrounds in Nashville.

"We were out there until at least 10 at night," said Barrett, noting it wasn't the first time lawmen have been called to deal with issues involving the monkeys belonging to Ricky and Wilma Smith.

Wilma Smith is in Bedford County Jail, serving time for manufacture of methamphetamine and weapons possession. Her husband had been caring for the monkeys. State law allows for possession of monkeys ([Reuters, 2011](#)).



**Title:** Couple's Pet Monkey Bites Missouri Girl

**Date:** August 19, 2011

**Source:** [ABC News](#)

**Abstract:** A curious little girl in Springfield, Mo., got an unpleasant surprise when she walked up to a car in a parking lot to greet an animal sitting inside it. The animal, a type of monkey known as a macaque, bit her on the forehead.

The parents of 8-year-old Tayce Nickel told the local TV station KY3 that she just wanted to see the car's unusual passenger.

"As we got out, Tayce, being 8 years old, wanted to see the monkey, so she got out, looked up at the monkey, said, 'Hi,' and [the person in the car] gave the animal just enough slack to where it could jump out, grab her by her hair, and bite her on the forehead," said Mike Weeks, Tayce's father.

The monkey's owner, Vicki Pulley, said her husband was in the car with the monkey, named Charlie. When Tayce reached into the car, she said, Charlie felt threatened and scratched her. There was no bite, she insisted.

Tayce's parents called local animal control officials, who decided to not confiscate the monkey, but did take it to a veterinarian for testing. Tayce, in the meantime, is taking antiviral drugs and antibiotics as a precaution.

Infectious disease experts say monkeys can carry the Herpes B virus, which can be transmitted through saliva and can be potentially deadly.

"Herpes B can lead to encephalitis, a swelling of the brain. The virus is in the saliva and can get into the brain," said Dr. William Schaffner, professor and chairman of the Department of Preventive Medicine at Vanderbilt University School of Medicine in Nashville, Tenn. "Fortunately, it's pretty rare."

Monkeys aren't the only animals able to spread serious illnesses to humans. Experts consider the diseases spread by the animals on the following pages -- ranging from reviled rodents to cute and cuddly family pets -- among the most serious ([ABC News, 2011](#)).

**Title:** Escaped Monkey Attacks Tokyoites

**Date:** October 30, 2011

**Source:** [Japan Probe](#)

**Abstract:** On the evening of the 28th, a pet monkey escaped from a house in Tokyo and made its way to the Sekimachikita area of Nerima ward (near [Musashi-seki station](#)), where it attacked 2 people:

The two monkey bit/scratched the legs of two people, but their injuries were not serious.

The cops [were called in](#), and about 30 officers assembled to deal with the menacing beast. After several hours, it was cornered and netted ([Japan Probe, 2011](#)).

**Title:** Drunk Man Attacked After Jumping In Cage Full Of Spider Monkeys

**Date:** November 14, 2011

**Source:** [Examiner](#)

**Abstract:** A Brazilian mechanic is recovering after he voluntarily jumped into a cage full of spider monkeys and was attacked Sunday.

The victim, Joao Leite dos Santos, can be seen in the video pulling off his shirt and jumping into a cage full of monkeys at the Sorocaba Zoo. The mechanic had jumped into the lake surrounding the animals because, "he was hot and wanted to cool off," according to [reports](#).

Santos admitted to being drunk, when he jumped into the lake surrounding the monkeys. Once inside, Santos found himself surrounded by six of the monkeys, two of which that attacked him on the arm drawing blood.

Santos was rescued by three men and was eventually treated by Office of Mobile Emergency Care (SEMC) ([Examiner, 2011](#)).

**Title:** Escaped Monkey Attacks

**Date:** February 4, 2012

**Source:** [KLTN News 7](#)

**Abstract:** A family in Oneida Castle, New York had quite a scare this week when an escaped monkey ran into their yard.

Nick Fedchenko says his wife, Amy, and their 2-year-old son were in the backyard when a monkey jumped onto Amy's arm.

When Amy tried to fend off the monkey, it bit her finger.

Amy Fedchenko then grabbed her son and ran inside.

The monkey clawed at the door.

"You could see there was blood on its teeth, and it was just screeching and screaming," Nick Fedchenko says. "My wife was screaming, 'I've been attacked, and I've been bitten. Help!'"

By the time police got to the scene the monkey was on the roof.

The monkey's owner soon arrived and was able to calm it down.

"It's certainly unusual in Upstate New York," says Capt. Francis Coots, of the New York State Police. "It's not unusual to see wild animals, but seeing a monkey, I think, would be unusual."

Capt. Coots says the state police have finished their investigation and no charges were filed.

He says the monkey's owner was able to produce a license and proof of the monkey's rabies shots.

Still, Fedchenko says he is keeping a close eye on his wife's health, just in case.

He says he never expected this to happen at his house, which he moved into just a week and a half ago.

"We purchased it so our 2-year-old son would have a place to play, and our dog could run around," he says. "Now, she's worried about our son in his brand new backyard."

As for the monkey, Fedchenko says he's heard it has been euthanized ([KLTN 7 News, 2010](#)).

# Bio Terror Bible

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**Title:** Escaped Monkey Again Eludes Capture

**Date:** October 11, 1987

**Source:** [Houston Chronicle](#)

**Abstract:** A fugitive monkey from the Pittsburgh Zoo has eluded capture again, this time frustrating police in a high-speed chase.

Cpl. Kim Kay said Alfie, a Japanese macaque monkey, successfully eluded police officers, several residents and two dogs who tried to corner him in a tree night in this Beaver County town.

"He was just too fast. We couldn't keep up with him," she said.

The monkey has been on the run since July 23, when he and two other macaques jumped the moat at the zoo's Monkey Island while a keeper was shooting a fourth monkey with a tranquilizer dart. The two others returned the next day.

Alfie has crossed the Allegheny River and since been spotted about a dozen times in Allegheny and Beaver counties ([Houston Chronicle, 1987](#)).

**Title:** Missing Lab Monkey Believed Dead

**Date:** February 23, 2003

**Source:** [LA Times](#)

**Abstract:** An [adolescent monkey](#) that vanished this month from a research lab at UC Davis likely slipped down a drain and perished in the sewer system, officials said Wednesday.

Investigators who have spent the last two weeks searching for the 4.4-pound gray-and-tan rhesus macaque came to that conclusion after the animal's handlers passed "truth verification" tests that satisfied officials they had not smuggled the primate out of the facility.

"Now she is presumed dead," said UC Davis spokeswoman Lisa Lapin. "It's very sad. We're sick about it. In the 40-year history of the primate center, there's never been a monkey unaccounted for."

The disappearance comes at a bad time for the university, which is under fire for its efforts to build a federal lab on campus that would study deadly diseases, such as Ebola.

Many in the leafy college town say the lab would pose a risk to the community, both because of the threat that dangerous pathogens could escape and because it might make the city a terrorist target, said Councilwoman Sue Greenwald.

The university technically does not need the support of the town to construct the facility, and officials said there is no comparison between the security at the primate lab, known as the California National Primate Research Center, and the armed guards and 10 security checkpoints that would be installed at the proposed disease center.

Nevertheless, university officials said that the disappearance of the monkey, a 2-year-old with a sweet disposition but no name, as per center custom, has prompted them to review security procedures.

The 20-inch-long monkey was last seen Feb. 13, when handlers opened her cage for a routine cleaning.

The handlers are supposed to connect a clean cage to the soiled one so an animal can move from one to the other without escaping or being picked up. But apparently that procedure was not followed, officials said, and the monkey darted out, ran behind a row of cages and slipped through a four-inch hole that connects to the sewage system.

In the days after the disappearance, officials searched the system with fiber-optic cameras, baited humane traps and posted watchers to look for the animal.

On Feb. 20, convinced that the sociable monkey would not have left on her own, officials called police in to investigate whether an employee may have walked off with the \$5,000 animal.

But on Wednesday they decided the monkey had perished in the drain after all.

More than 4,000 primates are kept in indoor and outdoor facilities at the sprawling compound on the western edge of the campus. They are used in medical experiments, which in the past have included developing treatments for HIV-infected pregnant women. They are also bred to provide monkeys for other research programs around California.

The monkey that disappeared was not fated for experimentation. When she was old enough, officials said, they had hoped to breed her.

Every year, a few primates manage to escape from outdoor enclosures, but they have always been quickly recaptured. This is the first time in 30 years that a monkey has managed to slip out of an indoor cage, officials said.

"I've been holding out hope that we'd find the monkey alive," said Dallas Hyde, director of the primate center. "But I think at this point, we've resigned ourselves. Now we're trying to find the remains" ([LA Times, 2003](#)).

**Title:** Missing Monkey In Middle Of Lab Debate

**Date:** February 23, 2003

**Source:** [Red Orbit](#)

**Abstract:** When a monkey slipped from its cage at a University of California medical research lab, handlers peered into sewers, poked behind cages and baited traps to try to catch it.

A week and a half later, though, all they've found in their search is an angry town armed with new ammunition against a proposed biodefense research center that the university says would study the world's deadliest diseases for the effort to protect the country from bioterrorism.

The monkey, a rhesus macaque, disappeared from the California National Primate Research Center, which would supply animals to the proposed Biosafety Level 4 lab to study diseases with no known cure, such as the Ebola (news – web sites) and West Nile viruses.

School officials promised that the runaway was disease-free — the center currently raises animals for research on level two and three diseases, which have vaccines or treatments — and would never have escaped from the proposed biodefense lab, which would have armed guards.

But that was little comfort to residents working to prevent the biodefense lab from being built. They learned about the disappearance Thursday, a week after the monkey got away.

“If they can’t manage these monkeys when they’ve got level two and three diseases, how will they manage monkeys with level four diseases?” asked Joshua English.

The University of California, Davis, is one of about a half-dozen institutions across the country that applied this month to the National Institutes of Health (news – web sites) for a grant to build the \$200 million disease research lab.

The United States already has five high-containment disease laboratories and two others are being built or designed. UC Davis is competing against institutions in Texas, Maryland, Illinois, Massachusetts and New York to build another.

The proposed facility would have strict security.

Still, opponents fear a lab just 65 miles northeast of San Francisco could be a terrorism target or a rogue scientist could smuggle out a deadly pathogen.

Dr. Dallas Hyde, director of the primate center, said he can understand why the incident has fed fears, but he said the security level of the primate center and the lab would be quite different.

“Animals that go in there don’t come out alive,” he said.

University spokeswoman Lisa Lapin said critics are unfairly using the episode to target the university’s grant application.

“People will make connections, but there truly is no connection,” she said. “There’s no scientific connection, there’s no security connection, they’re two completely different kinds of facilities.”

Campus police are looking into the possibility that, after the monkey got out, one of the primate center’s 278 employees stole the animal, valued at \$5,000. Few other possibilities are left after days of searching the buildings and grounds that house 4,279 monkeys on 300 acres on the outskirts of the rural campus.

“It’s certainly something that would be a disappointment and is, in my mind, highly unlikely, but it is something we need to consider,” Hyde said of the possibility that the monkey was stolen.

The two-year-old female, which was to be used for breeding, escaped Feb. 13 while handlers were cleaning cages. It slipped behind a row of cages, and the employees reported a slurping sound as if it went down a small drain. Examinations of the plumbing with fiber-optic cameras turned up nothing.

In the center’s 41-year history, 82 monkeys have found fleeting freedom but all were quickly captured or returned to their cages on their own, Lapin said.

The monkey's escape may not be the biggest setback for the lab.

Davis Mayor Susie Boyd announced Friday that she has reversed her position and will oppose the project because of the divisiveness it has stirred. She needs three votes to send a letter of opposition to the NIH and two councilors have publicly opposed the project.

The NIH, which will announce the grant winners in the fall, said it would consider community support in making its decision ([Red Orbit, 2003](#)).

**Title:** Monkey's Escape May Sink Biodefense Lab

**Date:** February 24, 2003

**Source:** [SF Gate](#)

**Abstract:** The escape of a small gray and tan monkey from a UC Davis medical research center may threaten a proposed high-security lab on campus to study deadly infectious organisms such as anthrax and smallpox that could be used as terrorist weapons.

The 4-pound rhesus macaque monkey vanished two weeks ago as her cage was being cleaned at the California National Primate Research Center, where she was used for breeding purposes and was "disease free," according to the university.

But the primate's disappearance is raising grave concerns among the many opponents of a proposed \$150 million biocontainment facility that would be entrusted to study the world's most dangerous diseases.

"A lot of people are anxious about security and the university's ability to operate a lab with such high security needs," said Davis City Councilwoman Sue Greenwald. "This doesn't reassure citizens who have the perception that the proposed facility cannot be failsafe."

On Wednesday, the City Council will vote on a letter, drafted by Mayor Susie Boyd, formally telling UC Davis officials that city government opposes the facility.

The Davis campus is among several institutions in the country that applied this month to the National Institutes of Health for the funds to build the National Center for Biodefense and Emerging Diseases.

The facility would be the only Biosafety Level 4 lab on the West Coast, and it would house such highly infectious and deadly organisms as anthrax, smallpox, the Ebola virus and the plague. Monkeys for the Level 4 lab would be supplied by the California National Primate Research Center -- from which the monkey escaped.

The research center currently supplies monkeys to other UC campuses for Level 2 and 3 research such as cancer, asthma and AIDS, and it is one of eight centers nationwide supported by the NIH to conduct medical research.

Opposition to the proposed Level 4 facility from Davis city government cannot, by itself, stop UC from getting the lab, but NIH has said community input will be a factor in selecting a site.

Boyd says the disappearance of the monkey, which has been on the lam since Feb. 13, played no role in her decision to ask the council to vote against the lab.

The 2-year-old monkey stands 20 inches high and is valued at \$5,000. It was kept in an indoor cage for breeding purposes with a "disease-free" group of animals at the research center, said UC Davis spokeswoman Maril Stratton. More than 4,200 monkeys live in the primate center, Stratton said.



## Escape Tries Not Unusual

Every year, several monkeys make a break from their outdoor enclosures but are found within the confines of the center itself, Stratton said. She said indoor escapes have been rare and the last one happened 30 years ago. That monkey was quickly found and tighter security imposed.

The university is investigating the possible theft of the monkey -- officials said she could not have slipped off campus on her own. They have searched for her in vain, scouring sewers, baiting traps.

The university has said that security would be much more stringent at the proposed Level 4 lab and that no monkey would escape from the facility, which would have armed guards. Nonetheless, many community members are capitalizing on the AWOL primate to raise alarm about the project.

"They can't even handle security to keep a monkey in," says Samantha McCarthy, a member of the newly formed Stop UCD BioLab NOW. "They didn't even tell the public about the monkey's disappearance for a week. . . . It's a security breach regardless of how it disappeared.

"It's all so ridiculous -- we have monkeys escaping, we have faculty members and the community up in arms."

UC Davis' proposal has been endorsed by numerous politicians and agencies, including the Yolo County Board of Supervisors, the Sacramento County Board of Supervisors and the public health directors of California's 58 counties.

## Opposition on the Rise

Earlier this month, the Davis City Council sent a "neutral" letter to the NIH, saying it needed additional information and public outreach before voting on the proposal.

Particularly in Davis, public opposition has been increasingly thunderous. Boyd says letters and phone calls to her are running 50-1 against the project.

"While I personally still support it . . . I have to put aside my personal point of view," she says. "I knew it would be controversial, but I believed the support would be stronger. I have not seen an issue that was so overwhelmingly opposed in my 13 years on the council" ([SF Gate, 2003](#)).

**Title:** Loose Monkey Teaches Biodefense Lab A Lesson On The Hazards Of Secrecy

**Date:** February 26, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Biodefense accidents can spread of some of the world's most infectious and lethal diseases. As part of the \$6 billion-plus expansion of the US biodefense program, more than three dozen new and upgraded "hot zones" have been proposed across the country. Arms control experts and health and safety watchdog groups are deeply concerned that secrecy at these labs will undermine US compliance with the Biological Weapons Convention, result in accident cover-ups, and obscure risks to surrounding communities. Because of these concerns, in early February, a group of non-profit watchdogs began sending a series of open letters to proposed biodefense labs asking them to commit, in writing, to policies that prohibit all classified research and which ensure transparency of their operations.

A contender to receive federal biodefense funding is the University of California at Davis (UCD), which wishes to build a biosafety level 4 laboratory (BSL4), the most secure type of facility, capable of handling dangerous agents such as Ebola virus. In recent weeks, UCD's proposal has come under intense fire from community activists. UCD only consulted its neighbors in the final days before submitting its BSL4

proposal, when it sought a letter of support from the Davis City Council. Some BSL4 labs, including that proposed by UCD, deliberately infect animals with disease.

Davis citizens were understandably angered when the story broke on Monday that a monkey had escaped from UCD's primate breeding facility, which rears animals for biodefense experiments. University officials had been hiding the story for ten days. It took a whistleblower's leak to the local newspaper before UCD decided to advise the community of the security breach. UCD says the rhesus monkey - which remains at large - is disease-free; but citizens are asking the obvious questions: Why did UCD keep the escape secret? According to Joshua English, a community activist in Davis, *"When we found out that UCD officials suppressed information regarding the escaped monkey, the first thing that I think came to everyone's mind was 'how open will they be when that escaped monkey is infected with ebola?'"*

**Not Monkey Business:** The rogue two kilogram primate has done far more than thwart her captors. The lost monkey would have been an embarrassment under any circumstances; but UCD's suppression of the news provoked anger that may have delivered a deathblow to UCD's BSL4 ambition, tipping the balance on the Davis City Council against the University. Davis Mayor Susie Boyd says she personally supports UCD; but because of community opposition, has joined opponents on the City Council and disinvited UCD's project from the city. Boyd wrote UCD that she and the City Council *"have concluded the facility will remain an unwelcome project by our residents."* Adding to UCD's woes was a vote, last Friday, in which UCD workers allied in the Professional and Technical Employees Union decided against the BSL4 proposal. The Union represents laboratory workers and animal handlers.

**Secrets Elsewhere:** UCD's lack of transparency has put its application for federal biodefense dollars in deep jeopardy. While other laboratories have avoided UCD's catastrophic meltdown, some are committing the same errors that have led to UCD's woes. The New York State Department of Health's Wadsworth Center and Rensselaer Polytechnic Institute, for example, believe that even the fact that they are seeking a new biodefense lab should remain a secret.

At the University of Texas Medical Branch (UTMB) in Galveston, officials are quietly retreating from a pledge made in 2001 that their BSL4 facility will not conduct classified work and will be *"wide open and above board"*. That standard, which UTMB used in public meetings and on its website, has been downgraded to apply only to its *"current plans"*. Future work, outside researchers granted access to its labs, and new laboratory spaces are under no such transparency commitment.

There is also biosafety accident history that has not been presented to the public. One of UTMB's lead researchers formerly directed a Yale University lab where faulty equipment and inadequate safety measures resulted in a researcher being infected with Brazilian Hemorrhagic Fever (sabia virus). The infected scientist did not report the accident, in which a liquid containing a high concentration of sabia was aerosolized. The severity of the accident and the infection were not detected by lab management for several days, during which the virus was released outside the containment zone. Sabia is usually spread by rodents and is not believed to be human-to-human transmissible, however, some closely-related arenaviruses (a UTMB specialty) can be spread from person to person. The infected scientist was successfully treated after showing symptoms. The lab director left Yale shortly after the incident.

*"UTMB is propping up a transparency façade through carefully crafted statements that don't mean what they sound like. A careful look at UTMB's words betrays a sad slide toward secrecy,"* says Edward Hammond, Director of the Sunshine Project, a biological weapons watchdog in Austin, TX, *"Most of all, I am concerned about how the behavior of UCD and UTMB will impact biological weapons control. The international system to prevent these weapons relies on transparency, on the ability of an informed public to judge the nature and intent of biodefense experiments. This security seems to be an afterthought for these institutions. They are instead preoccupied with public image and scientific rivalries, threatening control of biological weapons with their petty arrogance."*

The US Department of Energy's proposals to construct and operate biowarfare agent facilities inside its nuclear weapons labs poses an additional, very serious threat to US compliance with the Biological Weapons Convention (BWC). Inside the DOE bio-facilities classified research on bio-agents would be conducted inside classified nuclear weapons development centers - the antithesis of the openness on which the watchdogs insist.

**The "No Secrets" Pledge** Non-profit biodefense watchdogs are calling on biodefense labs to make a "no secrets" pledge that includes specific transparency elements. So far, they have contacted three proposed BSL4 biodefense laboratories - UCD, UTMB, and (today) Rocky Mountain Labs in Hamilton, MT. Elements of the pledge, to be made in writing, include a commitment to not conduct classified research (or permit it in their facilities) and to operate completely transparent biosafety committees, the groups that review proposed projects. So far, none have responded. In the coming weeks, the watchdogs will contact more of the three dozen institutions across the US who are seeking new or substantially upgraded hot zone facilities. These include Boston University and the University of Illinois at Chicago, which both are seeking BSL4 facilities ([Sunshine Project, 2003](#)).

**Title:** 4 Monkeys Said To Escape From China Zoo

**Date:** June 25, 2003

**Source:** [Red Orbit](#)

**Abstract:** Four monkeys escaped from a zoo in northeastern China and attacked a woman and her baby before three of the animals were shot to death by police, the official Xinhua News Agency said Wednesday.

The three adult monkeys and one baby escaped Monday from a zoo in Changtu county in Liaoning province, Xinhua said. It did not say what species they were.

The monkeys took refuge in a grove of trees and resisted attempts to recapture them, the report said.

"One of the monkeys pounced on a woman holding a child, biting her arm before leaping back into the tree," Xinhua said. It said police shot the adult monkeys "to prevent further attacks."

The baby monkey escaped and is still at large, Xinhua said ([Red Orbit, 2003](#)).

**Title:** Monkey That Escaped From Zoo Found

**Date:** December 27, 2004

**Source:** [San Diego Union Tribune](#)

**Abstract:** An endangered monkey that got out of its San Diego Zoo cage Saturday afternoon was found the same day in a tree just off the property and is now safely back home.

Zoo officials said the Francois' langur was found in a eucalyptus tree at nearby Theodore Roosevelt Junior High School on Park Boulevard.

Because eucalyptus leaves could be poisonous to the species, the decision was made to tranquilize the monkey, zoo spokeswoman Yadira Galindo said.

Just how it got loose is being investigated. Galindo said it was seen on the school property about 3 p.m. and was back in keepers' hands by 4 p.m.

A Francois' langur is a curious, easy-going monkey with longish black hair and long white sideburns. Adults are about 22 inches long and weigh between 15 to 20 pounds. They come from northern Vietnam

and southern China and have been listed as endangered since the 1970s ([San Diego Union Tribune, 2004](#)).

**Title:** Monkey Escapes From S.C. Island Laboratory

**Date:** May 6, 2005

**Source:** [Red Orbit](#)

**Abstract:** An escapee from Morgan Island has been captured in a tree in the backyard of a home on Lady's Island – about 7 miles away from where he was supposed to be.

The 10-year-old, 20-pound male rhesus monkey was first noticed as missing from the island April 30, the same time residents of Coosaw and Lady's islands reported seeing him. Some residents were concerned the animal might carry an infectious disease because Morgan Island houses primates used in government research.

Alpha Genesis officials said they can't explain how the monkey managed to leave the island laboratory and make its way across Parrot Creek.

"I have been here eight years and this is the first (escape) I can remember in the area," said Greg Westergaard, president and chief executive officer of Alpha Genesis. "I'm at a loss at how it got over there. They probably can swim a little bit, but it really is a long way over there."

The monkeys have been on the island since 1979 and are the property of the Food and Drug Administration. They are used in defense and vaccine development studies.

The escaped monkey was caught Tuesday, Westergaard said. "I'm sure he wanted to get back but couldn't figure out how," he said.

But the escapee won't be going back to the 400-acres colony on Morgan Island. Instead, he'll probably be taken to one of two breeding facilities in Yemassee or Early Branch, Westergaard said.

Westergaard said it was unlikely the monkey would have a disease because the research performed on the animals isn't done at the island. The monkeys also go through physical examinations four times a year to make sure they are healthy and carry no diseases, he said.

"This monkey's in great shape," he said.

He said there are no artificial barriers keeping the monkeys on the island other than the water surrounding it, as they tend to be social creatures and stay with other monkeys.

"I don't know what happened to this guy," Westergaard said ([Red Orbit, 2005](#)).

**Title:** Escaped Monkey Spotted Near Zoo

**Date:** June 1, 2005

**Source:** [BBC](#)

**Abstract:** A monkey which escaped from Belfast Zoo after an "argument" with his dad has been spotted near his enclosure.

The Colobus monkey has been seen lurking in dense woodland about 300 metres from the zoo's perimeter.

The two-foot tall, black and white animal escaped on Sunday night but a man living near the zoo raised the alarm after seeing him in his garden.

Police joined staff in the hunt for the animal. Zoo manager Mark Challis said the sighting was good news.

"He was spotted yesterday afternoon by half a dozen visitors in the zoo," Mr Challis said.

"By the time we got there he had gone, but that's quite encouraging.

"He knows the zoo and we were hoping to see him back around here. He's lurking."

### **Eating fruit**

The zoo said the monkey appeared to have had "a set-to with his dad" before fleeing the enclosure.

Hours after his disappearance on Sunday, he turned up in the back garden of Johnny and Betty Owens, who watched in astonishment as their nieces fed him fruit and vegetables.

Mr Owens said he could not believe what he was seeing.

"I was sitting there last night watching television and just happened to look out the window and saw this beautiful black and white monkey going up and down the gazebo and I couldn't believe my eyes," Mr Owens said.

"I phoned my nieces and they stayed for a couple of hours and fed it."

He said he contacted the police, who notified the zoo.

"They in turn said it had settled down nicely for the night and they'd start their search in the morning."

Earlier this week, Mr Challis said the monkey came from a relatively shy, nervous species.

"They come from the slopes of Mount Kilimanjaro, so they are quite a tough species of monkey. The cool air nights shouldn't bother them too much," Mr Challis added.

"We have a very capable and trained escape team in the zoo. We wouldn't want people to approach him too closely, but if they can keep an eye on him and see what he's up to that would be ideal."

A red panda escaped from the zoo in December 2002 ([BBC, 2005](#)).

**Title:** Monkey Escapes San Diego Zoo Enclosure

**Date:** June 19, 2005

**Source:** [News 10](#)

**Abstract:** Takala, the golden-bellied mangabey, was back in the San Diego Zoo's Monkey Trains and Forest Tales exhibit Sunday after escaping for about an hour.

The young male monkey apparently got out through a hole in some overhead netting and was spotted in a ficus tree about 5:45 p.m. Saturday, The San Diego Union-Tribune reported.

"When we build a natural habitat, animals behave naturally. They sometimes surprise us and do things we don't expect them to do," Christina Simmons of the zoo told the newspaper. Takala eventually climbed

down, and zookeepers found him at one of the doors to the exhibit, Simmons said. When zookeepers opened the door, the monkey went inside.

The exhibit will be closed Sunday so zookeepers can repair the netting ([News 10, 2005](#)).

**Title:** Gorilla Escapes At Dutch Zoo, Injures 4

**Date:** May 18, 2007

**Source:** [Breitbart](#)

**Abstract:** A 400-pound gorilla escaped from his enclosure and ran amok in a Rotterdam zoo Friday, biting one woman, dragging her around, and causing panic among dozens of visitors before he was finally subdued, officials and a witness said.

The Diergaarde Blijdorp zoo was evacuated and the 11-year-old gorilla, named Bokito, was eventually contained in a restaurant within the park, police spokeswoman Yvette de Rave said.

Four people were injured, including the woman who was bitten, zoo director Ton Dorrestijn said.

Bokito was shot with a sedative dart and recaptured, said zoo spokeswoman Lilian Jonkers, but she couldn't say what his condition was. It was not immediately clear how he managed to climb the high stone walls surrounding his enclosure.

"He got over the moat, which in itself is remarkable, because gorillas can't swim," Dorrestijn said. "He got onto a path for visitors and started running and went at full speed through tables and diners at the Oranje restaurant."

A witness, Robert de Jonge, told NOS radio that he didn't see the gorilla escape but began following it and tried to help after he saw people running and screaming that the animal had grabbed a woman.

"I saw the beast running through the park with a woman behind him, him grabbing her forearm," De Jonge said.

At a distance of around 30 yards, he saw the gorilla lie down near the woman and then heard her scream.

"He bit her, or I think he bit her, because when he stood up his mouth was covered in blood," De Jonge said.

He said he then stopped to tell arriving police what had happened and ran with them as they traced the gorilla to a nearby restaurant terrace.

The zoo was packed with visitors as many Dutch took advantage of a national holiday Thursday to make a long weekend.

"Everyone was in panic, running away, screaming, wailing, screaming kids running around, I don't know what all, kids without parents—it was a total drama," De Jonge said.

Children cowered in their parents' arms as the gorilla loped past.

People tried to hide inside the restaurant and were trying to bar the door, but fled as the gorilla approached, De Jonge said. Bokito then punched through the glass door and ran inside.



"They were all in panic—the animal, too, I mean—and all the people ran outside the restaurant, and zoo personnel were running up and they were able to keep the animal inside by barricading the doors with garden furniture and things," he said.

De Jonge said he later saw the woman "covered in blood," but walking unaided ([Breitbart, 2007](#)).

**Title:** Monkey Unlocks Pen, Eludes Zoo Staff

**Date:** July 31, 2007

**Source:** [Red Orbit](#)

**Abstract:** The Tupelo Buffalo Park and Zoo asked residents Tuesday to help in the recovery of a white-faced capuchin monkey that apparently managed to unlock his pen and escape. Oliver freed himself at about 8 a.m. and led park staff on a chase through the park's trail system before eventually eluding them.

Park employee Ann Stewart said Oliver will respond to his own name and may take bait of bananas, marshmallow or grapes. She urged people to call the park if they spot the mammal.

"He will bite. People around here have handled him, but he will bite. Just call the Buffalo Park," Stewart said.

Oliver is a nine-year-old capuchin, a species of monkey native to South and Central America.

Stewart believes Oliver could be in the Country Club or Colonial Estates areas, but said the monkey could have traveled much farther given his ability for speed.

"He could outrun the horses," she said in a <http://www.djournal.com> article. "You can't catch him. If he doesn't want to be caught you can't catch him" ([Red Orbit, 2007](#)).

**Title:** Police Capture Escaped Monkey In Wisconsin, USA

**Date:** August 9, 2007

**Source:** [Wiki News](#)

**Abstract:** Police apprehended a 18 inch tall monkey that is reported to have bitten a 20 year-old woman outside *State Street Brats*, a [Madison, Wisconsin](#) nightclub.

The long-tailed, black and white monkey, which was wearing a diaper, was leashed in a beer garden outside the nightclub on State Street when people began to pet the animal. When the woman approached the monkey around 1:00 a.m. [CDT \(UTC-5\)](#) on Wednesday morning and put her hand out to pet it, it bit her then escaped the garden and led police on a seven hour 'monkey hunt' before it was caught.

The woman was left with four puncture wounds to her thumb. Doctors are said to be testing blood samples from the monkey to check for diseases.

"This guy was in the beer garden at State Street Brats letting women pet his monkey," said a spokesman for the Madison police Department, Joel DeSpain.

Police say the monkey will remain in [quarantine](#) for at least ten days ([Wiki News, 2007](#)).

**Title:** Will No Cage Hold Him? Monkey Again Escapes Zoo

**Date:** August 14, 2007

**Source:** [New York Times](#)

**Abstract:** For the second time in two weeks, Oliver, a 9-year-old capuchin monkey at a [Mississippi](#) zoo, escaped his cage, and this time, his keepers said he proved to be an even more artful dodger.

"I know he wasn't happy when we caught him the last time," said Kirk Nemechek, manager of the Tupelo Buffalo Park and Zoo.

"We had a sighting this morning," Mr. Nemechek said in a telephone interview on Tuesday. "Usually he will come to you. We tried chips, candy, Froot Loops, anything. He wasn't ready to give up."

On July 31, the white-faced monkey popped a relatively simple lock on his cage and went on the lam for more than six days before he was spotted looting the vegetable garden behind a nearby home, Mr. Nemechek said.

With his monkey safely back behind bars, Mr. Nemechek said, he spent \$300 on new locks for the cage Oliver shares with Baby, another of the park's five capuchins.

The locks were installed last Friday.

On Monday, Oliver got out of his cage, 20 minutes after his handlers said they had cleaned and locked it. He was seen headed toward the lush landscaping of the Tupelo Country Club.

The new locks were on the ground.

It was unclear if Oliver had shown himself to be a capuchin Houdini or if he had a human accomplice, perhaps an animal rights advocate, Mr. Nemechek said, although he emphasized that that was speculation.

Capuchins are used as helper monkeys for disabled people, he said. "They see a lot of things and they can mimic things." Oliver, he said, "might have a piece of wire hidden in his cage or something" that he used to open the lock.

Whatever the explanation, the chase could not end too soon for Mr. Nemechek, who said he would be happy never to spend another day trekking through the woods in triple-digit temperatures.

At 2 p.m. Tuesday, a call to a tip line put Oliver in the backyard of a woman's home about four and a half miles from the zoo.

Mr. Nemechek called for backup.

"Seven or eight police officers and five or six of our staff surrounded him and we nabbed him," Mr. Nemechek said.

By late afternoon, Oliver was back inside his cage, drinking water to cool off.

Mr. Nemechek said he would try titanium locks ([New York Times, 2007](#)).

**Title:** Monkey Apparently Picks Lock, Escapes

**Date:** August 14, 2007

**Source:** [Red Orbit](#)

**Abstract:** A monkey that freed himself two weeks ago from a Mississippi zoo has escaped again, zoo officials said. Tupelo Buffalo Park and Zoo Manager Kirk Nemecheck and other employees noticed the white-faced capuchin's cage open and lock on the ground around 8:30 a.m. Monday.

Oliver and another capuchin named Baby were found wandering nearby. Workers easily captured Baby, but Oliver fled the park headed in the direction of the Tupelo Country Club, Nemecheck said.

"This is the craziest thing I have ever seen," Nemecheck said. "I have heard of chimps and orangutans that can pick locks. I've also heard a guy who swears his raccoon can pick a lock, but I've never heard of a monkey who can pick a lock."

The 9-year-old capuchin, a species of monkey native to South and Central America, freed himself July 31 and led park staff on a chase through the park's trail system before eventually eluding them. He was apprehended Aug. 6 at Tupelo Stone & Masonry after being spotted by a motorist.

This marks the third time Oliver has escaped from the zoo. About six-years ago the monkey escaped and ran amok on the grounds of Tupelo Country Club before being captured and returned to the zoo.

On Friday, Nemecheck said he bought \$300 worth of new locks for the monkey cage. The cage did not appear to have been tampered with, he said ([Red Orbit, 2007](#)).

**Title:** Escaped Monkey Shot Dead In Edinburgh Zoo Rabies Alert

**Date:** February 9, 2008

**Source:** [Daily Record](#)

**Abstract:** A MONKEY has been shot dead after escaping from a rabies quarantine cage at Edinburgh Zoo.

Panic-stricken visitors fled as the animal went on the run for two hours

The tailless Barbary macaque was tracked down several times but repeatedly dodged tranquilliser darts.

Keepers finally decided to shoot the animal, fearing it would get lost in the 82 acres of parkland as darkness fell .

The escape happened on Tuesday at the zoo, which is home to more than 1000 animals.

Last night, Iain Valentine, the zoo's head of animals and conservation, said: "The animal was in rabies quarantine at the time and we therefore had to act quickly to ensure public safety.

"Visitors were escorted from the premises or taken to a secure location.

"We made several attempts to dart the animal but unfortunately we had to take the decision to shoot it as we were losing light.

"Having to shoot one of the animals in our care is a regrettable situation but the welfare of the public has to be our primary concern.

"We informed the environment and rural affairs department and Lothian and Borders police.

"Both organisations were content that the situation was handled correctly."

The zoo were last placed on escape alert in March 2006 when a teenage gang destroyed the door locks on the tiger enclosure.

Thankfully, the Siberian tigers didn't try to escape ([Daily Record, 2008](#)).

**Title:** State Investigating Tampa Busch Ape's Brief Escape

**Date:** May 19, 2008

**Source:** [Red Orbit](#)

**Abstract:** State wildlife investigators were to be at Busch Gardens today to find out how an orangutan busted out of the new Jungala exhibit Saturday.

The primate was captured almost immediately, and no spectators were injured.

The female Bornean orangutan scaled the exhibit's 12-foot barrier. All the spectators were evacuated immediately, park officials said.

The 10-year-old, 85-pound ape remained calm throughout the incident, officials said, and keepers lured the animal to its night quarters with treats.

It was the second simian escape in the Tampa Bay area in a month. The first was at Polk County's fledgling Safari Wild preserve in April. That's when 15 patas monkeys swam a moat and scaled a wall to gain their freedom.

Thirteen of those monkeys remain in the wilds of northern Polk County.

A female patas and her offspring were trapped within a few days of their escape. Zoologists are feeding the remaining absconders, hoping to get them to relax and let their guard down so they can be trapped as a group.

Florida Fish and Wildlife Conservation Commission investigators were expected to be at the park today to find out what happened, agency spokesman Gary Morse said this morning.

Park officials say it was not a case of human error.

Jungala, a 4-acre attraction set in the Congo area of the park, opened in April and features an up-close experience with exotic animals. There also are rides and live entertainment.

Park officials called the exhibit the "most ambitious park enhancement project to date" ([Red Orbit, 2008](#)).

**Title:** [Escaped] Monkey Sends Motorists Bananas By Causing tailback On N11

**Date:** August 8, 2008

**Source:** [Independent](#)

**Abstract:** SOME said it was a gorilla in their midst. They were obviously towards the back of the traffic tailback.

Those with a better view -- and less prone to exaggeration -- could see that a much smaller primate was the cause of the disruption on the N11 in Wicklow yesterday morning.

And while those towards the back of the two-mile delay were undoubtedly going bananas, those towards the front were handing them out.

"She got out this morning, I don't know what time," owner Ed Drew said yesterday afternoon.

"But I got a call to say 'one of your monkeys is on the road'. We went down with the quad and a net and caught her straight away

"She was tired and completely disorientated. Someone had pulled up in a Jeep and given her a banana so she was eating that."

The 'she' in question is a three-year-old capuchin monkey called Gina. She escaped from Copsewood Aviaries in Kilmacanogue sometime yesterday morning, sparking lengthy tailbacks. But AA Roadwatch suspected monkey business of a different kind when reports of the cause of the traffic jam first started coming in at 8.15am.

"We got a call from a female motorist and initially we thought it might be a hoax. We found it very odd, but we have to look at all things that come in," a spokeswoman said.

"By 8.35am we found out there was a place nearby that keeps monkeys, so we thought it could be true," she added.

"By 8.45am the gardai in Bray confirmed there was a monkey on the road but he was caught, caged and cleared by 9am."

Mr Drew (46) has a wide variety of animals and birds at the business he has been running for 15 years, including, chipmunks, rabbits and peacocks. While some are for sale, his nine monkeys are kept as pets.

Yesterday, Gina decided to sample life on the outside. Fittingly, she ended up alongside an 'On the Run' service station.

"There have been no escapes like this before. I've had few birds escaping, but nothing as exotic as that," Mr Drew said.

By yesterday afternoon -- and after a protein lunch and a sugar drink -- the cheeky monkey was doing well.

"She's a bit stressed out from being out of her own environment, but she's actually quite tame," Mr Drew said.

"She's back in now with her buddy -- she lives with her brother -- and she's fine now" ([Independent, 2008](#)).

**Title:** Monkey Jungle Closed By Herpes

**Date:** March 27, 2009

**Source:** [BBC](#)

**Abstract:** The drive-through monkey jungle at Longleat in Wiltshire has closed after a monkey was found to have Simian B herpes, which can be fatal to humans.

Only one creature in the group, a female, was found to have the virus during routine tests of the rhesus monkey colony at the safari park.

The jungle will remain closed while the park finds out how it tested positive when all the others are negative.

The monkeys are regularly tested by the Health Protection Agency.

### **'Every Precaution'**

Keith Harris, head warden at Longleat, said: "We are well aware that Simian B herpes is dangerous for humans.

"We are being governed by the Health and Safety Executive and are taking every precaution to make sure that no-one is put in any danger.

"We expect the Monkey Jungle to be closed for the next few weeks while we and the Health Protection Agency investigate how this has happened."

The Simian B virus is part of the herpes family and is not thought to be a serious infection for monkeys - but it can be fatal if transmitted to humans.

Nigel Scott, of the Herpes Viruses Association, said: "This virus is fatal for humans and should not be confused with the everyday herpes simplex virus which commonly causes cold sores."

The monkeys were last routinely tested in October and were all found to be negative. Monkey Jungle has not been open to the public since then as it was closed for the winter.

The infected monkey is currently in quarantine ([BBC, 2009](#)).

**Title:** Last Escaped Monkey Captured In Oregon

**Date:** April 6, 2009

**Source:** [Komo News](#)

**Abstract:** The Oregon Health & Science University says the last of the nine monkeys that escaped from the Oregon National Primate Research Center in Hillsboro has been captured.

Hillsboro police assisted OHSU animal caretakers in locating the animal Sunday afternoon.

The nine escaped Friday when a caretaker failed to lock a cage door during routine cleaning. Four were captured immediately.

The animals are part of the primate center's breeding colony and not involved in health research.

Research center director Nancy Haigwood said the center will take measures to improve security so that it will be harder for an animal to leave the property if it gets out of its enclosure ([Komo News, 2009](#)).



**Title:** Infected Monkeys Escapes Bio Lab... "Several Times!!?"

**Date:** April 6, 2009

**Source:** [KGW](#)

**Abstract:** Several infected monkeys escaped a Bio lab in Beaverton, Oregon. This was not the first nor second time it has happened.

These monkeys are carrying the Herpes B virus.

To the people in the Primate Research Facility...NO BIG DEAL!!! Round them up AGAIN, Put them back in their cages...until the next time it seems.

But this really shows how incompetent the standards are for human safety in this place and that it easily sets the precedent for allowing something FAR WORSE to get into the general population.

The Director of the facility is reviewing it's policy. How nice!! ANYTHING ELSE??

Meanwhile, what does it take for another monkey escaping with something potentially deadly?  
([KGW, 2009](#)).

**Title:** Monkeys Make A Break From Scottish Zoo

**Date:** June 6, 2009

**Source:** [Red Orbit](#)

**Abstract:** The Edinburgh Zoo in Scotland said it closed part of its park after a troop of monkeys made a break for freedom during a transfer from one habitat to another.

Zoo officials told The Scotsman the Barbary macaques didn't pose a threat, but as a precaution, they evacuated the 110-acre zoo.

It took several hours for zoo employees, using bananas and nets, to round them all up. Onlookers said the monkeys approached the bananas, but often grabbed the fruit and took off again.

The zoo was opened for the weekend.

Zoo officials said the monkeys are social animals and remain in a group for the most part. None left the zoo grounds, The Scotsman reported.

It was the second monkey escape this year. One got out of a rabies quarantine area in February ([Red Orbit, 2009](#)).

**Title:** No Monkeying Around: Chimpanzees Escape British Zoo

**Date:** July 5, 2009

**Source:** [Digital Journal](#)

**Abstract:** The Chester Zoo in Cheshire, Britain, has been evacuated and closed after the escape of an unidentified number of chimpanzees.

According to the [Chester Standard](#), a spokesperson for the Zoo maintained that none of the chimpanzees have escaped into the public and thus remain on zoo grounds.

Officials closed the zoo as a precaution and are currently trying to recapture the animals.

Workers trying to retain the animals will have a lot of ground to cover. The zoo covers 110 acres.

The [BBC](#) reports that the chimpanzees escaped after they "found their way into a nearby keepers' area, where their food is usually prepared."

While chimpanzees and monkey are both primates, they are very different animals. Chimpanzees share some 98% of human genes and are the closest relative to humans in the animal kingdom. They are also regarded as highly intelligent and mobile ([Digital Journal, 2009](#)).

**Title:** Escaped Monkey Still On The Loose

**Date:** August 12, 2009

**Source:** [3 News](#)

**Abstract:** Keepers at Christchurch's Willowbank Wildlife Reserve are again on the hunt for Minty the capuchin monkey.

Almost a year to the day after her last escape, Minty managed to beat the park's security system - including a moat and an electric fence.

"We believe she's fallen in the moat accidentally," says head keeper Jeremy Maguire. "They don't like the water, so we think she's fallen in, swum across the moat and got to the electric fence. She must have climbed up that and probably got a shock unfortunately as well. We heard reports from the neighbours that they've seen her in the garden and we've gone down and seen her ourselves."

It has been five days since her escape, but Minty's keepers hope to entice her down with fruit and nuts and a familiar face, rather than nets or traps.

"They recognise the uniform, but they get more familiar with keepers who work with them regularly," Mr Maguire says.

Minty has been spotted several times in trees a short distance from Willowbank. Yesterday she came down low enough to be almost within the reach of one of the keepers.

Minty escaped last year while being moved to a new enclosure and was captured after three days. Staff say this second breakout is just a coincidence.

Users of a neighbouring dog park are keeping an eye out for her, but Minty's keepers say they're fearful the longer she's out the greater the chance she'll become cold, hungry or sick ([3 News, 2009](#)).

**Title:** Escaped Monkey Moves In To House

**Date:** August 27, 2009

**Source:** [The Sun](#)

**Abstract:** Gemma Peck, 18, was having her breakfast when boyfriend Colin Hinder spotted something move on top of the curtain rail.

He thought it was a pigeon — then looked closer and found it was a tiny marmoset.

The monkey — named Kite — had escaped with pal Ponty from Woburn Safari Park, Bucks, two miles away.

It is believed that the intrepid pair scaled the 8ft park wall, crossed a busy A road and scampered across a field and down a steep hill into Aspley Guise.

Kite snuck into the home by climbing a drainpipe and sneaking through an open window.

Colin, 21, said: "Even though I could see it was a monkey my brain just would not process it.

"It just sat there looking at us and blinking. The only time it moved was to get more comfortable."

Gemma's mum Jean called the safari park and they returned Kite to his proper home.

But Ponty is still on the loose.

Jean, 56, said: "It was a tiny little thing. I was tempted to keep it" ([The Sun, 2009](#)).

**Title:** Escaped Monkey Is Still At Large.

**Date:** August 28, 2009

**Source:** [Free Library](#)

**Abstract:** A [MARMOSET](#) monkey is still missing after her twin brother was found hanging on to a curtain rail watching television having escaped from a safari park.

[Woburn Safari Park](#) in Bedfordshire said it was still looking for two-yearold Ponty after her brother Kite was found at a house in the nearby village of Aspley Guise.

Gemma Peck was watching television and eating her breakfast when her boyfriend Colin Hinder noticed Kite perched on a curtain rail in their living room ([Free Library, 2009](#)).

**Title:** Lahore Zoo Recaptures Escaped Monkey

**Date:** October 6, 2009

**Source:** [Daily Times](#)

**Abstract:** Lahore Zoo authorities recaptured a monkey, which escaped from the zoo, after a struggle of four hours, a private TV channel reported on Monday. According to the channel, one of the workers at the Lahore Zoo opened the monkey's cage to clean it, but the monkey escaped due to the worker's negligence. The zoo authorities captured the monkey with the help of Rescue 1122 workers ([Daily Times, 2009](#)).

**Title:** Puerto Ricans Are Tired Of Escaped, Belligerent Research Monkeys

**Date:** November 30, 2009

**Source:** [Discovery](#)

**Abstract:** Fool me with monkeys once, shame on you. Fool me twice... well, Puerto Ricans [won't get fooled again](#).

Some people on the island commonwealth are up in arms over the proposal by a company called Bioculture Ltd. to make Puerto Rico a major supplier of [primates](#) to researchers in the United States. Beyond the ethical issues connected to animal testing, [the AP reports](#), Puerto Ricans have "a bad history with research monkeys":

The U.S. territory has long struggled to control hundreds of patas monkeys, descendants of primates that escaped in recent decades from research projects and now thrive in the lush tropical environment.

No labs want the [patas monkeys](#) because they're no longer right for research, and many are diseased. There isn't much demand from zoos, either. So rangers from the island's Department of Natural Resources trap and kill them.

Bioculture counters that its proposed facility in the mountainous region of Guayama would bring 50 jobs and other economic benefits, like buying fruit from local farms to feed the African monkeys, to a place currently reeling from 16 percent unemployment. Bioculture executive Moses Mark Bushmitz tried to reassure people from the Guyama neighborhood of Carmen, which is near the proposed facility, that their homes would be no more run over with research primates than homes in Cambridge, Mass.:

"You have monkeys in MIT, you have monkeys in Harvard," Bushmitz said. "So why isn't it an issue if the monkey will escape in Harvard, but it is an issue if a monkey will escape in Carmen?"

To be fair, though, there isn't a history of monkeys that "run through backyards, stop traffic and destroy crops" in Harvard Yard ([Discovery, 2009](#)).

**Title:** Escaped Monkey On The Loose Again In The Tampa Bay Area

**Date:** March 4, 2010

**Source:** [TampaBay.com](#)

**Title:** Elusive Florida Monkey Evades Captors For A Year, Is Immune To Tranquilizers

**Date:** March 4, 2010

**Source:** [Huffington Post](#)

**Abstract:** A monkey that has eluded capture in the Tampa Bay area for more than a year has again escaped from Florida wildlife officials. Authorities were called to a neighborhood in St. Petersburg on Wednesday when the rhesus macaque monkey was spotted. It was twice hit with tranquilizer darts, but still got away by ducking behind a drug store and a church.

Wildlife rehabilitator Vernon Yates says the tranquilizers don't appear to affect the animal, though officials have increased the dosage each time they've used the drug on the monkey.

Yates says the monkey is smart, even stopping to check traffic before crossing a busy street.

Officials didn't say how the monkey got loose. They say it isn't considered a threat to humans ([Huffington Post, 2010](#)).

**Title:** Police Warning After Monkey Escapes From Cumbrian Zoo

**Date:** April 8, 2010

**Source:** [BBC](#)

**Abstract:** A search is under way after a South American monkey escaped from a wild animal park in Cumbria.

The small beige Capuchin went missing from his enclosure at the South Lakes Wild Animal Park in Dalton.

Staff from the centre, which is home to dozens of exotic animals, called in police to help in the search operation.

Capuchins are native to the Amazon basin, about 20ins (51cm) high and recognisable by a distinctive black or dark brown head with dark sideburns.

## **Distracting drivers**

Karen Brewer from the zoo said it was unclear how the monkey had got out of its enclosure.

She added: "It's only a small monkey so it is not going to hurt anybody or anything like that.

"It will be really scared and just wanting to get back home.

"So we would appeal to anyone who comes across it to contact us or the police."

A Cumbria Police spokesman said: "If it is seen crossing the road it will obviously distract drivers and could cause crashes.

"Staff from the wildlife park are currently searching the area for the monkey and would like to stress that although it is not thought to be a danger to the public, it should not be approached."

Capuchin monkeys are tree-dwelling and known to use tools such as stones to crack open nuts, shellfish and crabs.

Their ability to be easily trained gave rise to their early exploitation as organ grinder monkeys.

They were named by explorers after their resemblance to an order of Catholic friars, the Order of Friars Minor Capuchin ([BBC, 2010](#)).

**Title:** Escaped Monkey Still On The Loose

**Date:** April 10, 2010

**Source:** [North West Evening Mail](#)

**Abstract:** Zoo keepers are urging members of the public to contact them with sightings of an escaped animal.

A capuchin monkey was reported missing on Thursday morning when keepers at South Lakes Wild Animal Park noticed one was missing from the enclosure.

Police and the zoo have confirmed the monkey is still on the loose.

The last reported sighting of the wild animal was in the woods near the Park Road roundabout in Barrow.

A zoo spokeswoman said the monkey was still missing yesterday afternoon.

She also urged the public to report any sightings to the zoo as soon as they see the animal ([North West Evening Mail, 2010](#)).

**Title:** Escaped Monkey Roaming The Hills Of Northern San Antonio

**Date:** September 13, 2010

**Source:** [WOAI News](#)

**Abstract:** Some people in North Bexar County are still feeling the effects of Tropical Storm Hermine's damage. Unfortunately, for workers at Primarily Primates Sanctuary, it has turned into a serious search for a missing monkey.

"This is unexpected," said Stephen Tello, executive director of Primarily Primates. "We don't want things

like this to happen."

Tello says a spider monkey named W.C. Fields is among three that escaped the non-profit sanctuary after strong winds caused a tree to fall damaging their cage last Tuesday. The staff quickly captured two of the monkeys, but the leader of the pack is still missing.

"You can tell he's lost," said Tello. "You can tell he's scared, doing a lot of vocalizations. So, we really have a scared, hungry primate."

The missing monkey is described as dark brown, with tan-coloring on his face and stomach. Neighbors have already reported seeing the monkey traveling very close to some homes, even in garages.

Tello says W.C. Fields was last seen swinging around Scenic Loop near Helotes. He says neighbors should use caution if they spot the monkey.

"Don't go outside. Don't try to pet him. Don't try to befriend him, and don't feed him at this point."

Anyone who spots the missing spider monkey is asked to immediately call Primarily Primates at (830) 755-4616 ([WOAI News, 2010](#)).

**Title:** One Monkey Dead, Another At Large From Alma Park Zoo

**Date:** October 10, 2010

**Source:** [Brisbane Times](#)

**Abstract:** Keepers at Brisbane's Alma Park Zoo are still searching for a missing, highly-endangered female Tamarin monkey after her partner was found dead yesterday in a nearby housing estate.

The pair of Cotton-top Tamarin monkeys, named Tonto and Conchetta, were taken from their zoo enclosure on Saturday night.

The eight-year-old male monkey, Tonto, was found dead yesterday afternoon by residents in nearby Surround Street, Dakabin.

"We don't know whether the people who broke in actually captured the female or whether they both managed to escape," Alma Park Zoo manager Garry Connell said.

He said Conchetta, who is pregnant with twins, was unlikely to survive another 24 hours in the wild, if she had managed to escape.

"She hasn't got much going for her in these wet and cold conditions," he said.

Mr Connell said he hoped the small tropical monkey had found shelter high in a tree within the zoo grounds.

Keepers kept her enclosure open overnight in the hope she would be enticed back by the warm lights and food.

Mr Connell said zoo employees were devastated at the news.

"I even have cafe staff, who do not have anything to do with the animals, that have gone home in tears," he said.

"It's quite emotional."



Mr Connell said there was no indication what had motivated the thieves.

"Whether someone thought they would be a cute pet ... or they were interested in them for some other reason, we do not know," he said.

Mr Connell appealed for anyone with information about the Tamarins' disappearance to contact the zoo or police.

It is not known if more than one person was involved in the theft.

Police Inspector Ross Martin said it appeared whoever stole the monkeys had climbed a fence to get into the zoo and then cut a padlock to the monkey's enclosure ([Brisbane Times, 2010](#)).

**Title:** Escaped Monkey Attacks Oneida Castle Woman

**Date:** November 11, 2010

**Source:** [Oneida Dispatch](#)

**Abstract:** An Oneida Castle woman became the victim of an attack from the unlikelyst of creatures in Central New York while playing with her son on Sunday.

Nick Fedchenko, of Prospect Street in Oneida Castle, said his wife Amy was playing with their two-year-old son on the newly installed tire swing in the backyard when they were attacked by an escaped capuchin monkey.

"Out of nowhere a monkey ran up and was going after our son," he said. "She intervened and the monkey attacked. It jumped on her several times and she threw it off. It bit her twice and penetrated, causing puncture wounds to her middle finger."

He described a long retreat to the house for his family.

"She had to keep the monkey at bay from the swing all the way to the house until she could get me," he said. "The monkey was coming at her the whole time. When she got to me, the monkey was at our side garage door trying to get in after them still. I was standing in my garage shocked to see that there was a monkey wrenching at the door."

He put on leather gloves and a jacket before proceeding outside as his wife called 911.

"I went out and kept the monkey on the porch," he said. "The monkey came after me a few times, but eventually we got it settled down when a banana came out. The authorities came here and did a great job."

State Police Captain Francis Coots described the scene upon arrival.

"A trooper arrives and sees the monkey on top of the house," said Coots. "The owner of the monkey, Robert Jones, who lives just around the corner, comes over and gets a hold of the monkey. It apparently had escaped from his residence unbeknownst to him."

Coots said Jones produced proof of the monkey's rabies vaccination and his license from the Department of Environmental Conservation to own an exotic pet. Amy was taken to the hospital and the monkey was tested for rabies.

Fedchenko said the results of the test had not been made available to him on Thursday.

The eight-year-old monkey, Jada, was scheduled to be euthanized on Wednesday and not held for observation while the rabies test is run in accordance with state law, but The Dispatch could not confirm if

it had taken place.

The Oneida County Health Department could not be reached for comment Thursday.

Fedchenko said the real hero of the day was his wife.

"She did a very good job protecting our son," he said.

He said the day's events were unreal in a way.

"It was a bizarre Sunday," he said.

Robert Jones could not be reached for comment Thursday ([Oneida Dispatch, 2010](#)).

**Title:** Monkeys Take Up Residence Near Airport

**Date:** December 17, 2010

**Source:** [UPI](#)

**Abstract:** Floridians near the Fort Lauderdale-Hollywood International Airport said a family of non-native monkeys has moved into the area with their adopted raccoon.

Dave Winquist, who works near the airport, said the vervet monkeys have been swinging in the Broward County trees for decades but recently became more visible when they migrated north toward the airport, WPLG-TV, Miami, reported Thursday.

"This is the first time I've been around when there's been a whole family just breeding and eating," Winquist said.

Local lore holds the original vervet monkeys, which are native to Africa, were set free by a roadside attraction near Dania Beach in the 1950s, but no evidence exists to confirm the story.

Winqvist said as many as 15 of the monkeys have been spotted in the area along with a raccoon that appears to have been adopted as a member of the family ([UPI, 2010](#)).

**Title:** Report: Escaped Monkey Swinging Near Gainesville?

**Date:** January 14, 2011

**Source:** [Orlando Sentinel](#)

**Abstract:** Ocala.com reports residents south of Gainesville have seen a Patas monkey on the loose and some think it's the same monkey that escaped from a Marion County home in 2009.

Florida Fish and Wildlife Conservation Commission officials said they received reports of the monkey sighting near Williston between County Road 318 and 217th Court. Officials thought the cold weather had killed the escaped monkey, but they think it could be another monkey ([Orlando Sentinel, 2011](#)).

**Title:** Monkey, Lucky, Bites 118 People Then Escapes

**Date:** January 24, 2011

**Source:** [Chimpamzee Info](#)

**Abstract:** A Japanese monkey that was captured in Shizuoka Prefecture after biting over 100 people has escaped from a park, sparking a warning from local authorities. The monkey, named Lucky, escaped from Rakujuen Garden in Mishima on Monday morning. The macaque was spotted near JR Mishima Station, and some 20 city workers launched a search, but were unsuccessful. The Mishima Municipal Government

has warned residents to lock their doors, saying there is a possibility the monkey could bite more people.

In a news conference on Monday, city officials said Lucky escaped when a worker cleaning her cage opened an inner door without locking the outer one. At first she remained beside the cage for a while, but workers failed to catch her.

"It was a human error," Rakujuen head Shizuo Sugiyama said in an apology.

Lucky bit 118 people in five cities and one town before city workers captured her on Oct. 10 last year in a resident's home. After naming the monkey Lucky, city workers put her on display at the garden. Souvenirs associated with the monkey were sold and the garden saw an increase in visitors, but Lucky had been losing hair, apparently due to stress ([Chimpanzee Info, 2011](#)).

**Title:** Escaped Monkey Recaptured At Kansas City Zoo

**Date:** June 1, 2011

**Source:** [KSDK News](#)

**Abstract:** The Kansas City Zoo will be back open after a daring escape by one of the animals.

Floyd, the red-capped mangabey, got out after a zookeeper forgot to close the padlock on his enclosure on Tuesday.

Witnesses say other monkeys were making a lot of noise and visitors to the zoo were asked to stay inside.

Floyd was monkeying around for a good half-hour before he was caught ([KSDK News, 2011](#)).

**Title:** Escaped Monkey Attacks 2 Kids In Fremont

**Date:** June 9, 2011

**Source:** [North West Ohio](#)

**Abstract:** A small monkey attacked two children and ran wild for hours Thursday in Fremont, police said.

The two girls were around nine years old and suffered scratches, according to Fremont Police Chief Tim Wiersma. Wiersma said the girls should be okay.

The grivet monkey, which is about the size of a raccoon, figured out a way to unlatch his leash and run away from his owner on Hickory Street, Wiersma said. Police fired two rounds at the pet monkey during a nearly three-hour pursuit that ended with the owner capturing it around 6 p.m.

The owner was cited with allowing an animal to run at large, which Wiersma said is a minor misdemeanor with a fine of up to \$150. The animal spent Thursday night with its owner, who did not come to the door when WNWO's [Michael Henrich](#) and [Michael Melchiorre](#) knocked.

Wiersma also said this owner has been cited for the same offense one time before, when the monkey escaped and scratched a different neighbor, but the department's hands are tied. The police chief said he would like to see some sort of exotic animals law put in place to avoid these types of incidents ([North West Ohio, 2011](#)).

**Title:** Monkey Missing From Yerkes National Primate Research Center

**Date:** June 23, 2011

**Source:** CBS

**Abstract:** CBS Atlanta was first to report on Wednesday that there is a monkey missing from the Yerkes Primate Research Center. That's on Taylor Lane in Lawrenceville.

On Thursday PETA called for the U.S. Department of Agriculture to investigate.

The center is set back in the woods, away from a main road, but it's in the midst of neighborhoods.

"Couple hundred yards, real close. Those houses across the street, its right behind those homes," said neighbor Nelson Downing.

The missing monkey is a 2-year-old female. She is about 5.5 pounds. According to the center, most rhesus monkeys are born with the monkey forms of HIV and the herpes B virus, which can be deadly. This monkey was specially bred so she does not have any diseases. Still, Downing is concerned.

"We weren't notified about it. This is serious. We have animals, small dogs," said Nelson.

When reporter Jennifer Mayerle asked a spokesperson from the center since this has happened once, could it happen again?

Their answer, "anything's possible."

"That's a heck of an attitude. It should be a zero defect attitude when it comes to something like that and wild animals," said Nelson.

Cunelippe Russell plans to keep her kids inside until the monkey is caught. She has her own tough questions for the center.

"If one can get loose what about the other ones? And what kind of diseases do they have?" said Russell.

Not everyone is worried. The road into the center is in Menninette Kline's backyard. She said the center has been a good neighbor for 20 years.

"I'm not concerned because the poor little monkey would be so afraid of us that I don't think it would dare approach us. We'll just keep a look out for it," said Kline.

A spokesperson for the center said they are looking at the integrity of the compound. They sent emails to neighborhood associations Wednesday and letters to the neighborhood. Those should arrive Friday.

According to the center, there are 1,899 rhesus monkeys at the center.

1,233 are non-infectious. 536 are infected, and 130 are currently being tested.

Here is the letter for neighbors:

June 22, 2011

Dear Yerkes Field Station Neighbor,

I am writing to let you know that during a routine, annual veterinary exam June 15 of all animals within one of the compounds at the Yerkes National Primate Research Center Field Station, personnel determined a 2-year-old, female rhesus monkey was not in its compound. This animal is one of many specially bred rhesus macaques at Yerkes that does not have the herpes B virus, something common to the species. This animal was in the process of being assigned to a behavioral research study, which is the focus of the research at the Yerkes Field Station. The animal was not part of a scientific study in which it would have been infected with any disease.

Yerkes Animal Care, Colony Management, Facility Management and Veterinary personnel immediately began a search for the monkey that covered the animal's housing compound and surrounding areas, the clinical facility where staff performs the exams and a compound in which the monkey was previously housed, as well as the nearby areas. Yerkes personnel are continuing to search for the monkey.

Members of my staff and I have taken steps to notify the appropriate authorities, including Emory's Institutional Animal Care and Use Committee, the National Center for Research Resources, the U.S. Department of Agriculture and Gwinnett County Police.

Daily operations and research to advance science and improve health are ongoing at the Yerkes Research Center. If you see a monkey, please do not approach it. Call the Yerkes Research Center at 404-727-7732. We will work with Gwinnett County's animal control authorities to respond appropriately.

We appreciate your support of our research center and will keep you informed. Please don't hesitate to call us with any questions.

Sincerely,

Stuart Zola, Ph.D.

Director

Here is PETA's press release:

## **MONKEY ESCAPE FROM LAB PROMPTS PETA COMPLAINT WITH U.S. DEPARTMENT OF AGRICULTURE**

### **Group Says Escape May Indicate New Violations of Federal Law at Yerkes National Primate Center**

Atlanta — Following reports that a rhesus macaque monkey escaped from Emory University's Yerkes National Primate Research Center on June 15—and has yet to be recaptured—PETA is calling on the U.S. Department of Agriculture (USDA) to investigate the laboratory for possible violations of the federal Animal Welfare Act (AWA). In a formal complaint filed this morning, PETA asserts that the escape indicates that the federally funded facility may have violated several provisions of the AWA, including failure to ensure that personnel are qualified to perform their duties, failure to adequately supervise employees, and failure to ensure that primary enclosures securely contain nonhuman primates.

"These intelligent, sensitive animals don't deserve the loneliness and trauma of life in a laboratory," says PETA Vice President of Laboratory Investigations Kathy Guillermo. "At the very least, Yerkes should adhere to the minimal standards put forth by the only federal law that provides any protection, the Animal Welfare Act."

Yerkes has previously been cited for violating several provisions of the AWA. Last May, USDA inspectors cited Yerkes for a violation of the AWA in response to an incident in which a cage housing three primates

was mistakenly placed in a cage washer. Yerkes was charged with three additional violations in the same month. And in 2007, Yerkes was assessed a \$15,000 penalty for even more violations.

Yerkes has drawn international criticism from leading primatologists, including Jane Goodall, for using more than 4,000 monkeys and apes in invasive and deadly experiments. Monkeys at Yerkes are torn away from their mothers, isolated in small cages, and subjected to experiments in which they are infected with deadly diseases, immobilized in restraint devices, and forcibly addicted to drugs. Yerkes is also one of the very few facilities in the world that still uses humans' evolutionary cousins—chimpanzees—in harmful experiments ([CBS, 2011](#)).

**Title:** Escaped Monkey May Not Have Gone Far

**Date:** June 28, 2011

**Source:** [UPI](#)

**Abstract:** Officials at a Georgia primate research facility said a monkey missing since June 15 may be hiding somewhere in the facility or on the grounds.

Lisa Newbern, spokeswoman at the Emory University's Yerkes National Primate Research Center Field Station in Lawrenceville, said the female rhesus monkey has not been seen by staff since escaping June 15, but there is a strong possibility she is still somewhere nearby, the Atlanta Journal-Constitution reported Tuesday.

"Given that she is a social animal and she'd want to be with her family, our focus has now been that she would still be inside the facility," Newbern said.

The 117-acres of land housing the facility neighbors suburban homes and schools including Walnut Grove Elementary School and Collins Hill High School ([UPI, 2011](#)).

**Title:** Escaped Baboon, Spotted In Jackson And Freehold, Remains Missing

**Date:** July 1, 2011

**Source:** [NJ.com](#)

**Abstract:** Stacey Murphy was in her kitchen Friday morning when she glanced through the glass back door and caught a glimpse of two brown furry legs on the welcome mat.

She assumed it was her neighbor's dog — until she spotted the animal's bulbous red butt.

"I saw the infamous red hiney and I yelled, 'Oh my God, there's a baboon on the patio!' " said Murphy, 42, of Buttonwood Drive in Jackson Township.

Over the next few hours, more than a dozen residents of the leafy Ocean County neighborhood reported seeing a baboon bounding down streets, lounging in trees near Route 195 and ambling around an exclusive private golf course.

As of Friday night, the elusive baboon remained on the lam in neighboring Freehold, in Monmouth County. The search is due to resume Saturday morning.

Animal experts from Six Flags Great Adventure — who assume the primate is an escapee from the Monkey Jungle exhibit in their Wild Safari park — came close to capturing the baboon around 3:45 p.m. in Jackson.

A member of the search team shot a tranquilizer dart at the two- or three-foot animal near Metedeconk National Golf Club, Great Adventure officials said. But the dart missed.

"The animal took off into the woods," Jackson Police Sgt. Edward Bennett said. "I saw it. It's quick, very fast."

The baboon, which appears to be a 2-year-old male, should instinctively want to return to familiar surroundings and other baboons, according to animal experts. However, the adolescent appeared to be moving further and further away from Great Adventure. It traveled more than 10 miles Friday.

"I imagine it's trying to get back. But it's going the wrong way," Bennett said.

Great Adventure, the sprawling amusement park with a 350-acre drive-thru safari, first reported a possible baboon escape to state officials Thursday after two residents reported seeing a primate on neighboring streets.

However, Great Adventure could not say for sure if animal was one of their approximately 1,200 exotic animals. About 150 baboons roam free and breed inside a chain link fence in the wildlife safari. The state does not require the park to keep an exact count of how many primates it has on a given day.

All of the baboons are vaccinated and have a microchip embedded beneath their skin, said Kristin Siebeneicher, a Great Adventure spokeswoman. If the runaway baboon is found, the presence of a microchip will confirm it belongs to Great Adventure.

"This young male is probably very scared and looking for a way to get back to where he came from," Siebeneicher said.

The alleged breakout inspired several Facebook pages and a Twitter page (@JerseyBaboon) with hundreds of followers where the baboon comically chronicled dodging police to head to the Jersey Shore to party with Snooki for the holiday weekend.

"I mean Six Flags is cool and all. But I'm ready for a vacation. Let's do this," read one of JerseyBaboon's Twitter posts.

Lynn Martin, 24, of Jackson, was in her backyard with her twin 2-year-old daughters and 3-year-old son when she spotted the baboon about 30 feet away. She whisked her children inside, then ran out with her camera. But the animal disappeared.

Martin was upset Great Adventure had not warned residents of her street, Winterberry Boulevard, and the neighborhood bordering the wildlife park of a possible escaped animal.

"They need to let everyone know, give us a warning so we can keep our kids safe," Martin said.

Great Adventure officials said their animals are kept behind two or three levels of fencing, including some electrified fences. The park's only animal escape was about 10 years ago when an African antelope slipped out when someone deliberately cut a fence, a park spokeswoman said.

Inspectors from the state Department of Environmental Protection visit Great Adventure several times a year to inspect the enclosures, department spokesman Lawrence Ragonese said.

"We really haven't had any problems with them," Ragonese said. "They've been really good neighbors."

For many in Jackson, the baboon incident was reminiscent of a 1999 escape of a Bengal tiger that made national headlines. The 431-pound cat was shot and killed after it was spotted on residential streets.



The tiger was traced to the Tigers Only Preservation Society, a Jackson preserve owned by "Tiger Lady" Joan Byron-Marasek. Tigers Only eventually lost its state permit and its tigers were moved to a Texas facility.

Longtime Jackson resident George Paramithis shrugged when asked about the chance of two wild animals wandering around town.

"You live here 15 years, it's the law of averages this will happen once or twice," said Paramithis, 50 ([NJ.com, 2011](#)).

**Title:** Gip The Escaped Monkey Gets Caught

**Date:** July 7, 2011

**Source:** [YouTube](#)

**Title:** Artis Niet Achter Ontsnapte Aap Aan (English Version Below)

**Date:** July 8, 2011

**Source:** [NOS](#)

**Abstract:** Dierentuin Artis laat een aap die afgelopen woensdag ontsnapte vrij rondlopen door het park. De kuifmakaak nam twee dagen geleden de benen samen met een soortgenoot die later wel werd gepakt.

Volgens Artis konden de dieren weggelopen door een "menselijke fout". De verzorgers die hadden moeten controleren of de kooien van de apen wel goed waren afgesloten, verzuimden dat te doen. Zo konden de makaken woensdag rond 20.00 uur weggelopen.

## **Mast**

De ene makaak vluchtte over de daken van de dierenverblijven naar het Entrepotdok en klom daar in de mast van een bootje. Toen de verzorgers hem probeerden te vangen, viel het dier in het water.

Verzorgers konden hem later met een net uit het water vissen. Het dier maakt het goed.

## **Rustig**

Het andere dier dwaalde minder ver van huis. Vandaag klom ze de apenkooi rond, tot grote hilariteit van bezoekers van Artis.

Verzorgers houden de makaak in de gaten, maar gaan er niet achteraan. "Ze zit best rustig, vlak bij haar perkje", aldus een woordvoerder ([NOS, 2011](#)).

**Title:** Monkeys Escaped From Amsterdam Zoo

**Date:** July 8, 2011

**Source:** [Silly Dutch](#)

**Abstract:** If you live around the center of Amsterdam, please be careful. A group of monkeys just escaped from their cage in Artis (zoo in Amsterdam). A few of them are trying to run away from the zoo, but mostly choose to stay around the zoo. Since the situation is still under control, the zoo decided not to chase all the escaped monkeys. The zoo is sure that all the monkeys are going back to the cage sooner or later peacefully ([Silly Dutch, 2011](#)).

**Title:** Escaped Monkey Shot, Killed After Injuring Woman, Deputy

**Date:** August 4, 2011

**Source:** [News Channel 5](#)

**Abstract:** Bedford County Sheriff's deputies had to shoot and kill an escaped monkey that attacked a woman and a deputy.

Authorities said the Japanese macaque, also known as a Japanese snow monkey, escaped from a home on Frank Martin Road on Thursday morning.

42-year-old Michelle Pyrdum was standing in her driveway, washing her car, when the animal approached from behind.

"I had no idea he was even there. Then I could feel his teeth in the calf of my leg, and I really didn't know at that point what it was, I just knew I had to get it off me," she said.

Michelle's father said it happened so fast, they never saw it coming.

"It was weird looking, and I thought what in the world is that thing," said Charles Pyrdum. "The next thing I knew it was attacking Michelle, and she said 'Daddy, help me.'"

Michelle's mother called 911, and Bedford County Deputies arrived on scene within minutes.

Cpl. Ronnie Gault said when he arrived to help, the monkey jumped on his arm and left two deep cuts. Gault said he shot at the monkey, but it kept coming at him, so another deputy shot it twice with a shotgun and killed the animal.

Gault was treated and released. Pyrdum has a deep cut in her leg, and had to undergo surgery at Middle Tennessee Medical Center. Doctors told her she's lucky to be alive.

"Get rid of those things," she said. "I mean, there's no reason to have those things. And when they're a danger to other people, have some compassion for other people."

Animal Control Director Brenda Goodridge said the owner had four additional monkeys in his custody, but voluntarily surrendered custody. She enlisted the help of the Animal Rescue Corps to tranquilize the animals and safely remove them from the home.

"The potential for disaster has been great with these monkeys," Goodridge said. "Tennessee needs to toughen up its exotic animal laws."

The Animal Rescue Corps said two of the four remaining monkeys were being kept in dog and bird cages that were far too small. They also did not have access to food or water, which means the owner could face animal cruelty charges.

The woman who actually owns the monkeys was already in jail on charges of manufacturing methamphetamines. Investigators said her husband had been caring for the animals while she was behind bars ([News Channel 5, 2011](#)).

**Title:** Search Ends In Gwinnett For Missing Research Monkey

**Date:** August 22, 2011

**Source:** [AJC](#)

**Abstract:** The search in [Gwinnett County](#) for a missing research monkey is over. Emory University's Yerkes National Primate Research Center announced it has ended efforts to locate the animal. Known only as "EP13," the 2-year-old rhesus macaque was discovered missing on June 15.

"Despite extensive efforts by Yerkes staff, we have not been able to locate this research animal," Dr. Stuart Zola, director of Yerkes, said in a prepared statement issued last week.

"Efforts included searching the Yerkes property numerous times, conducting multiple census counts of the research animals and working with [Gwinnett County](#) Animal Control to follow up on 26 reported 'sightings' in the metro Atlanta area," Zola said.

Zola said he has directed Yerkes staff to continue taking steps to prevent any such future occurrences, including using microchip technology to better track the animals and increasing security and video surveillance at the center.

The center will also pursue any recommendations regulatory authorities may make, he said. Earlier this summer, Yerkes officials met with representatives of the U.S. Department of Agriculture and the Georgia Department of Natural Resources to discuss steps they had taken in the search.

With the search ended, "we are focusing on our research operations at the center and doing things to ensure this would not happen again," Lisa Newbern, a Yerkes spokeswoman, said in a telephone interview Monday.

If someone should see the monkey, she said, "people are still welcome to give us a call at 404 727-7732, or [Gwinnett County](#) Animal Control, 770 339-3200."

It was hoped that Ep13 could be in or around the 117-acre Primate Research Center, but repeated searches proved fruitless.

Searchers had speculated the monkey fled into the nearby woods, possibly finding shelter in the surrounding Gwinnett suburbs or even going farther, venturing far outside of metro Atlanta. Yerkes has taken calls from people in other counties claiming to have seen her.

The Atlanta Journal-Constitution on July 5 cited a Georgia Department of Natural Resources report that Yerkes waited five days before notifying authorities of the missing monkey.

The DNR report showed that after identifying that the monkey was missing on June 15, Yerkes staff started an immediate search of its grounds and on June 17 filed an incident report to the Institutional Animal Care and Use Committee, the oversight body for university animal testing.

Yerkes contacted the U.S. Department of Agriculture three days later, on June 20, and then the DNR on June 22. The last time Yerkes had conducted a full head count of the monkeys was May 26, when the group was being transported within the facility.

The report also said that five days into the search, a Yerkes veterinarian believed the primate might be deceased. The veterinarian speculated the missing monkey had fallen into a crevice and died, or that a hawk had captured it.

Meanwhile, about 20 area residents filed a complaint with Lawrenceville and Gwinnett authorities against the primate research center, saying it did not belong in a residential area because of the threat escaped animals could pose to neighbors.

Operated by Emory University, Yerkes is one of eight federally funded national primate research centers. It keeps a total of about 3,400 primates at a 25-acre campus in Atlanta and the 117-acre field station in Lawrenceville. The field station, which opened in 1966, is home to 1,899 rhesus macaques and 2,220 animals overall ([AJC, 2011](#)).

**Title:** Monkeys Let Loose During Texas Wildfire Attack Game Warden And Volunteers

**Date:** September 13, 2011

**Source:** [Digital Texan](#)

**Abstract:** A group of 23 rhesus monkeys are on the loose in Waller County near Houston. One game warden has been bitten and others have been attacked.

The monkeys either escaped or were let loose after the area was evacuated because of wildfires. Authorities are looking into whether they were being housed illegally by a resident.

Game Warden Karin Apple was assisting wildfire evacuees when she was bitten by one of the monkeys. Apple spotted one of the monkeys in a tree on Sunday. When she tried to lure the monkey down it jumped on her, bit her thumb and ran off. She was treated and released from a Conroe hospital with a small puncture wound.

"One bit the officer," said James Jackson, a volunteer from Houston assisting with wildfire management efforts. "Another scratched a cop, stole his phone, took the battery off and started to bite it."

The Waller County Sheriff's Office also said a captured monkey in a cage stole a deputy's cell phone. The deputy did get the phone back, but with teeth marks on it.

Resident Elizabeth Allbritton told KPRC-TV, "We've heard there's a homeowner here with monkeys. Someone we know has seen the monkeys running around. That's basically what we're hearing."

Waller County sheriff's deputies caught some of the monkeys, but they said two or three are still on the loose ([Digital Texan, 2011](#)).

**Title:** Officials Capture Escaped Monkey

**Date:** September 29, 2011

**Source:** [Journal Star](#)

**Abstract:** Animal control officers caught a therapy monkey that had escaped from a home near Doniphan.

The 10-pound greenback grivet monkey escaped through a doggie door at the home. The monkey was found Thursday afternoon.

Laurie Dethloff, executive director of the Central Nebraska Humane Society, said the monkey was staying at the home until it could be moved to a retirement center.

Animal control officers spotted the 5-year-old monkey earlier Thursday but were unable to catch him. He was later caught after the officers put more fruit out.

Officials say the monkey, named "Rodney" was scared and hungry but seemed OK. He was taken to a local animal shelter to be checked out ([Journal Star, 2011](#)).

**Title:** Holly Hill Police Round Up Escaped Pet Monkey

**Date:** October 8, 2011

**Source:** [Daytona Beach News Journal](#)

**Abstract:** This is a tale about the one that got away, then bit the Holly Hill cop.

Not a fish, but a monkey named Petra.

The female monkey escaped from its residence in Holly Hill on Thursday afternoon and ended up on a neighbor's back porch at the 1300 block of Holly Avenue, said Police Chief Mark Barker.

By the time Officer Heather Thornton arrived at the Holly Avenue house though, Petra had climbed a tree, Barker said.

But the officer was armed -- with apples.

Barker said Thornton reached out and gave Petra an apple; the primate grabbed it from her, eating it quickly. Thornton thought a second apple would make Petra come down from the tree, and that worked like a charm. The monkey crawled up Thornton's arm to grab the second piece of fruit.

At that point it seemed as if Thornton had gained the trust of Petra, a tamarin -- or so she thought.

The policewoman began petting the monkey, preparing to put her inside a small cage, Barker said, when suddenly Petra's teeth clamped down on one of the officer's fingers.

"She bit Heather," Barker said. "It wasn't a bad bite, but Heather is getting it checked out just to make sure."

Petra was then transported to Driftwood Animal Hospital on Mason Avenue. Employees there did not know her species, but Barker said Petra is about a foot tall.

At the vet, Barker said the biting monkey briefly went berserk.

"She got out of her cage over there too and went crazy," the chief said. "But then she was re-arrested."

Petra was finally reunited with owner Amber MacMahon after another officer recalled that there was a monkey that lived on Hiawatha Avenue, Barker said. Hiawatha is right behind Holly, so Petra did not roam far when she bolted Thursday, police said.

Knocks at MacMahon's door went unanswered Friday, but Barker said officers who visited her home reported that Petra was "very well taken care of." Barker said it also looked as if MacMahon had the required state permits for the primate.

According to the state Fish and Wildlife Conservation Commission website, people who possess certain species of wildlife must have a permit. No charges were filed against MacMahon, Barker said.

Steve Grigg, an investigator with the Florida Fish and Wildlife Conservation Commission, said he was attempting to reach the monkey's owner Friday to make sure the required permit was in order.

"I've just got to do a follow up," Grigg said.

The monkey appeared to be a cotton-top tamarin and requires a no-cost, personal pet permit, he said. Such permits do not require a certain number of hours of experience, but do require the owners to pass a written test.

As for the monkeyshines that Petra's escape created for police, Barker seemed to take it in stride: "It just goes to show that you never know what you're going to do in this job on a day-to-day basis" ([Daytona Beach News Journal, 2011](#)).

**Title:** Monkeys On Loose In Waller County

**Date:** October 10, 2011

**Source:** [2 Houston](#)

**Abstract:** A group of pet rhesus monkeys is on the loose in Waller County. Some of them are even turning violent.

Texas Parks and Wildlife officials said one of their game wardens, Karin Apple, was bitten by one of the monkeys.

Apple was assisting wildfire evacuees Sunday morning when she saw a monkey up in a tree. She tried to lure the monkey down and into a cage, but the monkey jumped on her arm, bit her thumb and ran away.

Apple was treated and released from a Conroe hospital with a small puncture wound.

The Waller County Sheriff's Office also said a captured monkey in a cage stole a deputy's cell phone. The deputy did get the phone back, but with teeth marks on it.

"We've heard there's a homeowner here with monkeys," said Elizabeth Allbritton, one of the homeowners who had to evacuate. "Someone we know has seen the monkeys running around. That's basically what we're hearing."

Waller County sheriff's deputies caught some of the monkeys, but they said two or three are still on the loose ([2 Houston, 2011](#)).

**Title:** Police Say All Escaped Exotic Animals Accounted for, Diseased Monkey Likely Eaten

**Date:** October 19, 2011

**Source:** [Fox News](#)

**Abstract:** Authorities in Ohio said they successfully killed 49 of the 56 animals that were released from a wild-animal preserve, ranging from brown bears to Bengal tigers, before any reported injuries in the area.

A monkey believed to be infected with Herpes-B was the last holdout, but police say it could have been eaten by one of the other escaped animals.

"We're convinced that we do not have any animals running at large," the Sheriff's office told NBC4.

Sheriffs in Zanesville, Ohio, a mostly rural area about 55 miles east of Columbus, have been working with zoo officials and wildlife expert Jack Hanna and agreed on a shoot-to-kill order, considering the immediate danger presented to the community.

"If you had 18 Bengal tigers running around this area, you folks wouldn't want to see what would happen," Hanna said at a press conference.

The deceased animals include a wolf, six black bears, two grizzly bears, nine male lions, eight lionesses, a baboon, three mountain lions and 18 tigers, authorities said. They were buried at the location they were killed.

Authorities were able to transport six animals to the Columbus Zoo, a grizzly bear, three leopards and two monkeys.

The animals escaped from the Muskingum County Animal Farm in Zanesville after the owner threw their cages open and committed suicide, authorities said.

Mike Dodd with the Muskingum County Sheriff's Office told FoxNews.com that authorities are urging the public to "keep your eyes open."

Schools were also closed, parents were warned to keep children and pets indoors and flashing signs along highways told motorists, "Caution exotic animals" and "Stay in vehicle."

Neighbor Danielle White, whose father's property abuts the Muskingum County Animal Farm, said she didn't see loose animals this time but did in 2006, when a lion escaped.

"It's always been a fear of mine knowing (the owner) had all those animals," she said. "I have kids. I've heard a male lion roar all night."

The owner of the preserve, Terry Thompson, left the cages open and the fences unsecured, releasing dozens of animals, including lions, tigers, bears and wolves, before committing suicide, said Muskingum County Sheriff Matt Lutz. His body was discovered in the driveway.

Authorities would not say how he killed himself and no suicide note was found. Lutz wouldn't speculate on why he committed suicide. But Thompson had had repeated run-ins with the law, and Lutz said the sheriff's office had received numerous complaints since 2004 about animals at the property.

Authorities had difficulty entering the property because wild animals could be seen at its entrance, authorities said. The first responding officers used their handguns to help contain the animals.

"This is a bad situation," the sheriff said. "It's been a situation for a long time" ([Fox News, 2011](#)).

**Title:** Zoo Escape Monkey 'Probably Eaten By Lion'

**Date:** October 21, 2011

**Source:** [ABC News](#)

**Abstract:** Police in the US have called off a search for a monkey which was the last unaccounted animal of the more than 50 that were let loose from a farm in Ohio.

Police in Zanesville say the monkey was probably eaten by one of the mountain lions which escaped from the zoo on Wednesday after the zoo's owner deliberately opened their cages.

Police were forced to shoot and kill [49 animals, including 18 rare bengal tigers and 17 lions](#).

The exotic animals, which also included bears and wolves, ran amok when owner Terry Thompson, 62, flung open the enclosures at his Muskingum County Animal Farm near the town of Zanesville and then shot himself.

By the time experts with tranquiliser guns had been deployed on the 29-hectare property, 49 animals were dead.



Only six of the escaped animals were saved.

Sheriff Matt Lutz says the shot animals have already been buried on the property.

"There's been calls about taxidermists, and hey, they're exotic animals. We know what we had to shoot. There's a lot of people who'd pay a lot of money to have these animals," he said.

Animal activists have demanded action to strengthen the almost non-existent wildlife ownership laws in the state ([ABC News, 2011](#)).

**Title:** Chimp Incident Closes Zoo Exhibit

**Date:** October 25, 2011

**Source:** [Fox News DFW](#)

**Abstract:** One of the [Dallas Zoo's](#) largest exhibits was temporarily closed Tuesday morning when a chimpanzee got out of its enclosure and into a hallway of a secured building, zoo officials said.

The zoo closed the Wilds of Africa area until handlers could anesthetize Koko, the 25-year-old female chimp and get her safely back to her home shortly after 11 a.m.

Dallas police and a tranquilizing team were called out to the "Code Red" situation when the chimp accessed an unlocked door.

There was never any danger to the public, a zoo spokesman stressed.

Visitors were not evacuated altogether, but merely moved to another area of the park.

There were no injuries reported ([Fox News DFW, 2011](#)).

**Title:** Escaped Monkey Attacks Tokyoites

**Date:** October 30, 2011

**Source:** [Japan Probe](#)

**Abstract:** On the evening of the 28th, a pet monkey escaped from a house in Tokyo and made its way to the Sekimachikita area of Nerima ward (near [Musashi-seki station](#)), where it attacked 2 people:

The two monkey bit/scratched the legs of two people, but their injuries were not serious.

The cops [were called in](#), and about 30 officers assembled to deal with the menacing beast. After several hours, it was cornered and netted ([Japan Probe, 2011](#)).

**Title:** Spider Monkey Escapes Enclosure At Dallas Zoo

**Date:** November 7, 2011

**Source:** [Fox News DFW](#)

**Abstract:** A spider monkey briefly escaped its enclosure at the Dallas Zoo on Monday.

The animal somehow made it onto the roof of its cage but keepers were able to lure the monkey back into the enclosure within a half-hour, zoo officials said.

They said the animal is not considered a danger to the public and that a worker mistakenly called 911.

The escape is the second animal-related incident at the zoo in three weeks.

On Oct. 25, [a 25-year-old chimpanzee made her way out of an enclosure](#) and into the hallway of a secured building, according to zoo officials.

The zoo closed the Wilds of Africa area until handlers could anesthetize Koko and return her to her confines.

Koko escaped because of human error, which is likely also responsible for today's incident, officials said.

They said an employee possibly left the monkey's cage unlocked and could face disciplinary action.

An investigation is under way.

In the meantime, zoo officials said they will also seek an independent analysis of its procedure and practices by the [Association of Zoos and Aquariums \(Fox News DFW, 2011\)](#).

**Title:** Escaped Monkey Raises Concerns

**Date:** November 14, 2011

**Source:** [KSAT News](#)

**Abstract:** A small monkey that escaped from his cage in Bandera County last week was recaptured and returned to his private owner on Wednesday but the debate over how to handle the exotic pet and others is just getting started.

Some residents are calling on county officials to pass tougher laws to crack down on those who own exotic pets.

"I always told her if the monkey gets out we're going to shoot it," said Chuck Neidlinger recalling a conversation he had with his neighbor about her 5 Capuchin monkeys. "If it comes on my property I'm not going to mess around."

Neidlinger said he made good on that promise last weekend when one of the monkey's escaped from his neighbor's backyard cages.

"My step-daughter's boyfriend fired at it and he missed him," Neidlinger said.

The monkeys have lived in Neidlinger's quiet Lakehills neighborhood for the past few years. He said last week was the first time one got out. While the small primates look harmless he sees them as a potential health threat.

"A monkey carries more diseases than any other animal. A monkey is dangerous," Neidlinger said.

Bobby Harris is the County Commissioner for Precinct 2 in Bandera County. He represents the area where the monkeys live.

At this point Harris said it appears the owner isn't breaking any laws and there aren't any requirements for owning the monkeys. But he too has some concerns.

"We vaccinate our dogs and cats. My understanding right now is that monkey doesn't have rabies shots," Harris said. "Even though it's a pet, it's still a wild animal."

The owner of the monkeys was not available to tell KSAT her side of the story but Commissioner Harris said at some point he's going to want to hear her side and determine what needs to be done.

"It's something we need to look at and make sure we're doing all we can do to protect all the taxpayers," Harris said.

Chuck Neidlinger said he's not anti-monkey, he just wants to be assured his furry neighbors are safe.

"They need to come out and check how they are, what they look like and everything and how they're taken care of," Neidlinger said. "If they get the shots and she can take care of them properly I don't have a problem with it."

Neidlinger plans to address the issue in front of the Commissioners Court next week in hopes that they will take a look at it ([KSAT News, 2011](#)).

**Title:** Monkey Eludes Capture In Palm Coast, Despite Darts

**Date:** November 21, 2011

**Source:** [Orlando Sentinel](#)

**Abstract:** A monkey lurking in the trees of Palm Coast likely arrived there after leaving a troop of rhesus monkeys that live in the Silver Springs State Park in Ocala, officials said Monday. So far, he has eluded capture for two days, even though Flagler County animal control officers were able to hit him with tranquilizer darts Sunday. When Flagler deputies and animal-control officers arrived on Colorado Drive Sunday morning, the monkey was about 25 to 30 feet up a tree, said Flagler County Sheriff's Capt. Mark Carman. The monkey was hit with a tranquilizer dart and took off, Carman said. About 25 minutes later, the monkey was found in another tree, this time 30 to 40 feet above the ground, Carman said.

"They hit him with a couple of more darts," he said.

That time the tranquilizer worked. But instead of falling to the ground, the monkey became tangled in some vines and fell asleep high above the ground. When he finally came to, the monkey took off again. "He looks like a wild monkey," Carman said. "He doesn't look like anyone's pet."

The monkey was spotted a short distance away Monday morning on Compton Place, said Carol Hickey, with Flagler County Code Enforcement, which operates animal control. Hickey estimates the monkey weighs 20 to 25 pounds, and she says he is both fast and smart. He was so high up in a tree Monday that officers could not shoot him with a tranquilizer dart, she said.

Officials will wait for residents to spot the monkey and call in his location, Hickey said. "We're prepared for him," Hickey added.

Silver Springs is the likely source of monkeys that show up from time to time throughout the state, said Gary Morse with the Florida Fish and Wildlife Conservation Commission.

They have been spotted in the past in Seminole County, and in September a monkey died after it was shot with a tranquilizer dart and fell 60 to 100 feet from a tree in Osceola County

A monkey in Pinellas County has eluded capture for almost two years, Morse said ([Orlando Sentinel, 2011](#)).

**Title:** Florida Neighborhood Is On The Lookout For An Escaped Monkey

**Date:** November 23, 2011

**Source:** [NBC 33 News](#)

**Abstract:** A monkey remains on the loose in Palm Coast, Florida.

Deputies first responded Sunday around 9 a.m. to a report of monkey in a tree.

They contacted the Florida Fish and Wildlife Conservation Commission and Flagler County Animal Control.

Representatives from both agencies found the monkey in a tree around 12:30 p.m. Animal Control tried to use a tranquilizer dart on the animal, but the monkey didn't fall.

John Brueggen, director of the St. Augustine Alligator Farm said the monkey appears to be a macaque, which are typically found in southeast Asia.

This type of animal is often used in lab research or as an exotic pet.

There were two more reported sightings Monday.

The animal is described as slightly larger than a cat with brown and white markings on its face and red bands around its eyes.

The monkey is not aggressive, but according to a statement from the Flagler County Sheriff's Office the public should not approach the animal; monkeys can carry diseases that can be transmitted to humans ([NBC 33 News, 2011](#)).

**Title:** Monkey Stolen From California Zoo Found Safe

**Date:** January 1, 2012

**Source:** [CNN](#)

**Abstract:** Banana-Sam, a much-loved squirrel-monkey stolen from his enclosure at the San Francisco Zoo, has been safely returned, officials said.

The monkey was found Saturday night -- a day after he disappeared from the zoo -- at a park by a passer-by who spotted the primate in the bushes, the San Francisco Police Department said in a statement.

The passer-by coaxed the monkey from the bushes into his backpack, and then called the authorities, according to the statement.

Police officers brought the monkey to the zoo, where officials determined it was the missing primate.

"Although hungry, trembling and thirsty, Banana-Sam is currently safe back," the zoo said in a statement.

Zoo workers discovered the theft Friday morning, when they found a back perimeter gate had been breached and two holes cut in the mesh fence of the squirrel monkey exhibit.

The male monkey, known as Banana-Sam to his keepers, is age 17, over 12 inches tall and weighs about 2 lbs. Corrine MacDonald, the curator of primates and carnivores, told CNN affiliate KGO earlier Saturday that squirrel monkeys can live into their 20s, saying his relatively advanced age could put him at more risk.

Banana Sam' keepers warned the public that while he looks very cute, he is not a pet -- and can deliver a nasty nip. The curator said such monkeys carry diseases and can cause serious infections if they bite a human.

The monkey needs a specialized diet to stay healthy, the zoo says.

What motivated the thieves to swipe the monkey is not clear. Common squirrel monkeys are not endangered, and they can be found at pet trade markets -- with such sales illegal in California, the zoo says -- or medical research institutions.

MacDonald said the zoo's other squirrel monkeys were visibly shaken by Banana-Sam's apparent capture. She said the decision was made to pull them off the exhibit due to concerns about the integrity of the exhibit and that a "copy-cat" could try to take other monkeys.

It was not immediately known when the zoo planned to reopen the exhibit.

An unknown person was quick to set up a fake Twitter account in Banana-Sam's name, following in the path of a cobra that escaped at New York's Bronx Zoo in March. The snake's mock Twitter account, with humorous tweets on its supposed whereabouts in New York City, swiftly attracted a large online following.

Under the handle @SF\_BananaSam, the "monkey" is now tweeting his way round San Francisco.

"Went to monkey bars in Golden Gate Park playground, left disappointed. #nobananadaquiri" one post reads.

Another says: "I'm a funny-looking vegan who ran away from home and who people follow on Twitter. IN other words, A NORMAL SAN FRANCISCAN" ([CNN, 2012](#)).

**Title:** Monkey On The Loose In Southern Pines

**Date:** January 4, 2012

**Source:** [Fox 8 News](#)

**Abstract:** A 2-year-old rhesus monkey wearing a diaper is on the loose in Moore County.

Toby escaped from a home in Southern Pines on Monday. Toby's owners said he bolted out the door and ran across a highway into the Weymouth Woods nature preserve.

[WTVB reported](#) the edge of the preserve is about 300-400 yards away from Toby's home. The preserve has thick woods and several hiking trails.

Toby's owners said he is not a threat to anybody, but they are concerned that somebody may mistake him for a wild animal and kill him. They are also concerned about how he would do in the cold.

Park rangers and search dogs have helped in the search, and his owners are offering a reward.

Toby's owners just got him a couple of weeks ago after a woman in Indiana had to get rid of him ([Fox News, 2012](#)).

**Title:** Pet Monkey Escapes From Southern Pines Home

**Date:** January 4, 2012

**Source:** [WRAL](#)

**Abstract:** Moore County Animal Control is searching for a pet monkey that ran away from a home in Southern Pines earlier this week, spokesman Al Carter said Wednesday.

The tan rhesus monkey, which goes by the name Toby, is 2 years old and weighs about 10 pounds. It is wearing a diaper, Carter said, and has been missing since Monday.

Carter said the animal is docile and that he didn't think anyone was in danger.

The animal squeezed out of its collar and leash, opened a door and escaped from Connie and Rudy Baxley's home at 1190 E. Connecticut Ave. The couple said the sirens from a passing fire truck scared the monkey and sent it running.

They've been looking for it ever since, even walking through the woods near their home playing monkey sounds from a recorder. They've left Toby's kennel, blanket and a can of Mountain Dew, the animal's favorite soda, outside to try to lure it home.

Neighbors have reported seeing Toby, but the animal remains on the loose.

The Baxleys have only had the pet for about three weeks, Connie Baxley said.

"I did not expect to love it immediately, (but I did), almost within moments," she said. "He is a member of our family now."

She said she is distraught over losing Toby, which she described as smart and affectionate.

"We can't eat, sleep," she said. "We are in the woods real late."

As long as they are properly kept, Carter said having a pet rhesus monkey is legal in Moore County, but rules vary from county to county in North Carolina.

Anyone who sees Toby is asked to call authorities ([WRAL, 2012](#)).

**Title:** Escaped Monkey On Loose In Bandera County

**Date:** January 10, 2012

**Source:** [The Pilot](#)

**Abstract:** After a week that can only be described as bananas, things are returning to normal at the Baxley home in Southern Pines.

Toby, the family's pet rhesus monkey, is recovering at home after he was found this weekend less than a quarter of a mile from his home. The monkey caused quite a stir in Moore County and beyond when he escaped from his home on Jan. 2.

"This was a happy ending," said Connie Baxley, Toby's owner. "Everybody has been so wonderful."

Physically, Toby suffered a broken finger and some scratches. Emotionally, Toby was affected by the ordeal, Baxley said.

"The vet said he was traumatized," Baxley said.

Toby's run in the wild ended Saturday morning when he was found on the porch of a home on Valleyfield just outside the Southern Pines town limits.

Baxley received a call from the Moore County Sheriff's Office that a woman had called authorities to report the monkey was on the porch of her home. That woman, Katherine Stafford, had been sitting at her kitchen table reading the paper when her cat, Fuzzy, began acting strangely.

"She was looking at the dining room door and twitching her tail something fierce," Stafford said.

As Stafford investigated, she heard a "cooing sound," and thought she had a bird in the house.

"I repeated the sound, and it answered me," Stafford said.

Eventually she spied the animal on the porch and called 911 about 9 a.m.

"When I saw the story about the monkey on the news earlier in the week, I thought, I'll never see that monkey," she said. "I guess I was wrong."

Baxley and other members of the search party drove to the Stafford home and found Toby sitting on the porch playing with a stick.

"When we saw him, he ran down off the porch like he was nervous," Baxley said. "He acted like he didn't know where to go."

To capture him, Baxley placed Toby's blanket on the ground along with a banana and bottle. Toby ran to the blanket, she said, and they scooped him up.

In addition to his injuries, a check by a local vet on Saturday revealed Toby's weight had also dropped by about a pound. He also suffered some chafing from his diaper, which had remained on during his entire ordeal.

"He was in better condition than I thought he'd be," said Baxley, whose biggest fear was how well Toby would fare when temperatures dipped into the 20s during two of the nights he was outdoors.

She also worried about how good Toby's survival skills would be.

"With him always having been a pet, we weren't sure how he'd be able to survive," she said. "We didn't know if he would eat the right things."

For the first few days after his return home, Toby was on a steady diet that included Pedialyte, a rehydration formula often given to children.

Baxley said Toby will go back to an exotic animal vet next week for another checkup. She said she is grateful for all the community support, especially those who left food and blankets outside their homes, and turned lights on at their homes.

Toby's escape became news across the state. Baxley and her husband, Ray, did countless interviews with print, television and radio outlets from Moore County, Fayetteville and Raleigh.



The monkey was able to remove his collar, open a door and then run outside when the Baxleys opened the front door to their home not knowing Toby had gotten out of his room.

Once outside, Toby climbed over a wall and ran after he was scared by a firetruck driving up and down the street, Baxley said.

Searchers walked through the woods with flashlights, sometimes even playing recorded sounds of a rhesus monkey in hopes of luring Toby out into the open. Search dogs joined the effort at midweek, as did Toby's former owner, Terri Holt, who came down from Indiana to help find Toby.

Sporadic, unconfirmed reports of sightings continued through the week, until tracks were discovered late Friday.

Thought to be less than eight hours old and believed to belong to Toby, the tracks renewed hope in the search for the 2-year-old monkey, which was wearing a diaper when it escaped from the Baxleys' home on East Connecticut Avenue.

Just before Toby was found, Baxley said she was contacted by a woman in Fayetteville who volunteered to bring her monkey down to help search for Toby.

"She was thinking maybe it could make some monkey calls that Toby would recognize," Baxley said ([The Pilot, 2012](#)).

**Title:** Escaped Monkey Is Back At Home In N.C.

**Date:** January 7, 2012

**Source:** [WFMY News](#)

**Abstract:** A tan rhesus monkey that escaped from a Southern Pines home this week is back at home with it's owner.

The monkey slipped his collar and opened a door to escape the home after sirens from a passing fire truck scared it.

The pet monkey named Toby was found on a neighbor's porch playing on Saturday.

Toby was a slightly dehydrated and had lost about a pound when he was found. After some medical attention the owners Connie and Rudy Baxley were able to take Toby home to get some rest from his adventures ([WFMY News, 2012](#)).

**Title:** Escaped Monkey Attacks

**Date:** February 4, 2012

**Source:** [KLTV News 7](#)

**Abstract:** A family in Oneida Castle, New York had quite a scare this week when an escaped monkey ran into their yard.

Nick Fedchenko says his wife, Amy, and their 2-year-old son were in the backyard when a monkey jumped onto Amy's arm.

When Amy tried to fend off the monkey, it bit her finger.

Amy Fedchenko then grabbed her son and ran inside.

The monkey clawed at the door.

"You could see there was blood on its teeth, and it was just screeching and screaming," Nick Fedchenko says. "My wife was screaming, 'I've been attacked, and I've been bitten. Help!'"

By the time police got to the scene the monkey was on the roof.

The monkey's owner soon arrived and was able to calm it down.

"It's certainly unusual in Upstate New York," says Capt. Francis Coots, of the New York State Police. "It's not unusual to see wild animals, but seeing a monkey, I think, would be unusual."

Capt. Coots says the state police have finished their investigation and no charges were filed.

He says the monkey's owner was able to produce a license and proof of the monkey's rabies shots.

Still, Fedchenko says he is keeping a close eye on his wife's health, just in case.

He says he never expected this to happen at his house, which he moved into just a week and a half ago.

"We purchased it so our 2-year-old son would have a place to play, and our dog could run around," he says. "Now, she's worried about our son in his brand new backyard."

As for the monkey, Fedchenko says he's heard it has been euthanized ([KLTV 7 News, 2012](#)).

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**Title:** Monkey Deficit Crimps Laboratories As Scientists Scramble For Alternatives

**Date:** May 14, 2002

**Source:** [UCLA](#)

**Abstract:** Scientists have infected rhesus monkeys with polio, coaxed them into cocaine addiction, shot them into space and cloned them. Researchers like working with them for a simple reason: their great similarity to people.

Now, though, rhesus monkeys have become so scarce and expensive that scientists are forced to look for alternatives. That's a sharp turnaround from decades ago, when the animals were imported from India by the thousands for as little as \$80 apiece. Drug companies came to depend on them to test new products, and their low cost and easy access made them the standard for research that ethically couldn't be done in humans.

These days, rhesus monkeys often cost more than \$5,000 each, with a healthy female commanding anywhere from \$6,000 to \$14,000 per animal. And even researchers who can afford them spend months waiting, as monkey brokers and breeding centers scramble to locate enough animals.

When University of Pittsburgh virologist Michael Murphey-Corb tried to buy 32 rhesus monkeys for an experiment last year, they were so expensive -- as much as \$6,000 each -- she had to scale back her research into an AIDS vaccine. Forced to settle for 24 animals, Dr. Murphey-Corb had to defer investigating whether the vaccine would work as an early treatment for the disease. Fed up with spending a third of her time trying to find rhesus monkeys, Dr. Murphey-Corb says she is switching to a closely related species, the cynomolgus monkey, which costs about half as much as the rhesus and is readily available. "I have to get on with my research," she says.

The FDA doesn't have rules requiring rhesus monkeys to be used for research, but because the rhesus was typically used in past experiments, corporate researchers are reluctant to conduct studies for product approval if their results might be questioned on the basis of what type of animal is used.

In the 1970s, researchers bought as many as 12,000 rhesus monkeys annually from India, the main source for the animals, also known as rhesus macaques or *Macaca mulata*. The export of the monkeys was already controversial and sensitive in India, as Hindus consider them a sacred incarnation of a god. Then, in 1978, India banned the exports after news reports that the U.S. was using them in radiological weapons experiments. The price per monkey jumped from about \$100 to about \$4,000.

"It was just like OPEC cutting off the oil supply," says David Robinson of Battelle Memorial Institute, a nonprofit research and development corporation with headquarters in Columbus, Ohio.

The species became even more coveted in the 1990s, when it became the primate model in AIDS studies. The animals develop a disease much like the human version when infected with HIV. The recent focus on bioterrorism research has further strained the supply.

Before last fall's anthrax outbreak, testing of an anthrax vaccine stalled for two years because federal researchers couldn't get enough rhesus monkeys. Out of urgency, they decided to use Chinese instead of Indian rhesus. But making that switch presents its own problems. Anthrax research done in the 1950s relied on Indian rhesus, and scientists have disagreed about whether the Chinese animals are similar enough to use in new studies.

Programs aimed at breeding more rhesus monkeys for medical research haven't eased the shortage, although eight federally funded primate centers are working to increase the domestic supply. In fiscal year 2000, 57,218 primates were used in research, according to the Department of Agriculture, but no one keeps a comprehensive count of how many rhesus monkeys are actually needed.

At Tulane University, outside New Orleans, about 3,000 rhesus macaques ramble inside 22 half-acre outdoor corrals. Tulane struggles to balance the number of monkeys it keeps for breeding with the number it makes available for research.

Getting rhesus monkeys to reproduce isn't like breeding rabbits. "You can't speed up the production line for an anthrax scare or anything else," says Andrew Lackner, director of the Tulane center. Females give birth once a year, after about five months' gestation. Healthy females usually mate successfully with one of the males in their breeding corral, says Richard Harrison, a Tulane reproductive biologist. But not all males are fertile, and some females resist mating, he says.

A scientific committee at the Pharmaceutical Research and Manufacturers Association, a drug-industry trade group, is discussing what studies are necessary to persuade the Food and Drug Administration that experiments with other primates and even other animals, such as rats, might be applicable to humans. Michael Friedman, PhRMA's chief medical officer for biomedical preparedness and senior vice president at Pharmacia Corp., hopes that the shift of bioterrorism research away from rhesus monkeys whenever possible will help ease the supply crunch for other fields.

Officials at the National Institutes of Health hope a National Academies of Science workshop held in April will prompt researchers to use primates other than the Indian rhesus macaque.

But those who oppose animal experimentation say researchers, in focusing on accumulating enough rhesus macaques for their work, are ignoring the possibility of moving away entirely from such research ([UCLA, 2002](#)).

**Title:** Monkey Feared Extinct Rediscovered In Jungles Of Borneo

**Date:** January 20, 2012

**Source:** [Fox News](#)

**Abstract:** An elusive monkey feared [extinct](#) has shown up in the remote forests of Borneo, posing for the first good pictures of the animal ever taken.

The [mug shots](#) reveal a furry Count Dracula of sorts, with the monkey's black head, face tipped with white whiskers and a pointy collar made of fluffy white fur.

The Miller's grizzled langur, an extremely rare primate that has suffered from [habitat loss](#) over the last 30 years, popped up unexpectedly in the protected Wehea Forest in east Kalimantan, Borneo.

"We knew we had found this primate that some people had speculated was [potentially extinct](#)," said study researcher Stephanie Spehar, a primatologist at the University of Wisconsin Oshkosh. "It was really exciting."

But the animal is still in grave danger, Spehar told LiveScience, and no one knows how many of these langurs are left. The researchers observed only two small groups of them.

### **Vanishing Act**

The shy monkey (*Presbytis hosei canicrus*) was seen in the 1970s in Kutai National Park in Borneo, about 50 miles (80 kilometers) from where the new population lives. But as the years passed, fires and [illegal logging](#) devastated Kutai. By 2008, the Miller's grizzled langur seems to have vanished from the park. A survey that year found just five langurs living on the Sangkulirang Peninsula in East Kalimantan, also about 50 miles (80 km) away from the newly discovered langur habitat. But by 2010, that group of primates had also disappeared.

"At this point, we didn't know if this animal still existed or whether it was still hiding out in little pockets," Spehar said.

Spehar has been working in the Wehea Forest of Borneo for four years, but she'd never seen a Miller's grizzled langur there. Last summer, however, one of her undergraduate students camped out by a mineral lick area for 10 days, a spot where animals come to get nutrients from mineral-rich soil and water. The student, Eric Fell, was conducting his own research project on animals' use of these licks, and was photographing the creatures that dropped by. [[Gallery: Elusive Wildlife Photos](#)]

Upon returning from his stakeout, Fell showed Spehar his photographs. Among them were images of long-tailed, black-headed langurs.

"I knew this was something special," Spehar said. "I knew that it was something that was unexpected and we hadn't seen before."

### **Monkey Reborn**

Spehar, who credits the find to the work of local communities and governments that protect the forest and support her research, showed the photos to another researcher working in the woods, the director of the [conservation organization](#) Ethical Expeditions Brent Loken. The revelation surprised both parties: It turned out that Loken's group had also been staking out a mineral lick 5 miles (8 km) away from Fell's with a motion-triggered camera. They'd captured an image of the same type of [primate](#).

"We realized that we had basically rediscovered this animal," Spehar said. Taxonomists confirmed the find as a Miller's grizzled langur. The researchers reported their find today (Jan. 20) in the American Journal of Primatology.

The simultaneous discovery suggests that there is a decent-size population of the langurs in Wehea, but Spehar cautioned that incredibly little is known about the species. No one knows how wide the langurs' range is, she said, how many there are, or their population density. That lack of knowledge isn't uncommon for many threatened species, according to Loken.

"This monkey represents a lot of species on the planet that we know very little about," Loken told LiveScience. "We don't know how many there are, we don't know where they live, what ecological requirements they need to live, and unless we get some of that information quickly, some of these species could slip into extinction before we know anything about them, or even realize that they're gone."

While Wehea itself is a more than 98,000-acre (40,000-hectare) oasis of protection, it is surrounded by forest used for logging, palm oil plantations and mining — the same sort of human uses that presumably [drove the langurs out](#) of the habitats where they once thrived. Additionally, the forest is only protected by the local community, Loken said, not the central government.

That makes the future of the Miller's grizzled langur very uncertain, Spehar said. She and her colleagues plan to conduct further research into the monkey's range and behavior to understand how best to [save it from extinction](#). Meanwhile, Loken's group and others are working to secure extra protection for the forest.

"What we hope to do is to work with companies and concessions and with local governments to ensure this animal's protection," Spehar said. "That's the only way we will ensure that it doesn't disappear" ([Fox News, 2012](#)).

**Title:** US Research Monkey Importer Facing Cruelty Charges

**Date:** March 26, 2012

**Source:** [Fox News](#)

**Abstract:** A U.S. importer of research monkeys was set to stand trial Monday on cruelty charges after 15 primates died during an international flight.

Robert Matson Conyers, a Florida animal broker, faces 10 counts involving a 2008 plane trip from [Guyana](#). Officials say Conyers was shipping 25 monkeys to a buyer in Bangkok, but the shipment was refused transit in [China](#) and returned to Los Angeles.

The monkeys wound up on a circuitous trip across thousands of miles with stops in Bangkok, Miami and twice in Los Angeles. They suffered from neglect, starvation and hypothermia in transit, authorities say, and 15 eventually died.

Fourteen marmosets, five white-fronted capuchins and six squirrel monkeys were turned back in China over paperwork issues such as irregularities in the shipping documents.

Officials in Los Angeles found 14 of the 25 monkeys packed into crates were dead.

Los Angeles Zoo veterinarians administered emergency care to the survivors, but a capuchin had to be euthanized. The rest are recovering at the San Diego Zoo's Wild Animal Park.

The advocacy group Stop Animal Cruelty Now said the monkeys were dehydrated and resorted to cannibalism during their long journey.

Once the story of the monkeys' flight was reported, monkey imports to Los Angeles were halted.

The advocacy group said the [United States](#) is the largest importer of monkeys coming from the [Philippines](#), [Indonesia](#), Guyana and [Kenya](#). Most are destined for laboratory experiments.

Conyers could face up to six months in jail and a \$20,000 fine if convicted ([Fox News, 2012](#)).

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**Title:** Man Nabbed For Monkey Smuggling

**Date:** November 6, 2006

**Source:** [Japan Times](#)

**Abstract:** A Japanese man has been arrested in Bangkok on suspicion of trying to smuggle a rare monkey species to Japan, according to Thai police.

The man was identified as Takashi Yokohari, 36, of Saitama Prefecture.

Yokohari allegedly tried Friday to board a flight to Narita from Suvarnabhumi airport with nine slow loris, or nycticebus coucang, in five suitcases.

Exports of the rare primate without authorization are banned.

"I bought them at a market in Bangkok. I planned to keep them as pets," he was quoted as telling the police.

If convicted, he could face a four-year prison term or a fine of 40,000 baht (about 130,000 yen), according to Thai authorities ([Japan Times, 2006](#)).

**Title:** 2 Convicted On Monkey Smuggling-Related Charges

**Date:** December 9, 2008

**Source:** [Spokesman Review](#)

**Abstract:** A 29-year-old Spokane woman and her mother were convicted today by a U.S. District Court jury of federal charges related to smuggling a monkey into the United States.

Gypsy Lawson hid the young rhesus macaque monkey under her blouse, pretending to be pregnant when she successfully passed through U.S. Customs after a trip to Bangkok, Thailand.

She didn't run afoul of the law until she took the young monkey she named Apoo to a Spokane shopping mall the day after Christmas last year.

Her mother, Fran Ogren, 55, of Northport, Wash., also went on the trip in November 2007.

The two women were found guilty by a 12-member jury on separate charges of conspiracy and smuggling goods into the United States.



The women traveled to Thailand last year after establishing e-mail contact with a man named Boris. After going to several villages, the women gave the young monkey sleeping pills to sedate him before boarding planes for the United States.

During the trip home, Ogren sent an e-mail to “NE Washington Witches and Pagans” at a Yahoo account and asked “for last-minute energy” to help them safely smuggle the monkey into the United States.

The request worked and the women got past U.S. Customs officials in Los Angeles.

The monkey caper ended the day after Christmas last year when Pratt and Lawson visited the Fashion Bug store in north Spokane and told a clerk how the monkey was smuggled into the United States. That clerk called federal agents, who opened the investigation.

The jury got the case late Friday after a four-day trial. The panel resumed deliberations this morning and reached a verdict about 10 a.m.

Lawson’s boyfriend, James Edward Pratt, testified as a prosecution witness during the trial.

Pratt, 34, also was indicted in the scheme and faced felony charges. But last July he struck a plea bargain with federal prosecutors and agreed to plead guilty to a misdemeanor and testify as a government witness. Besides Pratt’s testimony, Assistant U.S. Attorney Stephanie Van Marter introduced journals, e-mails and photos taken by federal agents during a search of Ogren’s home. The evidence was introduced in an attempt to confirm the monkey-smuggling conspiracy.

The monkey was seized by federal agents and transported in a specialized vehicle with a quarantine compartment to a Center for Disease Control facility in California. After being quarantined for several weeks, the monkey did not test positive for any infectious diseases, other than being a carrier for the Herpes B virus.

The monkey is now at a primate rescue facility in Oregon where it will remain, said Chief Assistant U.S. Attorney Tom Rice.

Lawson and Ogren will remain free on their own recognizance until sentencing on March 3.

U.S. Attorney Jim McDevitt said the case highlights the partnerships between federal prosecutors, the U.S. Fish and Wildlife Service, the Immigration and Customs Enforcement and the Royal Thai Police.

“These defendants purposely undertook a course of action which could well have endangered many citizens, as well as the life of the animal in question,” McDevitt said.

Paul Chang, Pacific Northwest supervisor with the U.S. Fish and Wildlife Service, said the “callousness and intent these people showed in carrying out their plan was egregious and placed at risk not only wildlife but potentially the health of other passengers on the plane and in their community.”

“These animals are known carriers of viruses and parasites that can be transmitted to humans, although this particular animal tested negative,” Chang said ([Spokesman Review, 2008](#)).

**Title:** NYC Woman Gets Probation for Smuggling Monkey Skulls, Parts

**Date:** December 14, 2009

**Source:** [Fox News](#)

**Abstract:** A New York City woman who was caught smuggling monkey meat through Customs has been sentenced to probation.

Mamie Manneh was arrested in 2006 after agents seized a shipment of dozens of primate parts hidden in a batch of smoked fish.

The boxes included the skulls, limbs and torsos of monkeys and baboons. She was charged with smuggling endangered species.

Manneh's lawyers argued that she and other African immigrants on Staten Island needed the meat for religious reasons.

The judge ultimately rejected that defense but gave Manneh a lenient sentence because she has 11 children and is mentally ill ([Fox News, 2009](#)).

**Title:** 200 Monkeys Are Smuggled Every Month Into Bali For Consumption

**Date:** July 3, 2011

**Source:** [Jakarta Updates](#)

**Abstract:** Every month about 200 monkeys are smuggled from East Java to Bali. The monkey which are from species called Javan Lutung locally or *Trachypithecus Auratus* and long tail monkey or *Macaca fascicularis* is believed to be smuggled for medical consumption.

The meat of these monkey species is traditionally believed by some people to cure asthma.

Most of the monkeys were smuggled from Lumajang, Jember and Banyuwangi in East Java. The monkeys were thought to be captured around or in the conservation area in East Java such as Baluran and Meru Betiri National Park.

ProFauna, which is a non profit organization campaigning for education, wildlife rehabilitation and animal rescue, urge Balinese to stop buying and consume monkeys. In addition, ProFauna also encourage local governments to tighten controls in the Port Gilimanuk, Bali, and the Port Ketapang, East Java where most of the smuggling are taken place.

According to ProFauna's record, the primates being traded are wild caught instead of captive bred. ProFauna has been observing this smuggling operation since 2008

Most of the traded primates for pets are babies because they are cute and tame. However, when the primates get older and wilder, most owners will neglect or simply put them to death.

The more endangered the primates are, the higher they cost. Protected species like Javan Lutung and slow loris are sold for USD 20 each while the endangered ones like gibbon and orangutan can fetch to more than USD 100 to USD 200 respectively.

"Most of the Indonesian primates are protected by law. It is illegal to trade and keep these animals as pets. Not only the trade is a crime but it also causes cruelties to the animals" added Rosek.

According the 1990 wildlife act concerning natural resources conservation, violator of the act are liable to up to five year prison time or USD 10,000 in fine.

Rosek said that ProFauna Indonesia will continue to campaign against the illegal trade and cruelty of the Indonesian primates. ProFauna keeps encouraging the public to help the organization to protect the primates by stop buying the primates.

Rosek added, "Buying is killing. If people keep buying the traded primates, more of them will be caught from the wild. Stop buying is the simple way that the public can help to protect and conserve the primates in Indonesia" ([Jakarta Updates, 2011](#)).

**Title:** Traveler Smuggled 18 Monkeys Through Customs, Under His Clothing

**Date:** July 20, 2010

**Source:** [Examiner](#)

**Abstract:** World Travelers are very careful not to travel with anything that could cause them to be held up or, heaven forbid, arrested at check in. Even that bottle of sunscreen that's more than the 3oz can cause delay and confiscation.

So what do you think of the traveler who tried to smuggle 18 monkeys through customs in his clothing?

That's right.

Mexican authorities have just arrested a man because he was attempting to smuggle 18 small monkeys into the country by hiding them in his clothing, reports the [BBC](#)

Roberto Sol Cabrera, who is a Mexican citizen, was stopped as part of a random check at Mexico City's international airport when he landed from Lima.

Police reported that Mr Cabrera Zavaleta had been behaving "nervously" and had a bulge around his stomach, said [CNN](#).

Officials searched the man and found he had hidden 18 [titi](#) monkeys in a girdle around his waist.

After his arrest, Mr Sol Cabrera admitted to having put the monkeys at first in his luggage, then later under his clothing "to protect them from X-rays" as he passed through the customs checkpoint.

Stuffed into socks, and slung on his belt, two of the tiny titi monkeys were dead at the time the confiscation took place. The species is on the Endangered List.

Mr. Sol Cabrera will remain in custody as he had no permit for transporting the monkeys. Mr. Cabrera said he paid \$30 for each monkey in Peru, said the [Huffington Post](#). They were valued at between \$775 and \$1550 in Mexico.

Adrian Reuter, who represents Traffic - an international organization that monitors wildlife trade - told the BBC that animal trafficking is a serious problem in Mexico.

"The reasons are two: one, because Mexico is an important route for those who want to smuggle animals into the US, and the other, because, as in other countries of Latin America, there is a deep-rooted tradition of having wild animals as pets," he said.

The Sonora market, in the Mexican capital, is known to sell parrots, monkeys or reptiles for private owners.

Cabrera was arrested and charged with trafficking an endangered species, reports [CBS](#).

It just goes to show: you just never know what your fellow world traveler may be carrying with them, do you?

Re travel: San Francisco residents can find flights to Mexico or any other country by checking out deals at [www.kayak.com](http://www.kayak.com). Flights leave from the [SFO](#) International airport ([Examiner, 2010](#)).

**Title:** Dumb Woman Caught Smuggling Biological Weapon In Bra

**Date:** March 11, 2011

**Source:** [TruTV](#)

**Abstract:** Monkeys are not our friends.

Sure, they're cute and furry. Dress a monkey up like a butler and they look just like adorable little people! But the truth is far more terrifying: monkeys are disease-ridden monsters quietly biding their time until they can take over the planet. Haven't any of you seen that documentary *Planet of the Apes*?

These animals should not be pets. They should be left in the wild. Personally, I think all monkeys, chimps, apes and gorillas, should be rounded up and moved to one secure location. Monkey Island will be off-limits. This is the only way humanity can ever be truly safe.

According to authorities, a Virginia-woman recently arrived at a country courthouse with a baby marmoset monkey tucked into her bra.

This terrorist-sympathizer actually made it through security with the monkey before court officials discovered the stowaway. Officials claim she was at the courthouse to fill out "routine paperwork." During this process, she kept referring to "daughter." That is when, according to authorities, she pulled the monkey out from her cleavage.

When shocked courthouse workers asked why she had brought the monkey, named Cara, the woman responded "would you leave your child at home?"

The woman has not been charged with a crime, yet. When asked how the monkey made it through security, a deputy said "It wasn't armed." I'm so glad he can laugh at such a close call.

Perhaps this deputy was in on the plot.

Maybe this woman isn't a disabled animal lover who also counts keeps a gecko, garter snake, and three Chihuahua as pets. This could just be a sinister cover. She might be a simian sympathizer. This infant monkey "Cara" could be some sort of cuddly spy working for smart apes looking to destabilize mankind.

Let's not forget all of the diseases that monkeys can carry, diseases like ebola, tuberculosis and DEATH. The Department of Homeland Security should investigate this security breach as soon as possible. In the meantime, we should pass laws that make owning these distant and hostile cousins of humanity illegal.

Monkeys are not pets. They are dangerous banana-junkies throbbing with plagues too numerous to count. These living biological weapons should not be bought or sold. Let them stay in the jungle ([TruTV, 2011](#)).

**Title:** Smuggled Endangered Primates Put Down

**Date:** May 13, 2011

**Source:** [The Age](#)

**Abstract:** Two endangered primates smuggled aboard a Brisbane-bound flight from Singapore had to be put down by quarantine officers.

Crew aboard the Emirates flight found the two slow lorises in the cabin mid-flight.

The plane landed in Brisbane just before 6am yesterday and customs and quarantine officials boarded the plane and took possession of the animals.

Australian Quarantine Inspection Service spokesman Colin Hunter said the animals posed a threat to Australian native wildlife.

"Slow lorises can carry several diseases ... including rabies and they also have a bite that is toxic," Mr Hunter said.

He said the species had high protection under international endangered species trade conventions.

Mr Hunter said the animals had to be put down.

Slow lorises are often kept as pets in south-east Asian countries.

Illegal trade has caused the species to be threatened with extinction.

A quarantine spokesman said no one had been charged for smuggling the animals but investigations were continuing.

People caught breaching Australian quarantine laws can face fines of up to \$60,000 and jail time.

Illegally trading animals can fetch offenders 10 years' jail and up to \$110,000 fines ([The Age, 2011](#)).

**Title:** Diseased Monkey Heads, Smoked Rodents: The very Real Airport Health Threats From Wild Animal Smuggling

**Date:** January 12, 2012

**Source:** [Daily Mail](#)

**Abstract:** Deadly viruses and pathogens may be passing through the United States' borders after mutating into new unpredictable forms which infect an illegal trade of bushmeat, or wild African meat, a study published Tuesday stated.

The body parts of approximately 44 animals including primates and rodents from African countries were tested after confiscation from New York's John F. Kennedy Airport and four other international airports in the U.S.

According to the tests, pathogens including several strains of the Herpes virus along with viruses responsible for the development and cross-species transmission of HIV, or the human immunodeficiency virus, were found positive with the items carried into the U.S.

The report published in PLoS ONE explained the U.S. as one of the world's largest consumers of imported wildlife products equating to 120,000,000 annually, however most for pets.

New York was identified as the most popular port in the country for these products with its business along with Los Angeles' and Miami's accounting for over half of all reported wildlife imports.

The world trade of these shipped animals, some found smoked while others raw, connects to such diseases as SARS, the respiratory and gastrointestinal malady which killed 774 after spreading to 29 countries outside southwest China, along with various strains of the herpes virus.

'We know a fair amount about the risks of harvesting and slaughtering the animals in countries far away,' Nina Marano, branch chief of quarantine and border health services at the U.S. Centers for Disease Control and Prevention told the Huffington Post, 'but we wanted to know more about the persistence, if any, [of pathogens] once the animals have been slaughtered.'

The study titled Zoonotic Viruses Associated with Illegally Imported Wildlife Products warned that 89 per cent of bushmeat hunted in the country of Cameroon alone had been found infected with strains of a virus called STLV that later developed into HIV - likely by hunted chimpanzees and mangabeys, according to the study.

These were similarly found transmitted to the hunters themselves having not just a novel strain of STLV-1 but two others, HTLV-3 and HTLV-4, which infects 15-20 million worldwide via bodily fluids.

Today the report states that nearly 75 per cent of emerging infectious diseases found in humans are of zoonotic, or diseases of animal-spread origin.

These viruses, specifically mentioned in connection to the Cameroon hunters, were noted with their potential to cause leukemia, lymphoma along with neurological disease in humans.

As its aim, the study looks to unravel the possibility of transmitting these viruses and any others to humans by their importation into the U.S.

'These results are the first demonstration that illegal bushmeat importation into the United States could act as a conduit for pathogen spread, and suggest that implementation of disease surveillance of the wildlife trade will help facilitate prevention of disease emergence,' the report states.

As the study details, among those items confiscated by travellers, 'The freshest part of each item was located (muscle appearing red or raw, joint fluid, bone marrow, etc.) and several samples were taken from each item, placed in cryotubes, and preserved immediately in liquid nitrogen.'

Previously confiscated animal parts by the US Customs and Border Protection between 2008 and 2010 were also used in their study.

Following April of 2010, confiscations made at the international airports of Philadelphia, Washington D.C.'s Dulles, Houston's George Bush Intercontinental and Atlanta's Hartsfield-Jackson International were also included in the study ([Daily Mail, 2012](#)).

**Title:** Monkey Smugglers Nabbed In Saudi

**Date:** February 16, 2012

**Source:** [Emirates](#)

**Abstract:** Saudi police arrested two Afghan men after seizing 40 monkeys in their truck destined for the local market, a newspaper reported on Thursday. The two confessed that they had been trading in monkeys they hunt in the mountains and selling them to animal zoos and other customers in the western Red Sea port of Jeddah, Aljazeera Arabic language daily said. Police seized the two in the western town of Taif after suspected their truck was carrying illegal items, the paper said. "They confessed to the police that they hunt monkeys alive in Taif mountains and sell them in Jeddah...the two will face trial on charges of illegal trading and violating the labour law," it said ([Emirates, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** In the aftermath of man-made bio-terror generated pandemic, the government and media may attempt to scapegoat monkeys just as they did in the 1994 book [The Hot Zone](#) and the 1995 blockbuster movie entitled [Outbreak](#). Since 9/11, there have been unprecedented reports of monkey [attacks](#), monkey [escapes](#), monkey [thefts](#) and monkey [smuggling](#) which may suggest that the monkey scapegoat option is being primed for prime-time.

**Title:** Search Begins For Stolen Monkeys

**Date:** August 11, 2004

**Source:** [BBC](#)

**Abstract:** Police are investigating the theft of 15 monkeys from the back garden of an Argyll cottage.

The animals were taken from Oban Zoological World, which was created by animal lovers at their home in the town of Oban.

The theft follows Gordon and Anne Rollinson's decision to sell off their entire stock of 120 animals.

Strathclyde Police said the monkeys were stolen overnight on Tuesday and are valued in excess of £10,000.

The Rollinsons opened the zoo at their two-bedroom cottage just three years ago.

Among the wildlife in the garden were wallabies, squirrel monkeys, lemurs, marmosets, pygmy goats and lizards.

The couple, both in their 60s, decided to retire to Spain but were unable to sell their home with the zoo attached.

They were actively looking for new homes for the menagerie when the break-in occurred on Tuesday night.

In all, 15 monkeys have been taken and according to Mr Rollinson the thieves had to go through five locks to get at the animals.

Police have appealed for help in tracking down the thieves ([BBC, 2004](#)).

**Title:** Rare Monkeys Stolen In Second Theft From Zoo

**Date:** September 13, 2004

**Source:** [Telegraph](#)

**Abstract:** Animal thieves have broken into a Devon zoo and stolen rare monkeys for the second time in two months. Staff at the Shaldon Wildlife Trust, near Teignmouth, believe that the primates were taken to supply demand on the continent.



In the raid on Saturday night, the thieves took 10 monkeys, including a four-week-old goeldi's monkey and its parents.

The other animals stolen were silvery marmosets, cotton-top tamarins and a spider monkey.

Six weeks ago, five other spider monkeys were taken from the centre in another burglary.

Tracey Moore, trust director, said: "It is completely devastating for us. They were all rare species. We don't buy or sell our animals, but they are just trading them like a commodity.

"It is just so cruel to take a baby and a parent. We don't know where they are or if they are being looked after properly" ([Telegraph, 2004](#)).

**Title:** Pet Monkey Stolen

**Date:** February 2, 2005

**Source:** [Pet-Abuse.com](#)

**Abstract:** Barbara Kursch, of Glen Burnie, woman told county police her son's 8-month-old Capuchin monkey was stolen on the morning of Feb 2. Police said the incident happened about 8:30 a.m. at a Baylor Road home.

Ms. Kursch told police she came home to feed the animal when she made the discovery.

"All we know is she says someone broke into her house and stole it," said Sgt. Shawn Urbas, a county police spokesman.

Owner Brian Howard told police a neighbor first noticed the break-in after one of the family's two dogs started barking. He said they later discovered someone had pulled into the driveway, bashed the front door in with a cinder block and snatched the female monkey.

A white-threaded Capuchin, Janey is one of two. Mr. Knight also owns an 8-year-old named Nikki.

"Whoever did it knew what they were doing," said Mr. Knight, who discovered a pile of wooden chips - the monkey's bedding - scattered outside.

The pet was valued at \$7,000 and there are no suspects.

It's a first for county police who, despite having wrangled with horses, wallabies and other Noah's Ark favorites over the years, haven't ever been sent on a wild goose chase, Sgt. Urbas said.

"We don't recall any other monkey kidnappings," he said.

Hailing from south central America, the inquisitive Capuchin species is frequently a favorite for exotic pet collectors - not necessarily a good thing, according to Sue Beatty, executive director of the county Society for the Prevention of Cruelty to Animals.

"They're very cute as babies," she said. "(But) most cases, when they become sexually mature, they become aggressive."

Even if the monkey is found, there may not be a happy ending. Sgt. Urbas said. Though the state Department of Natural Resources has no restriction on exotic pets, the county does.

"I believe this monkey falls under that," he said, adding owners can be cited and the animals can be placed in shelters pending investigation. "We take it on a case-by-case basis."

For now, Mr. Knight said he is focusing on getting more locks for his doors.

"It just bewilders me that someone could actually go to your front door, put a cinder block through and nobody in the neighborhood has seen it" ([Pet-Abuse.com](http://Pet-Abuse.com), 2005).

**Title:** Stolen Monkeys Back Home At Zoo

**Date:** February 4, 2005

**Source:** [BBC](http://BBC)

**Abstract:** Three rare monkeys stolen from a zoo are recovering well after the incident, their keeper has said.

Four people have been arrested in connection with the theft of cotton-top Tamarins Rio, Pinky and Baby from Drayton Manor Theme Park and Zoo.

Police returned the monkeys to the zoo's managing director after finding them in two buildings in Birmingham.

Their keeper said: "They don't seem to be too traumatised about it. They seem quite happy."

Primate keeper Emma Swaddle, 18, added: "I was worried when they went, whether they were all together - they need to be together - and whether they were in the warmth, because they need temperature, and whether they were getting fed right or not.

"I'm just relieved to have them back."

The cotton-top Tamarins were taken on Monday by thieves who are believed to have climbed over a fence and smashed their way into the monkey house.

## **Endangered**

Tamarin monkeys are an endangered species that normally live in the rainforests of Colombia in South America, which are being destroyed.

They have long tongues which they use to extract sap from trees and catch frogs ([BBC](http://BBC), 2005).

**Title:** Five Endangered Monkeys Stolen In Latest Zoo Heist

**Date:** June 20, 2006

**Source:** [LJ World](http://LJ World)

**Abstract:** Five endangered monkeys were stolen from a zoo over the weekend, the latest in a recent string of thefts involving small primates across England, police said Monday.

A family of silvery marmosets - male, female and 2-month-old baby - and a pair of Geoffrey marmosets were taken late Saturday from nesting boxes at Drusillas Park Zoo in East Sussex. Thieves also tried to break into a third enclosure holding small monkeys, zoo officials said.

Zoos in Devon and Suffolk have also had small monkeys pilfered in recent weeks.

"This is not a casual crime," said John Haywood, coordinator of the National Theft Register for Exotic Animals. "This is extremely well-organized, and is no doubt part of a series. These are specialist crimes."

Haywood, who estimated more than 50 small monkeys have been stolen in England and Scotland the past few years, said police believe the breeding pairs of marmosets were taken for use in the international illegal pet trade.

"We think they may have been taken to an illegal breeding station somewhere, with the intent of selling them abroad, across Europe," he said.

A spokesman for Drusillas Park Zoo, Ian Flamank, puts the marmosets' value at \$3,700-\$5,500 each.

Because small monkeys can be successfully bred in captivity, their profit potential is great - but their quality as pets is not. "They're great - behind glass," Flamank said. "But they wouldn't make great pets. They're not companion animals."

Adult silvery marmosets weigh less than a pound and rarely exceed a foot in length, while the Geoffrey variety is a little larger.

Jazz, the mother in the silvery marmoset family, has a serious jaw condition and could die without medication, Flamank said. Her baby, Larkin, is similarly at risk, having only just been weaned.

"There's always hope. We'd really like to hold out for them to come back," he said ([LJ World, 2006](#)).

**Title:** Stolen Monkey Found With Children

**Date:** July 20, 2006

**Source:** [BBC](#)

**Abstract:** A squirrel monkey stolen from a zoo has been found playing with children in south London.

Zoo keepers at Chessington World of Adventures in Surrey discovered he was missing from his enclosure on Monday.

They said SpongeBob was not a pet but a wild animal and people were warned not to approach the monkey.

A member of the public found him playing with children in Clapham on Wednesday and handed him in safely to police in Brixton, officers said.

The zoo said that two-year-old SpongeBob, a Bolivian squirrel monkey, had been safely returned to the theme park after his three-day ordeal and would be put back in his enclosure following health checks.

But keepers said he was still upset and unsettled after what had clearly been "a disturbing experience" for him, during which he suffered from weight-loss, hunger and stress.

"We are hopeful he will get back to his normal, playful self soon," head of mammals Sonia Freeman said.

'Cheeky personality'

The theft was discovered early on Monday, when Chessington zoo keepers noticed two fences had been damaged in the new Monkey and Bird Garden walk-through area.

Ms Freeman said at the time that keepers were "devastated" at the theft of the "much-loved" monkey, known for his "cheeky personality".

SpongeBob had only been at the zoo for three months and it was reported that his disappearance left all the squirrel monkeys in a state of turmoil as he was the only breeding male in the group.

Police said their investigation into the theft was still under way.

Detective Constable David Burton said he had no idea how SpongeBob travelled the 12 miles from the zoo to Clapham.

He said: "It is difficult to see how he got there by his own steam.

"We are treating this as a burglary. We are almost convinced he was taken by somebody, because of things like the way the fences at the zoo were cut" ([BBC, 2006](#)).

**Title:** Rare Monkey Stolen From Zoo In Brazil

**Date:** June 6, 2007

**Source:** [Red Orbit](#)

**Abstract:** The theft of a rare Amazon monkey from a Brazilian zoo could harm biologists' efforts to repopulate the endangered species, zoo officials said Wednesday.

Workers arriving at the zoo Tuesday morning noticed the male pied tamarin was missing, and found a wrench and a coat left behind in its cage.

"This is a significant loss," said Luiz Antonio da Silva Pires, director of the city zoo in Bauru, 220 miles northwest of Sao Paulo. "The monkey was likely one of the few still alive in captivity and we were hoping to use it to start a new population and keep the species alive."

Pires said the pied tamarins have increasingly lost their natural habitat because of urban growth and as farmers slash down jungle to graze cattle. How many are still alive is not known, although they have occasionally been sighted near the jungle city of Manaus, 1,700 miles northwest of Sao Paulo.

The zoo has been trying for months to find a female pied tamarin to mate with the 2.2-pound monkey.

"It's hard to say who would do this," Pires said. "This monkey would not be sold very easily; it's not usually used as a pet." Police did not have any suspects.

According to Renctas, a Brazilian organization that fights animal smuggling, illegal trafficking of rare species generates about \$2 billion a year in the country. Many of the animals are sold to collectors in the United States, Europe and Asia.

Brazil's environmental protection agency alerted agents nationwide in an attempt to find the monkey, spokesman Gustavo Rick said ([Red Orbit, 2007](#)).

**Title:** Stolen Monkeys Recovered In Washington County

**Date:** November 5, 2007

**Source:** [Pittsburgh Post Gazzet](#)

**Abstract:** Two monkeys stolen early this morning are back in their Washington County home, and their grateful owner credits widespread media reporting for their safe return.

Grant L. Kemmerer III received a phone call at about 8:30 a.m. today from a woman who said she had one of his rare monkeys and was trying to locate the second one. The woman, who would not give her

name or phone number, called back about an hour later and made arrangements to meet Mr. Kemmerer to return the monkeys -- a spot-nose guenon and a mona guenon.

The woman was accompanied by a teenaged boy. She gave the monkeys to Mr. Kemmerer and sped away.

"Apparently teenaged boys had heard that there was marijuana growing in my greenhouse," Mr. Kemmerer said, basing his speculation on what the woman told him. "We use the greenhouse to grow tropical plants" to feed the exotic animals whose nutritional needs can not be met by local grocery or pet stores.

Mr. Kemmerer keeps 80 animals as part of his business, Wild World of Animals. He does educational programs for schools and scout groups as well as at fairs and festivals.

Mr. Kemmerer said he and his wife returned home from an out-of-town show at about 2:30 a.m. today and saw that the greenhouse door was open. When he went to investigate, he saw that three cages had been destroyed. Two of the monkeys were gone, but a third monkey was still in the greenhouse.

"The phone has been ringing all morning," Mr. Kemmerer said. "Widespread reporting by the media is why these animals are back here with me" ([Pittsburgh Post Gazzet, 2007](#)).

**Title:** Gorillas Go Ape Over Stolen Monkeys

**Date:** December 19, 2007

**Source:** [KMBC News](#)

**Abstract:** Concern for three monkeys stolen from an exotic animal preserve near Lee's Summit, Mo., brought out people dressed in gorilla costumes at the Jackson County Courthouse on Tuesday.

The three pigtailed macaques were stolen in October from Monkey Island. Owner Dana Savorelli said there is surveillance video that shows a former volunteer drugging the three monkeys, netting them, sticking them with needles and then taking them away.

Former volunteer Cathy Montes went to court for arraignment Tuesday on burglary and theft charges. Savorelli said Montes confessed in writing to the theft, but she hasn't revealed where the missing monkeys are.

"If I come to your house and stole your dogs, and you have me on tape, a written confession -- if that isn't enough, what more do you need?" Savorelli said.

Savorelli said Montes was essentially fired as a volunteer in the summer over safety concerns because her monkey died at the facility.

On Tuesday, the owner and some volunteers resorted to monkey business to get the word out about the theft. They donned gorilla suits and carried protest signs outside the Jackson County Courthouse.

"We don't have our monkeys back. They been gone two months, and we want our monkeys back," Monkey Island volunteer Suzanne Windsor said.

The volunteers in gorilla suits chased after Montes when she left court Tuesday.

Savorelli said she is trying to raise a reward fund because someone has to know where the three missing monkeys are ([KMBC, News](#)).

**Title:** One Of Two Stolen Exotic Monkeys Returned To St. Cloud Owner

**Date:** April 17, 2008

**Source:** [Care2](#)

**Abstract:** A Channel 9 viewer saw the story aired about the monkeys Wednesday night and realized the monkey he had just bought had been stolen, so he returned it. St. Cloud police said the exotic monkey was sold for \$250 ([Care2, 2008](#)).

**Title:** Search Continues For Stolen Spider Monkey

**Date:** May 17, 2008

**Source:** [Canada.com](#)

**Abstract:** Jocko and Mia had been together for 15 years when someone brutally ended their love affair.

Staff at the Greater Vancouver Zoo were devastated Wednesday to find Jocko, a 17-year-old male spider monkey, lying dead inside the enclosure he shared with his longtime companion, Mia.

Mia, meanwhile, was nowhere to be found. The 17-year-old female monkey with the bright blue eyes is presumed to have been stolen during an overnight break-in.

"We're pretty much a wreck," said zoo representative Jody Henderson of the mood at the facility Wednesday.

"They are our children, there is no doubt about it."

The break-in is believed to have occurred sometime between 9 p.m. Tuesday and 7:45 a.m. Wednesday, when the primate zoo keeper made the grim discovery.

Henderson said it's not clear how anyone got onto the zoo grounds, but added it appears the suspect or suspects headed directly to the primate cage.

Bolt cutters were used to cut a hole through the chainlink fence surrounding the monkeys' outdoor enclosure.

The matter has been turned over to Langley RCMP, who continue to hunt for suspects in the case.

Cpl. Peter Thiessen said the motive for the break-in is unclear, but speculated the 20-pound female monkey may have been stolen as a pet or to be sold on the black market.

"This is a significant theft," he said.

Spider monkeys — a threatened species native to South America — are worth about \$5,000 each.

Henderson said neither Mia nor Jocko — who were born in captivity and acquired from an Ontario zoo — have been directly handled by their keepers, and are considered wild.

"Any kind of handling would have been done through the fence. As with all the animals here at the zoo, we try to keep the situation natural, as much as you can for a captive environment," she said.

Spider monkeys are considered among the most intelligent of their species, and, though small in stature, are incredibly agile and fierce when protecting their young or mates.

That protective instinct may have led to Jocko's death, said Henderson.

"If anybody came in that enclosure, there would definitely have been some form of aggression," she said.

Thiessen said whoever broke into the monkey pen may have sustained scratches and cuts.

The cause of Jocko's death is not yet known, and there were no overt signs of trauma to the body.

A necropsy has been scheduled for as soon as possible to help provide answers, said Henderson.

As for Mia's fate, Henderson said staff remain extremely concerned.

Monkeys require specialized care, diet and activities to thrive, she said.

"You need to be educated in what you're doing . . . the average person just wouldn't have a clue what to do."

Mia is described as having dark brown fur, with a light blond chest and steel-blue eyes. She is about a half-metre tall with a very long tail.

Henderson said anyone who spots Mia should call the zoo and not approach her because she has very sharp teeth and could attack because she is traumatized.

This appears to be the second recent instance of a monkey theft from a Canadian zoo.

On April 22, a rare baby South American Callimico goeldii monkey named April was taken from the Cherry Brook Zoo in Saint John, N.B.

The monkey was abducted from her cage, sparking a desperate plea from zookeepers for her safe return.

Police received a call two days later from a man with "a low voice," who provided the location of the baby monkey. They found April nearby in a plastic container with a few air vents cut into it, and speedily returned her to the zoo ([Canada.com, 2008](#)).

**Title:** Stolen Monkeys Recovered In Raid

**Date:** July 10, 2009

**Source:** [BBC](#)

**Abstract:** Two rare monkeys stolen from a farm in County Durham have been found at a house in South Tyneside.

The pair of Goeldi's monkeys were taken from their cage at Tweddle Animal Farm, Blackhall Colliery, on 22 June.

Following a tip-off, they were recovered by police during a raid at a property in Wapping Street, South Shields, on Thursday.

A 21-year-old woman was arrested on suspicion of burglary and bailed pending further inquiries.

The animals have been returned to the farm and owner Denise Wayman said she was relieved and delighted to have them back.

It was hoped the pair, which had been donated to the farm, would breed as there are thought to be only about 10 Goeldi's monkeys in the UK ([BBC, 2009](#)).



**Title:** No Monkey Business This — Brazilian Simians Stolen From Alipore Zoo

**Date:** August 11, 2009

**Source:** [Indian Express](#)

**Abstract:** Eight wild Brazilian Marmoset monkeys (*Callithrix Jacchus*) were stolen from the Alipore Zoo on Saturday night. According to the police, preliminary investigations showed a gang involved in the illegal trade of wild animals stole the monkeys by breaking open their cage. Zoo sources said each of the monkeys will fetch nearly Rs 1 lakh in the illegal market.

Hinting at the role of an insider in the offence, police said a similar attempt to steal the monkeys from the zoo was foiled by the security guards in March. The miscreants had then fled by scaling the walls of the zoo, abandoning the sack in which they had managed to shove a Marmoset monkey.

Alipore Zoological Gardens Director Subir Choudhury said: "The incident came to light in the morning when a zoo employee went to feed the monkeys. He found that the net of the cage was cut open on one side and the monkeys were missing."

He soon raised an alarm and informed senior officials. A complaint has been lodged with the Watgunge police station.

Choudhury said a pair of Marmosets was brought in from the Delhi Institute of Immunology in January 2001 for breeding. At present, 16 such monkeys are kept in two separate groups of eight in the zoo. One group is kept in the Balaram House and another in the Leanto Shed, near the old children's zoo. The miscreants cut open the net of the Leanto Shed and stole the eight Marmosets.

"After the theft attempt in March, we apprehended more such attempts in the future. There were no specific guards for the Marmoset's cages then. We posted a guard from a private security agency for round-the-clock vigil," said the director.

After the zoo closes, one guard is posted at the cage from 5 to 10 pm when another takes over. He remains till 6 am and thereafter the zoo employees take over. Police have detained two security guards — Shyamsundar Ghosh and Ashok Patra — who were posted on Saturday night and their supervisor S Bhattacharya. Zoo sources also said the animal keeper, who was supposed to join duty at 6 am, did not turn up on Sunday. As a result, a zoo employee went there to feed the animals and clean their cage around 8.30 am. So the cage was left unattended from 6 to 8.30 am. Soon after the theft, the CID was intimated and Railway officials were also alerted to check all outgoing trains. Police are also closing in to check all possible escape routes from Kolkata. Fingerprint experts of the Kolkata police have visited the zoo to take the fingerprints at the cage ([Indian Express, 2009](#)).

**Title:** Rare Monkeys Stolen From Kolkata Zoo Rescued; One Held

**Date:** August 30, 2009

**Source:** [The Hindu](#)

**Abstract:** Chhattisgarh police have rescued seven of the eight rare Brazilian monkeys (marmosets) stolen from a Kolkata zoo early this month. One person arrested from Durg district in connection with the sensational case.

Rajesh Saikia alias Raj, hailing from Guwahati, was arrested on Friday evening by crime branch sleuths near Khursipar gate, 40 kms from here, Deepanshu Kabra, Superintendent of Police, Durg, said on Saturday, adding police were investigating whether he had links with any international racket involved in smuggling of rare animals.

Rajesh told the police that one of the monkeys had died and he had buried the body. The carcass has also been recovered, the official said.

Following a tip off, crime branch sleuths posed as traders who were interested in buying the rare monkeys, which are in high demand for zoological research due to their genetic proximity to human beings, and met Rajesh who agreed to sell the animals.

The deal was sealed after they agreed to pay Rs. 10 lakh for each of the seven monkeys, the SP said, adding Rajesh was nabbed when he came to collect the money.

During interrogation, Rajesh claimed that another person Babui Bangali was also involved in the illegal trade.

"The West Bengal police have been informed and we have sent our team to nab Bangali," the SP said.

Kolkata police had also announced a cash reward of Rs 50,000 to anyone giving information on the stolen monkeys.

In India, these rare monkeys can only be seen at the Kolkata zoo and in Mysore. Altogether 16 Brazilian monkeys were brought to Alipore zoo in 2001 but some of them perished after failing to adjust to the weather conditions ([The Hindu, 2009](#)).

**Title:** Four Monkeys, Parrot Stolen From Zoo

**Date:** September 10, 2009

**Source:** [Red Orbit](#)

**Abstract:** Florida police said a thief or thieves used bolt cutters to enter cages at the Palm Beach Zoo and steal four monkeys and a parrot.

West Palm Beach police said three squirrel monkeys, a Goeldi's monkey and the parrot were discovered missing Thursday morning, WPBF-TV, West Palm Beach, reported Thursday.

Authorities said a \$5,000 reward is being offered for the return of the animals ([Red Orbit, 2009](#)).

**Title:** Fears For Rare Monkeys Stolen From Enclosure

**Date:** June 1, 2010

**Source:** [ABC News](#)

**Abstract:** Members of the public are being asked to help find eight endangered monkeys which were stolen from a wildlife park south of Sydney at the weekend.

Worried staff at the Symbio Wildlife Park at Helensburgh have set up a Facebook page appealing for the return of the breeding pair of cotton top tamarins, their two six month old babies, and four pygmy marmosets.

The staff say the animals are crucial to an international breeding program and need specialist care to survive.

It is believed there are only 300 cotton top tamarins left in the wild.

Detectives say thieves gained access to the monkey's enclosure at the park on Sunday night.

Inspector Brian Wyver of the Wollongong Local Area Command says staff discovered the monkeys missing when they arrived on Monday morning.

"They have returned and found the rear door of the enclosure had been forced," he said.

The owner of the wildlife park John Radnidge says the thieves appeared to have used bolt cutters, then took out the power and captured the monkeys with nets.

"These people were obviously aware as to what they needed to do and what they needed to bring," he said.

Mr Radnidge says the eight animals combined are so small they could fit in a shoe box.

It is the second time in a fortnight rare animals have been pinched from their enclosures.

Keepers at Sydney's Taronga Zoo discovered on May 20 [that two green-winged macaws had been stolen](#).

Police are investigating whether that crime is linked to the theft of another pair of macaws from a house in Sydney three months earlier.

Anyone with information about the thefts can contact police via Crime Stoppers on 1800 333 000 ([ABC News, 2010](#)).

**Title:** Endangered Monkeys Stolen From Wollongong Zoo

**Date:** June 1, 2010

**Source:** [Sydney Morning Herald](#)

**Abstract:** Eight endangered monkeys, so small they could fit comfortably in a handbag, were pilfered under the cloak of darkness from a Wollongong zoo over the weekend.

The pair of cotton-top tamarins - Mitu and Bella - their two six-month-old babies - Rico and Toro - and four three-year-old pygmy marmosets - Milagro, Thiago, Alonso and Che - were stolen from the monkey enclosure at Symbio Wildlife Park while storms were lashing the Illawarra region on Sunday night.

Cotton-tip tamarins, native to South America, are estimated by biologists to number just 300 in the wild.

Wildlife park director, John Radnidge, said he was shocked by the thieves' "brazen" operation.

"On a cold, wet, windy, miserable, rainy night they cut the power to the exhibit; it was very clear these people knew exactly what they were doing," Mr Radnidge said.

"They had probably cased the joint before the attack; they'd cut the power; they cut their way through three padlocks to gain access to both exhibits and in the darkness of the night they would have had to have torches and nets to be able to catch these animals up."

The pygmy marmosets, among the world's smallest monkeys, could fit in the palm of a zookeeper's hand.

"The baby cotton-tops are smaller again and the adult cotton-tops are not much bigger," Mr Radnidge said.

"You could take these eight monkeys and put them in a Woolies shopping bag along with your cereal and coffee and still have room and that's how small they are."

But the monkeys, all part of international breeding programs, are also notoriously difficult to get to know. The keepers took a year to earn their trust, he said.

And now their future is uncertain.

All eight are micro-chipped but there was no CCTV system monitoring their enclosure, he said.

Mr Radnidge was adamant no black market existed in Australia or Asia for the monkeys, unlike for macaws, four of which were [stolen from Taronga Zoo](#) and a [private residence](#) recently.

"You can just merge a macaw into your collection and they're very valuable birds from a dollar point of view ... but they don't stand out like the nose on your face," he said.

"Cotton-tops and pygmy marmosets are so rare and unusual, those who have them in their possession will be found, I'm sure of that."

Anyone with information about the theft should phone Helensburgh police via Crime Stoppers on 1800 333 000 ([Sydney Morning Herald, 2010](#)).

**Title:** Stolen Monkey Killed By Blunt Object

**Date:** October 12, 2010

**Source:** [Herald Sun](#)

**Abstract:** An autopsy has found one of two critically endangered monkeys stolen from a Queensland zoo died from injuries caused by being struck by a blunt object.

Police say the two cotton-top tamarin monkeys were stolen from their enclosure at Alma Park Zoo, north of Brisbane, sometime between Saturday evening and Sunday morning.

The male monkey, Tonto, was found dead in a Dakabin backyard on Sunday afternoon. The female, Conchetta, is still missing.

Police say an autopsy on Tonto has revealed injuries caused by being struck by a blunt instrument.

The rare monkeys were part of an important international breeding program.

Inspector Russell Miller said police held grave fears for the other monkey.

"Time is running out for this animal and we urge anyone with any information to urgently contact police," Insp Miller said.

Alma Park Zoo manager Garry Connell said Conchetta was a breeding female and important to the conservation of Cotton-top Tamarin monkeys.

"Cotton-top tamarin monkeys are a critically endangered species and breeding pairs are invaluable and hold the key to the ongoing future of the species," Mr Connell said.

"It is so important that we get Conchetta back and we are urging anyone with information to please call police."

Conchetta is described as tiny, about the size of a large rodent, weighing around 500 grams and about 200mm tall if standing on her hind legs.

Police are holding a press conference this afternoon ([Herald Sun, 2010](#)).

**Title:** Stolen Monkey Found 'Free-Ranging' In Bedroom

**Date:** November 2, 2010

**Source:** [Sydney Morning Herald](#)

**Abstract:** A marmoset monkey stolen from a south coast animal park has been reunited with its family and twin after it was rescued during a police raid in Wollongong yesterday.

The female marmoset, nicknamed "Cheeky", was found "free-ranging" in the bedroom of a Koonawarra home after anonymous tip-offs to police and Nowra Wildlife Park.

Lake Illawarra police executed a search warrant on the house in Illabunda Crescent yesterday and found the monkey in a bedroom.

A 20-year-old woman was arrested at the house and charged with having stolen goods in custody. She was granted conditional bail and will appear before Wollongong Local Court on December 7.

The park's head zookeeper Trent Burton said the marmoset was probably not the planned target of the heist, with the thieves more likely to have been after a large South American iguana which was kept nearby.

He said the house police raided was equipped with several reptile enclosures and paraphernalia, including rodent breeding tubs and a turtle tank.

"When I went to the house [Cheeky] was actually free-ranging in a bedroom," he said.

"From what I could tell I think they [the residents of the house] were playing a little bit dumb."

Mr Burton said Cheeky seemed stressed but he was filled with relief when she responded to a training drill involving touching a red dot on the end of a stick.

"She knew what was going on," he said.

"I got out the target ... she came out, she touched the red dot, I picked her up [and] put her in a pillowcase so she was nice and snug."

Mr Burton said the iguana was "quite elusive" and the thieves may have been unable to catch it - so they stole the marmoset.

Mr Burton said it would be hard to keep a pet monkey a secret, and thanked the people who did the right thing and called in with information.

"Too often people keep their mouths shut," he said.

"For these people to have a conscience and have the animal's best interests at heart - they were really the key."

He said he hoped the perpetrators would be punished in order to send a message that stealing animals was not on.

"For the industry's sake there really needs to be harsh penalties," he said.

In June, eight rare monkeys were stolen from Symbio Wildlife Park at Helensburgh.

Three of the four cotton-top tamarins taken in the theft were later found in a park in Auburn in Sydney. The fourth, named Rico, has not been found.

The other four, all pygmy marmosets, were found dumped at an Auburn vet.

Last month two cotton-top tamarins were stolen from Alma Park Zoo, north of Brisbane ([Sydney Morning Herald, 2010](#)).

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** [Starting in 1957](#), there have been [18 mainstream movies and documentaries](#) dealing specifically with bio-terror and pandemics. Although these films have been sporadic over the last 55 years, they have intensified over the last 10 and appear to be peaking in 2012 or 2013. In the aftermath of man-made bio-terror generated pandemic, the government and media may attempt to scapegoat monkeys just as they did in the 1994 book [The Hot Zone](#) and the 1995 blockbuster movie entitled [Outbreak](#). Since 9/11, there have been unprecedented reports of monkey [attacks](#), monkey [escapes](#), monkey [thefts](#) and monkey [smuggling](#) which may suggest that the monkey scapegoat option is being primed for prime-time.

**Title:** Outbreak

**Date:** March 10, 1995

**Source:** [Wikipedia](#)

**Abstract:** Outbreak is a 1995 American [disaster film](#) starring [Dustin Hoffman](#), [Rene Russo](#), [Morgan Freeman](#), and [Donald Sutherland](#). The film was directed by [Wolfgang Petersen](#). In addition, Outbreak features [Cuba Gooding, Jr.](#), [Kevin Spacey](#), and [Patrick Dempsey](#).

The film focuses on an outbreak of a fictional [Ebola](#)-like virus called Motaba in [Zaire](#) and later in a small town in the United States. Its primary settings are government disease control centers [USAMRIID](#) and the [CDC](#), and the fictional town of Cedar Creek, California. Outbreak shows how far the military and civilian agencies might go to contain the spread of a deadly contagion.

The film was released on March 10, 1995 and proved a solid [box office](#) success. The film was nominated for various awards but failed to garner any major award nominations. It also raised various "what-if" scenarios: media outlets began to question what the government would really do in a similar situation and if the CDC has plans in case an outbreak ever does occur. A real-life outbreak of the Ebola virus occurred in Zaire only a few months after the film was released.

### Plot

In 1967, Motaba, a deadly [viral hemorrhagic fever](#), is discovered in a camp in Zaire and kept top secret. Two soldiers order the camp bombed to cover up the discovery. Thirty years later, in 1997, the virus resurfaces in Zaire. Colonel Sam Daniels ([Dustin Hoffman](#)), a USAMRIID [virologist](#), is sent to investigate. He and his crew gain information about the virus and return to the United States, where Daniels asks his superior, Brigadier General Billy Ford ([Morgan Freeman](#)), to put out an alert. Ford, who knows the virus is not new, tells Sam it is unlikely to show up. Meanwhile, one of the host animals, a [white-headed capuchin](#) monkey, is illegally brought to the United States. James "Jimbo" Scott ([Patrick Dempsey](#)), an employee at the Biotest animal holding facility, steals the monkey and takes it to Cedar Creek, California, to sell on the black market. During the trip, Jimbo is infected with the virus.



Jimbo unsuccessfully tries to sell the monkey to a pet store owner - who also becomes infected - before releasing the monkey into the woods. Jimbo starts to show signs of infection while flying to Boston, where he gets off the plane and kisses his girlfriend, infecting her. They are both hospitalized. A CDC scientist and Daniels' ex-wife, Robby Keough ([Rene Russo](#)), investigates the infections. Jimbo, his girlfriend, and the pet store owner die from the virus but Robby establishes that no one else in Boston was infected.

Meanwhile, the technicians at a Cedar Creek hospital run tests on the pet store owner's blood. A technician accidentally breaks a vial, splattering the contents, infecting and killing him. The virus mutates into a new strain, capable of spreading like flu, and numerous Cedar Creek citizens are exposed to Motaba. Daniels learns of the infection and flies to Cedar Creek, against Ford's orders, joining Robby's team.

Whilst Daniels and his team begin a search for the host animal, a state of [martial law](#) is declared in Cedar Creek, and the [United States Army](#) has quarantined the town to contain the outbreak. A mystery serum, E-1101, is introduced to those suffering from Motaba. Daniels soon realises the serum is not experimental, but was designed to cure Motaba, and that Ford knew about the virus beforehand. However, the serum does not help the residents of Cedar Creek, who are infected by a mutated strain. Daniels confronts Ford who admits he withheld information on the virus due to national security and Motaba's potential to be turned into a biological weapon.

Daniels learns from Ford of Operation Clean Sweep, a plan by the military to bomb the town of Cedar Creek, with approval from the President of the United States. Major General Donny McClintock ([Donald Sutherland](#)), who was Ford's partner in the African camp and was responsible for its destruction, plans to use the bombing to cover up the virus's existence to advance his weapon objective. To prevent Daniels from finding a cure, McClintock has him arrested by implicating Daniels as a carrier of the virus.

This leads the colonel and Major Salt ([Cuba Gooding, Jr.](#)) to search for the host animal to save the town. Flying a helicopter to the ship that carried the host animal, Daniels obtains a picture of the monkey and broadcasts it on the news, which a viewer realizes her daughter is playing with in their backyard. She calls the station, and the two men arrive at the family's house. The daughter coaxes out the monkey, Betsy, which Salt tranquilizes. Learning from Daniels that the host animal is captured, Ford delays the bombing.

Flying back, Daniels and Salt are confronted by McClintock, who also came by helicopter. Daniels has Salt fire two rockets into the trees to trick McClintock into thinking they crashed. Returning to Cedar Creek, Salt mixes Betsy's [antibodies](#) with the E-1101 to create an anti-serum in time to save Robby but not Major Casey Schuler ([Kevin Spacey](#)). Daniels discovers Operation Clean Sweep is in progress and becomes aware that McClintock will not call off the bombing.

He and Salt take it upon themselves to fly in the way of the bomber to stop it. With support from Ford, Daniels is able to stay in the way of the plane long enough to convince the pilot and his [bombardier](#) that information was withheld from them. The pilot detonates the bomb over water instead of the town. Ford, having had enough of McClintock's single-minded obsession, relieves McClintock of command and places him under arrest for withholding information from the President. McClintock promises to take Ford down with him. Sam and Robby make up, and the remaining residents of the town are successfully cured ([Wikipedia, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel will be the prime suspect.

**Title:** Strasbourg Agreement

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Strasbourg Agreement of 1675 is the first international agreement banning the use of [chemical weapons](#). The treaty was signed between [France](#) and the [Holy Roman Empire](#), and was created in response to the use of poisoned [bullets](#). The treaty was signed on August 27, 1675. The next major agreement on chemical weapons did not occur until the 1925 [Geneva Protocol](#) ([Wikipedia, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The Brussels Convention on the Law and Customs of War prohibited the employment of poison or poisoned weapons, and the use of arms, projectiles or material to cause unnecessary suffering.

Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel will be the prime suspect.

**Title:** Brussels Convention On The Laws And Customs Of War

**Date:** 2012

**Source:** [International Committee of the Red Cross](#)

**Abstract:** On the initiative of Czar Alexander II of Russia the delegates of 15 European States met in Brussels on 27 July 1874 to examine the draft of an international agreement concerning the laws and customs of war submitted to them by the Russian Government. The Conference adopted the draft with minor alterations. However, since not all the governments were willing to accept it as a binding convention it was not ratified. The project nevertheless formed an important step in the movement for the codification of the laws of war. In the year in which it was adopted, the Institute of International Law, at its session in Geneva, appointed a committee to study the Brussels Declaration and to submit to the Institute its opinion and supplementary proposals on the subject. The efforts of the Institute led to the adoption of the Manual of the Laws and Customs of War at Oxford in 1880. Both the Brussels Declaration and the Oxford Manual formed the basis of the two Hague Conventions on land warfare and the Regulations annexed to them, adopted in 1899 and 1907. Many of the provisions of the two Hague Conventions can easily be traced back to the Brussels Declaration and the Oxford Manual.

### On Military Authority over Hostile Territory

**Article 1.** Territory is considered occupied when it is actually placed under the authority of the hostile army.

The occupation extends only to the territory where such authority has been established and can be exercised.

**Art. 2.** The authority of the legitimate Power being suspended and having in fact passed into the hands of the occupants, the latter shall take all the measures in his power to restore and ensure, as far as possible, public order and safety.

**Art. 3.** With this object he shall maintain the laws which were in force in the country in time of peace, and shall not modify, suspend or replace them unless necessary.

**Art. 4.** The functionaries and employees of every class who consent, on his invitation, to continue their functions, shall enjoy his protection. They shall not be dismissed or subjected to disciplinary punishment unless they fall in fulfilling the obligations undertaken by them, and they shall not be prosecuted unless they betray their trust.

**Art. 5.** The army of occupation shall only collect the taxes, dues, duties, and tolls imposed for the benefit of the State, or their equivalent, if it is impossible to collect them, and, as far as is possible, in accordance with the existing forms and practice. It shall devote them to defraying the expenses of the administration of the country to the same extent as the legitimate Government was so obligated.

**Art. 6.** An army of occupation can only take possession of cash, funds, and realizable securities which are strictly the property of the State, depots of arms, means of transport, stores and supplies, and generally, all movable property belonging to the State which may be used for the operations of the war. Railway plant, land telegraphs, steamers and other ships, apart from cases governed by maritime law, as well as depots of arms and, generally, all kinds of war material, even if belonging to companies or to private persons, are likewise material which may serve for military operations and which cannot be left by the army of occupation at the disposal of the enemy. Railway plant, land telegraphs, as well as steamers and other ships above mentioned shall be restored and compensation fixed when peace is made.

**Art. 7.** The occupying State shall be regarded only as administrator and usufructuary of public buildings, real estate, forests, and agricultural estates belonging to the hostile State, and situated in the occupied country. It must safeguard the capital of these properties, and administer them in accordance with the rules of usufruct.

**Art. 8.** The property of municipalities, that of institutions dedicated to religion, charity and education, the arts and sciences even when State property, shall be treated as private property. All seizure or destruction of, or wilful damage to, institutions of this character, historic monuments, works of art and science should be made the subject of legal proceedings by the competent authorities.

### **Who should be Recognized as Belligerents Combatants and Non-Combatants**

**Art. 9.** The laws, rights, and duties of war apply not only to armies, but also to militia and volunteer corps fulfilling the following conditions:

1. That they be commanded by a person responsible for his subordinates;
2. That they have a fixed distinctive emblem recognizable at a distance;
3. That they carry arms openly; and
4. That they conduct their operations in accordance with the laws and customs of war. In countries where militia constitute the army, or form part of it, they are included under the denomination ' army '.

**Art. 10.** The population of a territory which has not been occupied, who, on the approach of the enemy, spontaneously take up arms to resist the invading troops without having had time to organize themselves in accordance with Article 9, shall be regarded as belligerents if they respect the laws and customs of war.

**Art 11.** The armed forces of the belligerent parties may consist of combatants and non-combatants. In case of capture by the enemy, both shall enjoy the rights of prisoners of war.

### **Means of Injuring the Enemy**

**Art. 12.** The laws of war do not recognize in belligerents an unlimited power in the adoption of means of injuring the enemy.

**Art. 13.** According to this principle are especially ' forbidden ':

- (a) Employment of poison or poisoned weapons;
- (b) Murder by treachery of individuals belonging to the hostile nation or army;
- (c) Murder of an enemy who, having laid down his arms or having no longer means of defense, has surrendered at discretion;
- (d) The declaration that no quarter will be given;
- (e) The employment of arms, projectiles or material calculated to cause unnecessary suffering, as well as

the use of projectiles prohibited by the Declaration of St. Petersburg of 1868;

(f) Making improper use of a flag of truce, of the national flag or of the military insignia and uniform of the enemy, as well as the distinctive badges of the Geneva Convention;

(g) Any destruction or seizure of the enemy's property that is not imperatively demanded by the necessity of war.

**Art. 14.** Ruses of war and the employment of measures necessary for obtaining information about the enemy and the country (excepting the provisions of Article 36) are considered permissible.

### **Sieges and Bombardments**

**Art. 15.** Fortified places are alone liable to be besieged. Open towns, agglomerations of dwellings, or villages which are not defended can neither be attacked nor bombarded.

**Art. 16.** But if a town or fortress, agglomeration of dwellings, or village, is defended, the officer in command of an attacking force must, before commencing a bombardment, except in assault, do all in his power to warn the authorities.

**Art. 17.** In such cases all necessary steps must be taken to spare, as far as possible, buildings dedicated to art, science, or charitable purposes, hospitals, and places where the sick and wounded are collected provided they are not being used at the time for military purposes.

It is the duty of the besieged to indicate the presence of such buildings by distinctive and visible signs to be communicated to the enemy beforehand

**Art. 18.** A town taken by assault ought not to be given over to pillage by the victorious troops.

### **Spies**

**Art. 19.** A person can only be considered a spy when acting clandestinely or on false pretenses he obtains or endeavours to obtain information in the districts occupied by the enemy, with the intention of communicating it to the hostile party.

**Art. 20.** A spy taken in the act shall be tried and treated according to the laws in force in the army which captures him.

**Art. 21.** A spy who rejoins the army to which he belongs and who is subsequently captured by the enemy is treated as a prisoner of war and incurs no responsibility for his previous acts.

**Art. 22.** Soldiers not wearing a disguise who have penetrated into the zone of operations of the hostile army, for the purpose of obtaining information, are not considered spies.

Similarly, the following should not be considered spies, if they are captured by the enemy: soldiers (and also civilians, carrying out their mission openly) entrusted with the delivery of dispatches intended either for their own army or for the enemy's army.

To this class belong likewise, if they are captured, persons sent in balloons for the purpose of carrying dispatches and, generally, of maintaining communications between the different parts of an army or a territory.

### **Prisoners of War**

**Art. 23.** Prisoners of war are lawful and disarmed enemies. They are in the power of the hostile Government, but not in that of the individuals or corps who captured them. They must be humanely treated. Any act of insubordination justifies the adoption of such measures of severity as may be necessary. All their personal belongings except arms shall remain their property.

**Art. 24.** Prisoners of war may be interned in a town, fortress, camp, or other place, under obligation not to go beyond certain fixed limits; but they can only be placed in confinement as an indispensable measure of safety.

**Art. 25.** Prisoners of war may be employed on certain public works which have no direct connection with the operations in the theatre of war and which are not excessive or humiliating to their military rank, if they belong to the army, or to their official or social position, if they do not belong to it. They may also, subject to such regulations as may be drawn up by the military authorities, undertake private work. Their wages shall go towards improving their position or shall be paid to them on their release. In this case the cost of maintenance may be deducted from said wages.

**Art. 26.** Prisoners of war cannot be compelled in any way to take any part whatever in carrying on the operations of the war.

**Art. 27.** The Government into whose hands prisoners of war have fallen charges itself with their maintenance.

The conditions of such maintenance may be settled by a reciprocal agreement between the belligerent parties.

In the absence of this agreement, and as a general principle, prisoners of war shall be treated as regards food and clothing, on the same footing as the troops of the Government which captured them.

**Art. 28.** Prisoners of war are subject to the laws and regulations in force in the army in whose power they are. Arms may be used, after summoning, against a prisoner of war attempting to escape. If recaptured he is liable to disciplinary punishment or subject to a stricter surveillance. If, after succeeding in escaping, he is again taken prisoner, he is not liable to punishment for his previous acts.

**Art. 29.** Every prisoner of war is bound to give, if questioned on the subject, his true name and rank, and if he infringes this rule, he is liable to a curtailment of the advantages accorded to the prisoners of war of his class.

**Art. 30.** The exchange of prisoners of war is regulated by a mutual understanding between the belligerent parties.

**Art. 31.** Prisoners of war may be set at liberty on parole if the laws of their country allow it, and, in such cases, they are bound, on their personal honour, scrupulously to fulfill, both towards their own Government and the Government by which they were made prisoners, the engagements they have contracted.

In such cases their own Government ought neither to require of nor accept from them any service incompatible with the parole given.

**Art. 32.** A prisoner of war cannot be compelled to accept his liberty on parole; similarly the hostile Government is not obliged to accede to the request of the prisoner to be set at liberty on parole.

**Art. 33.** Any prisoner of war liberated on parole and recaptured bearing arms against the Government to which he had pledged his honour may be deprived of the rights accorded to prisoners of war and brought before the courts.

**Art. 34.** Individuals in the vicinity of armies but not directly forming part of them, such as correspondents, newspaper reporters, sutlers, contractors, etc., can also be made prisoners. These prisoners should however be in possession of a permit issued by the competent authority and of a certificate of identity.

### **The Sick and Wounded**

**Art. 35.** The obligations of belligerents with respect to the service of the sick and wounded are governed by the Geneva Convention of 22 August 1864, save such modifications as the latter may undergo. On the military power with respect to private persons

**Art. 36.** The population of occupied territory cannot be forced to take part in military operations against its own country.

**Art. 37.** The population of occupied territory cannot be compelled to swear allegiance to the hostile Power.

**Art. 38.** Family honour and rights, and the lives and property of persons, as well as their religious convictions and their practice, must be respected. Private property cannot be confiscated.

**Art. 39.** Pillage is formally forbidden.

### **On Taxes and Requisitions**

**Art. 40.** As private property should be respected, the enemy will demand from communes or inhabitants only such payments and services as are connected with the generally recognized necessities of war, in proportion to the resources of the country, and not implying, with regard to the inhabitants, the obligation of taking part in operations of war against their country.

**Art. 41.** The enemy in levying contributions, whether as an equivalent for taxes (see Article 5) or for payments that should be made in kind, or as fines, shall proceed, so far as possible, only in accordance with the rules for incidence and assessment in force in the territory occupied. The civil authorities of the legitimate Government shall lend it their assistance if they have remained at their posts. Contributions shall be imposed only on the order and on the responsibility of the commander in chief or the superior civil authority established by the enemy in the occupied territory. For every contribution, a receipt shall be given to the person furnishing it.

**Art. 42.** Requisitions shall be made only with the authorization of the commander in the territory occupied. For every requisition indemnity shall be granted or a receipt delivered.

### **On Parlementaires**

**Art. 43.** A person is regarded as a parlementaire who has been authorized by one of the belligerents to enter into communication with the other, and who advances bearing a white flag, accompanied by a trumpeter (bugler or drummer) or also by a flag-bearer. He shall have a right to inviolability as well as the trumpeter (bugler or drummer) and the flag-bearer who accompany him.

**Art. 44.** The commander to whom a parlementaire is sent is not in all cases and under all conditions obliged to receive him.

It is lawful for him to take all the necessary steps to prevent the parlementaire taking advantage of his stay within the radius of the enemy's position to the prejudice of the latter, and if the parlementaire has rendered himself guilty of such an abuse of confidence, he has the right to detain him temporarily. He may likewise declare beforehand that he will not receive parlementaires during a certain period. Parlementaires presenting themselves after such a notification, from the side to which it has been given, forfeit the right of inviolability.

**Art. 45.** The parlementaire loses his rights of inviolability if it is proved in a clear and incontestable manner that he has taken advantage of his privileged position to provoke or commit an act of treason.

### **Capitulations**

**Art. 46.** The conditions of capitulations are discussed between the Contracting Parties. They must not be contrary to military honour. Once settled by a convention, they must be scrupulously observed by both parties.



## Armistices

**Art. 47.** An armistice suspends military operations by mutual agreement, between the belligerent parties. If its duration is not defined, the belligerent parties may resume operations at any time, provided always that the enemy is warned within the time agreed upon, in accordance with the terms of the armistice.

**Art. 48.** The armistice may be general or local. The first suspends the military operations of the belligerent States everywhere; the second only between certain fractions of the belligerent armies and within a fixed radius.

**Art. 49.** An armistice must be officially and without delay notified to the competent authorities and to the troops. Hostilities are suspended immediately after the notification.

**Art. 50.** It rests with the Contracting Parties to settle, in the terms of the armistice, what communications may be held between the populations.

**Art. 51.** The violation of the armistice by one of the parties gives the other party the right of denouncing it.

**Art. 52.** A violation of the terms of the armistice by individuals acting on their own initiative only entitles the injured party to demand the punishment of the offenders or, if necessary, compensation for the losses sustained.

## Interned Belligerents and Wounded Cared for by Neutrals

**Art. 53.** A neutral State which receives on its territory troops belonging to the belligerent armies shall intern them, as far as possible, at a distance from the theatre of war. It may keep them in camps and even confine them in fortresses or in places set apart for this purpose. It shall decide whether officers can be left at liberty on giving their parole not to leave the neutral territory without permission.

**Art. 54.** In the absence of a special convention, the neutral State shall supply the interned with the food, clothing and relief required by humanity. At the conclusion of peace the expenses caused by the internment shall be made good.

**Art. 55.** A neutral State may authorize the passage through its territory of the wounded or sick belonging to the belligerent armies, on condition that the trains bringing them shall carry neither personnel nor material of war. In such a case, the neutral State is bound to take whatever measures of safety and control are necessary for the purpose.

**Art. 56.** The Geneva Convention applies to sick and wounded interned in neutral territory ([International Committee of the Red Cross, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** In 1899, the 1st Peace Conference was held at The Hague with European nations and prohibited "the use of projectiles whose sole purpose is the release of asphyxiating or harmful gases." In 1907, the 2nd Peace Conference was held at The Hague whereby the conference added the use of poisons or poisoned weapons to the list of banned weaponry.

Israel is the only modern nation that has not signed the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Israel is also the only modern nation that has signed but not ratified the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should a future biological terror attack hit America or any other nation, the state of Israel will be the prime suspect.

**Title:** Hague Conventions Of 1899 And 1907

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Hague Conventions were two international [treaties](#) negotiated at international [peace](#) conferences at [The Hague](#) in the [Netherlands](#): The First Hague Conference in 1899 and the Second Hague Conference in 1907. Along with the [Geneva Conventions](#), the Hague Conventions were among the first formal statements of the [laws of war](#) and [war crimes](#) in the nascent body of secular [international law](#). A third conference was planned for 1914 and later rescheduled for 1915, but never took place due to the start of [World War I](#). The German international law scholar and [neo-Kantian pacifist](#) [Walther Schücking](#) called the assemblies the "international union of Hague conferences", and saw them as a nucleus of an international federation that was to meet at regular intervals to administer justice and develop international law procedures for the peaceful settlement of disputes, asserting "that a definite political union of the states of the world has been created with the First and Second Conferences." The various agencies created by the Conferences, like the [Permanent Court of Arbitration](#), "are agents or organs of the union."

A major effort in both the conferences was to create a binding international court for compulsory arbitration to settle international disputes, which was considered necessary to replace the institution of [war](#). This effort, however, failed to realize success either in 1899 or in 1907. The First Conference was generally a success and was focused on [disarmament](#) efforts. The Second Conference failed to create a binding international court for compulsory arbitration but did enlarge the machinery for voluntary arbitration, and established conventions regulating the collection of debts, rules of war, and the rights and obligations of neutrals. Along with disarmament and obligatory arbitration, both conferences included negotiations concerning the [laws of war](#) and [war crimes](#). Many of the rules laid down at the Hague Conventions were violated in the First World War.

Most of the [great powers](#), including the [United States](#), [Britain](#), [Russia](#), [France](#), [China](#), and [Persia](#), favored a binding international arbitration, but the condition was that the vote should be unanimous, and a few countries, led by [Germany](#), vetoed the idea.

### Hague Convention of 1899

The peace conference was proposed on August 29, 1898 by [Russian Tsar Nicholas II](#).<sup>[3]</sup> Nicholas and Count [Mikhail Nikolayevich Muravyov](#), his [foreign minister](#), were instrumental in initiating the conference.

It was held from May 18, 1899 and signed on July 29 of that year, and [entered into force](#) on September 4, 1900. The Hague Convention of 1899 consisted of four main sections and three additional declarations (the final main section is for some reason identical to the first additional declaration):

[I](#): Pacific Settlement of International Disputes

[II](#): Laws and Customs of War on Land

[III](#): Adaptation to Maritime Warfare of Principles of Geneva Convention of 1864

[IV](#): Prohibiting Launching of Projectiles and Explosives from Balloons

[Declaration I](#): On the Launching of Projectiles and Explosives from Balloons

[Declaration II](#): On the Use of Projectiles the Object of Which is the Diffusion of Asphyxiating or Deleterious Gases

[Declaration III](#): On the Use of Bullets Which Expand or Flatten Easily in the Human Body

The main effect of the Convention was to ban the use of certain types of modern technology in war: bombing from the air, [chemical warfare](#), and [hollow point bullets](#). The Convention also set up the [Permanent Court of Arbitration](#).

### **Hague Convention of 1907**

The second conference, in 1907, was generally a failure, with few major decisions. However, the meeting of major powers did prefigure later 20th-century attempts at international cooperation.

The second conference was called at the suggestion of President Theodore Roosevelt in 1904, but postponed because of the war between Russia and Japan. The Second Peace Conference was held from June 15 to October 18, 1907, to expand upon the original Hague Convention, modifying some parts and adding others, with an increased focus on naval warfare. The British tried to secure limitation of armaments, but were defeated by the other powers, led by Germany, which feared a British attempt to stop the growth of the German fleet. Germany also rejected proposals for compulsory arbitration. However, the conference did enlarge the machinery for voluntary arbitration, and established conventions regulating the collection of debts, rules of war, and the rights and obligations of neutrals.

**The Final Agreement was signed on October 18, 1907, and entered into force on January 26, 1910. It consisted of thirteen sections, of which twelve were ratified and entered into force:**

[I](#): The Pacific Settlement of International Disputes

[II](#): The Limitation of Employment of Force for Recovery of Contract Debts

[III](#): The Opening of Hostilities

[IV](#): The Laws and Customs of War on Land

includes the Annex on The Qualifications of Belligerents, Chapter II: [Prisoners of War](#)

[V](#): The Rights and Duties of Neutral Powers and Persons in Case of War on Land

[VI](#): The Status of Enemy Merchant Ships at the Outbreak of Hostilities

[VII](#): The Conversion of Merchant Ships into War-Ships

[VIII](#): The Laying of Automatic Submarine Contact Mines

[IX](#): Bombardment by Naval Forces in Time of War

[X](#): Adaptation to Maritime War of the Principles of the Geneva Convention

[XI](#): Certain Restrictions with Regard to the Exercise of the Right of Capture in Naval War

XII: The Creation of an International Prize Court [Not Ratified]

[XIII](#): The Rights and Duties of Neutral Powers in Naval War

### **Two Declarations were Signed as Well:**

Declaration I: extending Declaration II from the 1899 Conference to other types of aircraft

Declaration II: on the obligatory arbitration

The Brazilian delegation was led by the statesman [Ruy Barbosa](#), whose contribution was essential for the

defense of the principle of legal equality of nations. The British delegation included the [11th Lord Reay \(Donald James Mackay\)](#), Sir [Ernest Satow](#) and [Eyre Crowe](#). The Russian delegation was led by [Fyodor Martens](#). The Uruguayan delegation was led by [José Batlle y Ordóñez](#), great defender of the compulsory arbitration by creating the idea of an International Court of Arbitration, and an alliance of nations to force the arbitration.

### **Geneva Protocol to Hague Convention**

Though not negotiated in The Hague, the [Geneva Protocol](#) to the Hague Convention is considered an addition to the Convention. Signed on June 17, 1925 and entering into force on February 8, 1928, it permanently bans the use of all forms of chemical and [biological warfare](#) in its single section, entitled Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare. The protocol grew out of the increasing public outcry against chemical warfare following the use of [mustard gas](#) and similar agents in [World War I](#), and fears that chemical and biological warfare could lead to horrific consequences in any future war. The protocol has since been augmented by the [Biological Weapons Convention](#) (1972) and the [Chemical Weapons Convention](#) (1993) ([Wikipedia, 2012](#)).

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

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**Title:** Treaty Of Versailles

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Treaty of Versailles was one of the [peace treaties](#) at the end of [World War I](#). It ended the [state of war](#) between [Germany](#) and [the Allied Powers](#). It was signed on 28 June 1919, exactly five years after the [assassination of Archduke Franz Ferdinand](#). The other [Central Powers](#) on the German side of World War I were dealt with in separate treaties. Although the [armistice](#) signed on 11 November 1918, ended the actual fighting, it took six months of negotiations at the [Paris Peace Conference](#) to conclude the peace treaty. The treaty was registered by the Secretariat of the [League of Nations](#) on 21 October 1919, and was printed in The League of Nations [Treaty Series](#).

Of the many provisions in the treaty, one of the most important and controversial required Germany to accept responsibility for causing the war (along with Austria and Hungary, according to the [Treaty of Saint-Germain-en-Laye](#) and the [Treaty of Trianon](#)) and, under the terms of articles 231–248 (later known as the War Guilt clauses), to disarm, make substantial territorial [concessions](#) and pay heavy [reparations](#) to certain countries that had formed the Entente powers. The total cost of these reparations was assessed at 132 billion Marks (then \$31.4 billion, £6.6 billion) in 1921 which is roughly equivalent to US \$442 billion or UK £284 billion in 2012, a sum that many economists at the time, notably [John Maynard Keynes](#), deemed to be excessive and counterproductive and would have taken Germany until 1988 to pay. The final payments ended up being made on 4 October 2010, the 20th anniversary of [German reunification](#), and some 92 years after the end of the war for which they were exacted. The Treaty was undermined by subsequent events starting as early as 1932 and was widely flouted by the mid-1930s.

The result of these competing and sometimes conflicting goals among the victors was compromise that left none contented: Germany was not [pacified](#) or [conciliated](#), nor permanently weakened. This would prove to be a factor leading to later conflicts, notably and directly [World War II](#).

### Military Restrictions

Part V of the treaty begins with the preamble, "In order to render possible the initiation of a general limitation of the armaments of all nations, Germany undertakes strictly to observe the military, naval and air clauses which follow."

1. German armed forces will number no more than 100,000 troops, and conscription will be abolished.

2. [Enlisted](#) men will be retained for at least 12 years; [officers](#) to be retained for at least 25 years.
3. German naval forces will be limited to 15,000 men, six [battleships](#) (no more than 10,000 tons displacement each), six [cruisers](#) (no more than 6,000 tons displacement each), 12 [destroyers](#) (no more than 800 tons displacement each) and 12 [torpedo boats](#) (no more than 200 tons displacement each). No [submarines](#) are to be included.
4. The import and export of weapons is prohibited.
5. **Poison gas, armed aircraft, tanks and armored cars are prohibited.**
6. Blockades on ships are prohibited.
7. Restrictions on the manufacture of machine guns (e.g. the [Maxim machine gun](#)) and rifles (e.g. [Gewehr 98](#) rifles) ([Wikipedia, 2012](#)).

# Bio Terror Bible

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**Title:** Geneva Protocol

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and of Bacteriological Methods of Warfare, usually called the Geneva Protocol, is a treaty prohibiting the first use of chemical and biological weapons. It was signed at [Geneva](#) on June 17, 1925 and entered into force on February 8, 1928. It was registered in League of Nations Treaty Series on September 7, 1929.

It prohibits the use of [chemical weapons](#) and [biological weapons](#), but has nothing to say about production, storage or transfer. Later treaties did cover these aspects—the 1972 [Biological Weapons Convention](#) and the 1993 [Chemical Weapons Convention](#).

A number of countries submitted reservations when becoming parties to the Geneva Protocol, declaring that they only regarded the non-use obligations as applying to other parties and that these obligations would cease to apply if the prohibited weapons were used against them.

### History

Chemical weapons were used by the [German Empire](#) in [Ypres](#), [Kingdom of Belgium](#) in 1915, when [chlorine gas](#) was released. The [Treaty of Versailles](#) included some provisions that banned Germany from either manufacturing or importing chemical weapons. Similar treaties banned the [First Austrian Republic](#), the [Kingdom of Bulgaria](#), and the [Kingdom of Hungary](#) from chemical weapons.

Three years after World War I, the Allies wanted to reaffirm the Treaty of Versailles, and the [United States](#) introduced the [Treaty of Washington](#). The [United States Senate](#) gave consent for ratification but it failed to enter into force. The [French Third Republic](#) objected to the submarine provisions of the treaty and thus the treaty failed.

At the 1925 Geneva Conference for the Supervision of the International Traffic in Arms the French suggested a protocol for non-use of poisonous gases. The [Second Polish Republic](#) suggested the addition of bacteriological weapons. It was signed on June 17.

State parties



To become party to the Protocol, state parties must deposit an instrument with the government of [France](#) (the depository power). Thirty-eight states originally signed the Protocol. France was the first signatory to ratify the treaty, on 10 May 1926. El Salvador, the final signatory to ratify the treaty did so on 26 February 2008. As of November 2010, 137 states have ratified, acceded to, or succeeded to the treaty ([Wikipedia, 2012](#)).

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**Title:** Biological Weapons Convention

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (usually referred to as the Biological Weapons Convention, abbreviation: BWC, or Biological and Toxin Weapons Convention, abbreviation: BTWC) was the first multilateral disarmament treaty banning the production of an entire category of weapons.

The Convention was the result of prolonged efforts by the international community to establish a new instrument that would supplement the 1925 [Geneva Protocol](#). The Geneva Protocol prohibited use but not possession or development of chemical and biological weapons.

A draft of the BWC, submitted by the British was opened for signature on April 10, 1972 and entered into force March 26, 1975 when twenty-two governments had deposited their instruments of ratification. It currently commits the 165 states that are party to it to prohibit the development, production, and stockpiling of [biological and toxin weapons](#). However, the absence of any formal verification regime to monitor compliance has limited the effectiveness of the Convention. (Note: As of October 2011, an additional 12 states have signed the BWC but have yet to ratify it)

The scope of the Biological Weapons Convention's prohibition is defined in Article 1 (the so-called general purpose criterion). This includes all microbial and other biological agents or toxins and their means of delivery (with exceptions for medical and defensive purposes in small quantities). Subsequent Review Conferences have reaffirmed that the general purpose criterion encompasses all future scientific and technological developments relevant to the Convention. It is not the objects themselves (biological agents or toxins), but rather certain purposes for which they may be employed which are prohibited; similar to Art.II, 1 in the [Chemical Weapons Convention](#) (CWC). Permitted purposes under the BWC are defined as prophylactic, protective and other peaceful purposes. The objects may not be retained in quantities that have no justification or which are inconsistent with the permitted purposes.

### As Stated in Article 1 of the BWC

**"Each State Party to this Convention undertakes never in any circumstances to develop, produce, stockpile or otherwise acquire or retain:**

1. Microbial or other biological agents, or toxins whatever their origin or method of production, of types and in quantities that have no justification for prophylactic, protective or other peaceful purposes;
2. Weapons, equipment or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict."

## Summary

**Article I:** Never under any circumstances to acquire or retain [biological weapons](#).

**Article II:** To destroy or divert to peaceful purposes [biological weapons](#) and associated resources prior to joining.

**Article III:** Not to transfer, or in any way assist, encourage or induce anyone else to acquire or retain [biological weapons](#).

**Article IV:** To take any national measures necessary to implement the provisions of the BWC domestically.

**Article V:** To consult bilaterally and multilaterally to solve any problems with the implementation of the BWC.

**Article VI:** To request the UN [Security Council](#) to investigate alleged breaches of the BWC and to comply with its subsequent decisions.

**Article VII:** To assist States which have been exposed to a danger as a result of a violation of the BWC.

Article X: To do all of the above in a way that encourages the peaceful uses of [biological science](#) and [technology](#).

## Membership

Main article: [List of parties to the Biological Weapons Convention](#)

The Biological Weapons Convention has 165 States Parties. The [Republic of China](#) (Taiwan) had deposited an instrument of ratification before the changeover of the United Nations seat to the [People's Republic of China](#).

Several countries have declared [reservations](#), in that their agreement to the Treaty should not imply their complete satisfaction that the Treaty allows the stockpiling of biological agents and toxins for '[prophylactic](#), protective or other peaceful purposes', nor should the Treaty imply recognition of other countries they do not recognise.

## Verification and Compliance Issues

A long process of negotiation to add a verification mechanism began in the 1990s. Previously, at the second Review Conference of State Parties in 1986 member states agreed to strengthen the treaty by reporting annually Confidence Building Measures (CBMs) to the [United Nations](#). The following Review Conference in 1991 established a group of government experts (known as VEREX). Negotiations towards an internationally-binding verification protocol to the BWC took place between 1995 and 2001 in a forum known as the Ad Hoc Group. On 25 July 2001, the [Bush](#) administration, after conducting a review of policy on biological weapons, decided that the proposed protocol did not suit the national interests of the [United States](#).

## Review Conferences

States Parties have formally reviewed the operation of the BWC at review conferences held in 1980, 1986, 1991, 1996, 2001/2002 and 2006. During these review conferences, States Parties have reaffirmed that the scope of the Convention extends to new scientific and technological developments, and have also instituted confidence-building data-exchanges in order to enhance transparency and strengthen the BWC. Review conferences, other than the Fifth, adopted additional understandings or agreements that have interpreted, defined or elaborated the meaning or scope of a BWC provision, or that have provided instructions, guidelines or recommendations on how a provision should be implemented. These additional understandings are contained in the Final Declarations of the Review Conferences.

## Fifth Review Conference

The Fifth Review Conference took place in November/December 2001, not long after [9/11](#) and the [anthrax](#) scare. Disagreement over certain issues, especially the fate of the Ad Hoc Group, made agreement on any final declaration impossible. The Conference was suspended for one year. When it was reconvened in November 2002, the Fifth Review Conference decided to hold annual meetings of States Parties over the inter-sessional period leading up to the Review Conference in 2006 to discuss and promote common understanding and effective action on a range of topics. <sup>[4]</sup>

Agreement was reached on convening annual one-week long "Meeting of States Parties" that would be preceded earlier in the year by a two-week "Meeting of Experts" who would look at specific list of topics:

**2003:** National mechanisms to establish and maintain the security and oversight of pathogenic micro-organisms and [toxins](#).

**2004:** Enhancing international capabilities for responding to, investigating and mitigating the effects of cases of alleged use of biological or toxin weapons or suspicious outbreaks of [disease](#).

**2004:** Strengthening and broadening the capabilities for international institutions to detect and respond to the outbreak of infectious diseases (including diseases affecting plants and animals).

**2005:** [Codes of conduct](#) for [scientists](#).

## Sixth Review Conference

In the final document of the Sixth Review Conference, held in 2006, it simply "notes" that the meetings "functioned as an important forum for exchange of national experiences and in depth deliberations among States Parties" and that they "engendered greater common understanding on steps to be taken to further strengthen the implementation of the Convention". The Conference "endorses the consensus outcome documents" from the Meeting of States Parties.

The Sixth Review Conference agreed to establish a second Inter-Sessional Process. The topics agreed upon were:

**I.** Ways and means to enhance national implementation, including enforcement of national legislation, strengthening of national institutions and coordination among national law enforcement institutions.

**II.** Regional and sub regional cooperation on BWC implementation.

**III.** National, regional and international measures to improve biosafety and biosecurity, including laboratory safety and security of pathogens and toxins.

**IV.** Oversight, education, awareness raising, and adoption and/or development of codes of conduct with the aim to prevent misuse in the context of advances in bio science and bio technology research with the potential of use for purposes prohibited by the Convention.

**V** With a view to enhancing international cooperation, assistance and exchange in biological sciences and technology for peaceful purposes, promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases: (1) for States Parties in need of assistance, identifying requirements and requests for capacity enhancement, and (2) from States Parties in a position to do so, and international organizations, opportunities for providing assistance related to these fields.

**VI.** Provision of assistance and coordination with relevant organizations upon request by any State Party in the case of alleged use of biological or toxin weapons, including improving national capabilities for disease surveillance, detection and diagnosis and public health systems.

Topics i and ii were dealt with in 2007, iii and iv in 2008, v in 2009, and vi in 2010. For the second Inter-Sessional Process, the Meetings of Experts for each year was reduced to one week.

### **Seventh Review Conference**

The Seventh Review Conference is scheduled to be held in Geneva from 5 to 22 December 2011 ([Wikipedia, 2012](#)).

**Title:** Beef Up The Biotreaty

**Date:** November 12, 2002

**Source:** [LA Times](#)

**Abstract:** You'd think the U.S. would be eager to embrace the goal of a summit on biological weapons that convened Monday in Geneva: to strengthen the Biological Weapons Convention, a treaty drafted in 1972 and since ratified by 146 nations, including this one, to ban the development, production and stockpiling of biological weapons. Improvement certainly is needed; after all, as Undersecretary of State for Arms Control John Bolton has pointed out, the treaty, though well-intentioned, is toothless, lacking any mechanism to verify compliance.

The impotence of the treaty is alarming because the threat posed by biological weapons, widely recognized since the anthrax attacks, has been growing. For instance, new biotechnologies have made it easy for scientists in hostile nations like North Korea and Iraq to turn harmless microbes into deadly biological agents that are impossible to counter with existing drugs.

Far from cheering on the summit, however, Bolton seems bent on subverting it. Last week, he urged summit leaders to stick to enforcing the existing treaty. He cautioned that Washington would oppose adding any stringent enforcement measures, such as an international system of independent lab inspectors who could travel at a moment's notice to suspect nations like Iraq, Iran, North Korea, Libya, Sudan and Syria, as well as to the United States, Britain and other treaty signatories.

The Bush administration objects to such measures because it fears they could compromise national security. It worries that the international lab inspectors might, on a visit to a private drug company or military lab in the United States, pick up commercial or military secrets.

But merely rubber-stamping the current weak treaty would be a big mistake. Here is a key reason: One of its many provisions supposedly bans the development of toxins like smallpox but permits research for "peaceful purposes," thus allowing dictators like Saddam Hussein to use defense "research" as a smokescreen for developing biological weapons to launch a biological attack.

The leader of the summit, Hungary's Tibor Toth, should address the Bush administration's legitimate concerns about national security. Specifically, he should propose that inspectors meet with private-sector and military officials to work out compromises on a case-by-case basis. But Toth should not accede to the administration's request that fundamental improvements to the treaty be delayed until 2006, the treaty's original "review" time.

Inspections, and the Biological Weapons Convention, are far from perfect. But however flawed, they remain our best hope of countering the growing bioweapons threat ([LA Times, 2002](#)).

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**Title:** Chemical Weapons Convention

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Chemical Weapons Convention (CWC) is an [arms control](#) agreement which outlaws the production, stockpiling and use of [chemical weapons](#). Its full name is the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction. The agreement is administered by the [Organisation for the Prohibition of Chemical Weapons](#) (OPCW), which is an independent organization based in [The Hague](#), Netherlands.

The main obligation under the convention is the prohibition of use and production of chemical weapons, as well as the destruction of all chemical weapons. The destruction activities are verified by the OPCW. As of July 2010, around 60% of the (declared) stockpile of chemical weapons has thus been destroyed. The convention also has provisions for systematic evaluation of chemical and military plants, as well as for investigations of allegations of use and production of chemical weapons based on intelligence of other state parties.

As of August 2010, 188 states are party to the CWC, and another two countries have signed but not yet ratified the convention.

### History

Intergovernmental consideration of a chemical and biological weapons ban was initiated in 1968 within the 18-nation Disarmament Committee, which, after numerous changes of name and composition, became the Conference on Disarmament (CD) in 1984. On September 3, 1992 the Conference on Disarmament submitted to the U.N. General Assembly its annual report, which contained the text of the Chemical Weapons Convention. The General Assembly approved the Convention on November 30, 1992, and The U.N. Secretary-General then opened the Convention for signature in Paris on January 13, 1993. The CWC remained open for signature until its entry into force on April 29, 1997, 180 days after the deposit of the 65th instrument of ratification (by Hungary). The convention augments the [Geneva Protocol](#) of 1925 for chemical weapons and includes extensive verification measures such as on-site inspections. It does not, however, cover [biological weapons](#).

### Organisation for the Prohibition of Chemical Weapons (OPCW)

Main article: [Organisation for the Prohibition of Chemical Weapons](#)

The convention is administered by the [Organization for the Prohibition of Chemical Weapons](#) (OPCW), which acts as the legal platform for specification of the CWC provisions (the **Conference of State Parties** is mandated to change the CWC, pass regulations on implementation of CWC requirements etc.). The organisations furthermore conducts inspections at military and industrial plants to ensure compliance of member states.

## Key points of the Convention

1. Prohibition of production and use of chemical weapons
2. Destruction (or monitored conversion to other functions) of chemical weapons production facilities
3. Destruction of all chemical weapons (including chemical weapons abandoned outside the state parties territory)
4. Assistance between State Parties and the OPCW in the case of use of chemical weapons
5. An OPCW inspection regime for the production of chemicals which might be converted to chemical weapons
6. International cooperation in the peaceful use of chemistry in relevant areas

## Member States

Almost all countries in the world have joined the Chemical Weapons Convention. Currently 188 of the 195 states recognized by the United Nations are party to the CWC. Of the seven states that are not, two have signed but not yet ratified the treaty ([Burma](#) and [Israel](#)) and five states have not signed the treaty ([Angola](#), [North Korea](#), [Egypt](#), [Somalia](#), and [Syria](#)).

## Key Organizations of Member States

Member states are represented at the [OPCW](#) by their **permanent representative**. This function is generally combined with the function of Ambassador. For the preparation of OPCW inspections and preparation of declarations, member states have to constitute a **national authority**.

The total world declared stockpile of chemical weapons was about 30,308 tons in early 2010. A total of 71,315 tonnes of agents, 8.67 million munitions and containers, and 70 production facilities were declared to OPCW before destruction activities began. In addition, several countries that are not members are suspected of having chemical weapons, especially [Syria](#) and [North Korea](#), while some member states (including [Sudan](#) and the [People's Republic of China](#)) have been accused by others of failing to disclose their stockpiles.

## Controlled Substances

The convention distinguishes three classes of controlled substance, chemicals which can either be used as weapons themselves or used in the manufacture of weapons. The classification is based on the quantities of the substance produced commercially for legitimate purposes. Each class is split into Part A, which are chemicals that can be used directly as weapons, and Part B which are chemicals useful in the manufacture of chemical weapons.

**Schedule 1:** [Schedule 1](#) chemicals have few, or no uses outside of chemical weapons. These may be produced or used for research, medical, pharmaceutical or chemical weapon defence testing purposes but production above 100 grams per year must be declared to the [OPCW](#). A country is limited to possessing a maximum of 1 tonne of these materials. Examples are [mustard](#) and [nerve](#) agents, and substances which are solely used as precursor chemicals in their manufacture. A few of these chemicals have very small scale non-military applications, for example minute quantities of [nitrogen mustard](#) are used to treat certain [cancers](#).

**Schedule 2:** [Schedule 2](#) chemicals have legitimate small-scale applications. Manufacture must be declared and there are restrictions on export to countries which are not CWC signatories. An example is [thiodiglycol](#) which can be used in the manufacture of mustard agents, but is also used as a solvent in [inks](#).

**Schedule 3:** [Schedule 3](#) chemicals have large-scale uses apart from chemical weapons. Plants which manufacture more than 30 tonnes per year must be declared and can be inspected, and there are restrictions on export to countries which are not CWC signatories. Examples of these substances are [phosgene](#), which has been used as a chemical weapon but which is also a precursor in the



manufacture of many legitimate organic compounds and [triethanolamine](#), used in the manufacture of nitrogen mustard but also commonly used in toiletries and detergents.

The treaty also deals with carbon compounds called in the treaty *Discrete organic chemicals*. These are any carbon compounds apart from long chain polymers, oxides, sulfides and metal carbonates, such as [organophosphates](#). The OPCW must be informed of, and can inspect, any plant producing (or expecting to produce) more than 200 tonnes per year, or 30 tonnes if the chemical contains phosphorus, sulfur or fluorine, unless the plant solely produces explosives or hydrocarbons ([Wikipedia, 2012](#)).

# Bio Terror Bible

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A wealth of recent medical research indicates that [vaccines are no longer safe](#) and may cause serious neurological problems, seizures, autism and even death. A recent push by the medical and government establishment in America to [make vaccines mandatory](#) may go into effect after a pandemic in which [martial military law](#) will be called and personal freedoms like the right to refuse a vaccine will be denied.

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**Title:** Smallpox Shots: Make Them Mandatory

**Date:** December 23, 2002

**Source:** [TIME](#)

**Abstract:** The eradication of smallpox was one of humanity's great success stories. After thousands of years of suffering at the hands of the virus, the human race gathered all its wit and cunning and conquered the scourge, eradicating it forever. Well, forever lasted less than 25 years. It does not bode well for the future of our species that it took but a blink of the eye for one of history's worst killers to make a comeback — not on its own, mind you, but brought back by humans to kill again.

During the age of innocence — the '90s, during which it seemed history had ended — the big debate was whether the two remaining known stocks of smallpox in the world, one in Russia and the other in the U.S., should be destroyed. It seemed like a wonderful idea, except that no one could be absolutely sure that some smallpox stores had not fallen into other hands. In fact, we now think Iraq is working on weaponizing smallpox, and perhaps North Korea and others too.

The danger is greater now than ever — first, and ironically, because of our very success in eradicating it in the past. People today have almost no experience with, and therefore no immunity to, the virus. We are nearly as virgin a population as the Native Americans who were wiped out by the various deadly pathogens brought over by Europeans. Not content with that potential for mass murder, however, today's bad guys are reportedly trying to genetically manipulate the virus to make it even deadlier and more resistant to treatment. Who knows what monstrosities the monsters are brewing in their secret laboratories.

What to do? We have enough vaccine on hand, some diluted but still effective, to vaccinate everyone in the U.S., with more full-strength versions to come. President Bush has just announced that his Administration will take the concentric-circle approach: mandatory inoculations for certain soldiers, voluntary inoculations for medical and emergency workers, and then inoculations available to, but discouraged for, everybody else.

It sounds good, but it is not quite right. If smallpox were a threat just to individuals, then it could be left up to individuals to decide whether or not they want to protect themselves. When it comes to epidemic diseases, however, we don't leave it up to individuals to decide. The state decides.

Forget about smallpox. This happens every day with childhood diseases. No child can go to school unless he's been immunized. Parents have no choice. Think of it: we force parents to inject healthy children with organisms — some living, some dead — that in a small number of cases will cripple or kill the child. It is an extraordinary violation of the privacy and bodily integrity of the little citizen. Yet it is routine. Why? Because what is at stake is the vulnerability of the entire society to catastrophic epidemic. In that case, individuals must submit.

Which is why smallpox vaccines were mandatory when we were kids. It wasn't left up to you to decide if you wanted it. You might be ready to risk your life by forgoing the vaccine, but society would not let you — not because it was saving you from yourself but because it had to save others from you. The problem wasn't you getting smallpox; the problem was you giving smallpox to others if you got it. Society cannot tolerate that. We forced vaccination even though we knew it would maim and kill a small but certain number of those subjected to it.

Today the case for mandatory vaccination is even stronger. This is war. We need to respond as in war. The threat is not just against individuals, but against the nation. Smallpox kills a third of its victims. If this epidemic were to take hold, it could devastate America as a functioning society. And the government's highest calling is to protect society — a calling even higher than protecting individuals.

That is why conscription in wartime is justified. We violate the freedom of individuals by drafting them into combat, risking their lives — suspending, in effect, their right to life and liberty, to say nothing of the pursuit of happiness — in the name of the nation.

Vaccination is the conscription of civilians in the war against bioterrorism. I personally would choose not to receive the smallpox vaccine. I would not have my family injected. I prefer the odds of getting the disease vs. the odds of inflicting injury or death by vaccination on my perfectly healthy child.

Nonetheless, it should not be my decision. When what is at stake is the survival of the country, personal and family calculation must yield to national interest. And a population fully protected from smallpox is a supreme national interest.

If it is determined that the enemy really has smallpox and might use it, we should vaccinate everyone. We haven't been called upon to do very much for the country since Sept. 11. We can and should do this ([TIME, 2002](#)).

**Title:** AMA Paper Proposes Law Forcing People Into Experimental Vaccine Trials

**Date:** January 27, 2012

**Source:** [Natural Society](#)

**Abstract:** How would you react if I were to tell you that you or your child were forced to participate in experimental vaccine trials? A paper published by the American Medical Association's [Virtual Mentor](#) wants to do just that. It seems that the amount of current participants in current experimental vaccine trials is a bit too low, so why not create a federal law forcing each person to need to “opt-out” of experimental vaccine trials in an attempt to better society?

AMA Proposes Law ‘Forcing’ Individuals to Participate in Experimental Vaccine Trials

The proposed law is lunacy to say that least, stating that individuals must make a “mandated choice” to participate in such experimental trials. People shouldn't be automatically enrolled in experimental trials or need to state in advance their decision to “opt-out”. Along with the law will come a customer list for big pharma, where each participant's information will be shared with the pharmaceutical companies in order

to gather trial and field test data. Of course this isn't so different from how things operate now, where individuals are enrolled into big pharma's database even if you exempt your child from vaccination. But if big pharma can't produce enough positive data from those who actually want to volunteer for introducing a new product to the FDA for approval, they may just try to force people to participate or use a segment of the population that is ignorant to the laws surrounding the trials.

What happens if these experimental vaccines cause harm? There are laws already set in place that essentially give vaccine manufacturers immunity to legal repercussions. That is to say that if your child is harmed from a vaccine, the vaccine manufacturers are not financially or morally responsible. The National Childhood Vaccine Injury Act of 1986 protects vaccine manufacturers from any liability.

Another example of similar [medical and political tyranny](#) is when a document was signed by Secretary of Health and Human Services Kathleen Sebelius, where both vaccine makers and federal officials were granted complete legal immunity from any repercussions — regardless of whether or not the case is valid. Signed in [July of 2009 by Sebelius](#), the document drew upon the provisions of a law signed in 2006 created for public emergencies. Granting swine flu vaccine makers legal protection and establishing a compensation fund, the legislation allows for vaccine makers to virtually disregard consumer safety.

It is interesting to note that these laws are still needed even though health officials and vaccine makers tout vaccines as being 99.99% effective. But it isn't so surprising, given the countless occasions in which vaccines have [ruined both the lives of children and parents](#). Furthermore, previous attempts to test the anthrax vaccine on unsuspecting participants went sour after the public was alerted to the shocking history behind the anthrax vaccine. In a [2007 report by the CDC](#) in conjunction with the Vaccine Healthcare Centers of the Department of Defense and the watchdog group Government Accountability found that "between 1 and 2 percent" of vaccinated military personnel experienced "severe adverse events, which could result in disability or death." As a result of public outrage, the [government called off the testing](#).

What would even happen if there were complications in future trials? Going by past history with other experimental vaccines, severe complications would probably just be hidden. The controversial trials of experimental AIDS vaccines that led to the loss of innocent lives have already been [ignored by mainstream scientists and reporters](#). Even the scientists responsible for the deaths covered up the situation, failing to report the fatalities of their trials in order to prevent the public from finding out.

Giving big pharma a guaranteed customer list of individuals while simultaneously giving them immunity from lawsuits is quite the deal. Through activism and spreading the word, hopefully such a deal will not be made ([Natural Society, 2012](#)).

**Title:** Texas Now Requiring Meningitis Vaccination For All College Students

**Date:** February 13, 2012

**Source:** [Natural News](#)

**Abstract:** Former presidential candidate and Texas Governor Rick Perry has signed into law new legislation that requires all college students, including those living off campus, to get injected with a meningitis vaccine. The new guidelines, which reportedly received bipartisan support, require that all students under the age of 30 show either proof of vaccination or a signed affidavit of exemption before being allowed to come to class.

Effective beginning spring semester 2012 for all students enrolled at both public and private colleges and universities across Texas, the mandate expands a previous one enacted in 2009 that requires only students living on campus to get the shot. And even though all students still have the freedom to decline the vaccination as a matter of conscience or for religious reasons, many of them are not being told this by their schools, and are just going along with it.

Though the entire state of Texas had only 34 reported cases of meningitis among young people between

the ages of 15 and 29 in 2009, Gov. Perry, the Texas Medical Association (TMA), and several state senators expressed vehement support for the new bill, S.B. 1107, which further expands the government's reach into the personal health choices of Texans.

Authored by Texas State Senator Wendy Davis (D-Fort Worth), S.B. 1107 is the companion bill to the earlier Jamie Schanbaum Act of 2009, which was enacted beginning January 1, 2010, in honor of Jamie Schanbaum, a University of Texas student who developed Meningococcal Septicemia that ended up causing her to lose both her legs and all ten of her fingers, according to reports.

But rather than continue to give students the option to evaluate the facts and decide for themselves whether or not to get the vaccine, both the Texas state government and the TMA have decided to force it on everyone, despite the fact that the condition is extremely rare. The National Vaccine Information Center (NVIC) also lists some very serious reported adverse events associated with the meningitis vaccine that include nerve damage, double vision, the deadly skin disease Stevens-Johnson Syndrome, and even death.

The whole charade hearkens back to Gov. Perry's 2007 executive order that mandated Gardasil vaccines for all Texas schoolgirls. This mandate was later repealed, but it appears as though Perry and the other vaccine-pushers in Texas are up to their dirty work once again trying to force chemical injections on the young people of Texas ([Natural News, 2012](#)).

**Title:** Some States Weigh Opt-Out Laws For Mandatory Immunizations

**Date:** February 15, 2012

**Source:** [USA Today](#)

**Abstract:** Lawmakers in seven states are considering legislation that would make it easier for parents to opt out of mandatory immunization requirements for their children, sparking debate among public health experts and some parents.

All but two states — [West Virginia](#) and Mississippi — as well the [District of Columbia](#), allow parents to opt out of school-required vaccines based on religious beliefs, according to the National Conference of State Legislatures (NCSL). Those two states are now considering bills that would allow exemptions because of philosophical beliefs.

West Virginia state Sen. Donna Boley, who is sponsoring a bill, said a philosophical exemption allows parents who object to vaccines to opt out for their own reasons. "I've had parents encourage me for quite some time that would like to be in charge of what's put into their children's bodies," Boley, a Republican, said.

Diane Peterson, an associate director at the Immunization Action Coalition, a group that works to increase immunization rates says "that's not a move in the right direction."

Bills that would allow philosophical exemptions have also been introduced in five other states, Peterson said. Lawmakers in an eighth state, [South Dakota](#), rejected two bills this month. Nineteen states already allow philosophical exemptions, according to the NCSL.

The move to expand that number is alarming many public health experts. Wendell Hoffman, an infectious disease doctor in [Sioux Falls](#), S.D., argues that vaccinations have rid the country of diseases that once ravaged the populace. Those diseases threaten a comeback if more children don't receive vaccinations, he says.

"Your eyes are not deceiving you if you notice that small pox, polio, measles and rubella have been eliminated from the United States in 1949, 1979, 2000 to 2004 respectively," he told South Dakota lawmakers.

The debate over vaccines is also causing more physicians to refuse to treat families that don't vaccinate, said Douglas Diekema, a professor of pediatrics at the [University of Washington](#) who has studied the issue for the [American Academy of Pediatrics](#).

"There have always been physicians who have felt this way, but I think they are becoming much more vocal about it, and they're being joined by others," Diekema said.

[Barbara Loe Fisher](#), president of the National Vaccine Information Center in Virginia, supports the exemptions. Until there's more science on vaccines' effects, she said, parents should have the option to exempt their children.

There are movements in some states to roll back existing exemptions, including in Vermont and Arizona ([USA Today, 2012](#)).

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**In a major bio-terror related pandemic, it will be the **tainted vaccines** which are ultimately responsible for killing 99% of the victims.**

**Title:** Politicizing Vaccines

**Date:** November 18, 2002

**Source:** [UCLA](#)

**Abstract:** The production of vaccines against bioterrorism hardly seems like a partisan idea. But all of sudden it's emerged as a hot political controversy, as Democrats object to an effort to offer liability protection for companies that could protect Americans from smallpox or the West Nile virus.

We're delighted they brought it up. The state of the U.S. vaccine industry has been a national scandal for years, with needless shortages not just to immunize against bioterror threats but even against such routine childhood diseases as tetanus and whooping cough. The latest threat comes from a proliferation of lawsuits that enrich the tort bar but make vaccine production a masochistic exercise.

Democrats are protesting now because Republicans are trying to insert some liability protection for vaccine makers as part of the new homeland security legislation. "Leave it to the Republicans to sneak in a proposal that protects manufacturers of the vaccine, doctors and nurses and leaves the person who may be injured -- even by negligent action -- to bear the whole burden of their injury," declared Henry Waxman, the California Democrat. This sure sounds terrible, if it were only true.

The real story here is about thimerosal, a mercury-based preservative that vaccine makers once used. Though there was no evidence that thimerosal caused neurological disorders or other harm, the Clinton Administration recommended that companies stop using it -- and the tort follies began.

As of June lawyers had hit vaccine makers with 68 thimerosal lawsuits, 11 of them class actions. One in Florida is claiming as many as 175 million victims. Another is said to be asking for \$30 billion in damages; the entire vaccine industry is only worth about \$6 billion in global revenue.



Congress has already tried to stop this kind of thing once. In the mid-1980s plaintiffs' suits had driven all but three companies out of the vaccine business. Congress responded by creating the Vaccine Injury Compensation Program. VICP set up a no-fault alternative to the tort system, which would compensate families for the rare, but inevitable, side effects of government-recommended vaccines.

Parents could still sue in court, but only after they first went through VICP -- which was designed to be quick, generous and require lower burdens of proof. Since 1986 the government has awarded some \$1.3 billion in compensation to more than 1,700 families. Vaccine makers and health providers received liability protection to stabilize the industry, and families received just compensation. Few went on to sue.

The only unhappy party was the tort bar, which has tried to get around the legislation ever since. The government's thimerosal recommendation was their opening. Some of today's suits claim thimerosal is a "contaminant" and thus doesn't fall under VICP's side effects. Others are suing not the vaccine manufacturers covered under VICP, but the companies that made the preservative. And since VICP only covers claims of more than \$1,000, lawyers are aggregating claims of under \$999.

If these lawsuits are allowed to proceed, forget about a stable supply of vaccines. As it is today, only four major vaccine companies supply preventive medicines against such diseases as whooping cough or measles. Most manufacturers have been driven out by skyrocketing regulatory costs and a government that uses its monopoly buying clout to pay a minimum for products.

In sum, the GOP liability effort is an essential part of homeland security that will save lives. Republican Bill Frist has been pushing this legal protection with the support of the federal Advisory Commission on Childhood Vaccines, the American Academy of Pediatrics and the physicians' community. Mr. Waxman and his Senate allies (Joe Lieberman intends to offer an amendment this week stripping out the Dick Armey provision that passed the House) have the trial lawyers' lobby. Americans can figure out who is really playing politics with vaccines ([UCLA, 2002](#)).

**Title:** Compensating A Must For Vaccine Injuries

**Date:** November 25, 2002

**Source:** [UCLA](#)

**Abstract:**

*In reaction to your Nov. 18 editorial "[Politicizing Vaccines](#)":*

The homeland security bill contains several liability protection provisions. One provision concerns the smallpox vaccine. It limits the liability of manufacturers and health-care providers for injuries caused by this vaccine -- but does nothing to compensate the Americans who we know will be injured by the vaccine. This omission is inexcusable, and I stand by my comment that Republicans have protected everyone but the people who need protection the most.

Your editorial, however, took my comment on the smallpox liability program and applied it to an entirely unrelated provision in the homeland security bill. This second provision provides new liability protection for makers of thimerosal, a preservative that was previously used in some childhood vaccines. You accuse me of opposing this provision in order to foster litigation. You then approvingly cite the Vaccine Injury Compensation Program, a government initiative that provides compensation outside of the tort system for children injured by vaccines.

In fact, I authored the legislation creating the Vaccine Injury Compensation Program. My belief that we should apply this successful model to smallpox vaccine is exactly why I am so disappointed that the homeland security bill does nothing to compensate those injured by the vaccine.

I oppose the thimerosal provisions because they have nothing to do with homeland security and do not belong in the bill. There was no debate on these provisions and virtually no House members even knew they were in the bill. When Congress approves provisions of this import, it should be by a deliberative process and not by the legislative fiat of one member who refuses even to acknowledge responsibility for these provisions.

These liability protections should be considered in separate legislation along with many other changes to the childhood vaccine program also recommended by the independent HHS advisory panel that oversees this program.

Rep. Henry A. Waxman (D., Calif.)

Ranking Minority Member

Committee on Government Reform

Washington ([UCLA, 2002](#)).

**Title:** Serious Side Effects, Deaths Likely From Vaccine

**Date:** December 12, 2002

**Source:** [UCLA](#)

**Abstract:** The decision to begin widespread vaccination for smallpox, starting with 500,000 military personnel and an equal number of "first-responder" health-care workers, will probably cause a few hundred serious adverse reactions and perhaps some deaths — a dark side of vaccination unseen in the world for 25 years.

Most people tolerate the smallpox vaccine with only minor effects, such as fever and body aches. But a survey of those inoculated in 1968 found about 1 person per million died of the vaccine's side effects, and as many as 52 of every million people suffered life-threatening reactions, including fever, serious infections and brain swelling.

The side effects are viewed by most public health experts as an acceptable trade-off against smallpox itself, which kills about 30% of its victims. And according to a national survey released Wednesday, most Americans agree. In the poll conducted for the Robert Wood Johnson Foundation, 65% of respondents said they would take the smallpox vaccine — up from 59% polled in May. Only 22% said they would refuse the vaccine, down from 33% in May. However, pollsters did not offer details about the vaccine's risks.

For three millennia before its eradication, smallpox regularly ravaged nations across the globe, killing millions with high fevers and an excruciating blanket of erupting pustules across the entire body, including the palms, eyelids and inside the nostrils. Survivors were often left with horrific scars as a lifelong reminder.

The last known case of smallpox occurred in Somalia in 1977. After a global vaccination campaign, the disease — caused by the *variola* virus — was declared eradicated in 1980. In this country, routine smallpox vaccination was ended in 1972, meaning that most people who were inoculated before that time have long since lost their immunity to the disease and would need to be reinoculated. Today's vaccine is derived from stockpiles frozen for decades.

## **Produced From Calves**

The smallpox vaccine is made from *vaccinia*, a virus related to the *variola* virus but far less dangerous. The vaccine is mass-produced in cultures of lymph cells from calves.

Vaccination involves dipping a two-pronged needle into the vaccine, then using it to make 30 shallow skin punctures on the upper arm. In most cases this causes a red, itchy bump that eventually forms a pus-filled blister that heals in about three weeks.

The inoculation gives full immunity for three to five years but gradually wears off over the next decade, according to the federal Centers for Disease Control and Prevention in Atlanta.

Among the most serious side effects of the vaccine is a skin infection known as progressive vaccinia. The disease, which kills tissue around the vaccination site and can spread to other parts of the body, affects 1 to 2 people per 1 million vaccinations.

A more common but still serious reaction is a similar skin infection known as eczema vaccinatum. The infection causes a painful rash across the body and can be fatal. The problem occurs in about 39 cases out of every 1 million vaccinations.

## **Other Side Effects**

Another serious side effect is post-vaccinial encephalitis, an infection that swells the brain, causing headaches, vomiting, high fevers and, in rare cases, paralysis and death. It affects about 12 people per 1 million vaccinations.

In addition to these side effects, the 1968 study found that about 935 of every 1 million first-time vaccinations result in serious but not life-threatening infections — particularly on the face, eyelids or genitals.

All of these side effects are less common among people who were previously vaccinated for smallpox. Virtually no Americans under the age of 25 — about 97 million people born after the date of eradication — have been vaccinated.

Some of the side effects, including eczema vaccinatum, progressive vaccinia and the less serious generalized vaccinia, can be treated with vaccinia immune globulin — a vaccine derived from the antibody-rich blood plasma of recently inoculated donors. It must be injected into muscle tissue. Severe cases can require massive doses — as much as a liter injected into multiple muscles for a 220-pound person. Only 700 doses of vaccinia immune globulin are available, enough to treat cases expected from no more than 6 million vaccinations, according to the CDC.

## **Reserves Sought**

Researchers are working to expand that supply within a few months, using a new vaccinia immune globulin formulation that can be administered intravenously in much lower doses. The antiviral drug cidofovir has also shown experimental promise for treating vaccinia infections, but it would be used only when vaccinia immune globulin is not available.

Individuals who have ever been diagnosed with eczema or who currently suffer from immune deficiency diseases, such as AIDS or certain cancers, including lymphoma and leukemia, should avoid vaccination. Pregnant women, small children and anyone taking medications that suppress the immune system also should not be vaccinated — and should shun direct contact with anyone healing from a recent vaccination.

"After someone has received the vaccine, for a period of time they are suffering from a viral infection," said Steven Block, a Stanford University biologist and an advisor to the government on biological warfare defenses.

"At that point, they can give the live virus to someone who is immune-compromised and who was never given the vaccination at all."

About 500 such incidental infections, often to sensitive parts of the body, such as the eyes, would probably occur per 1 million inoculations, the 1968 survey suggests.

However, anyone who has been exposed to smallpox, regardless of their risk profile, should be vaccinated — the dangers of the disease invariably outweigh those of the vaccine. Even a few days after exposure to smallpox, the vaccine confers a degree of immunity.

In the current vaccination campaign, complications might be more rare than previous studies showed. The relatively healthy and young military population is thought to be less susceptible to serious side effects than the general population. Experts add that careful screening will help lower the risks as well.

But Margaret Hamburg, a biological warfare expert and former New York City commissioner for public health, said there is a possibility that the rate of adverse reactions could be higher than in 1968. Immune-deficiency ailments are more common now.

### **Different Than in '68**

And unlike today, many of those receiving the vaccine in 1968 had previously been in contact with family members or others who had recently been inoculated. Such casual exposure, even when it does not cause a vaccinia infection, can help the body fight off the vaccine's side effects, she said.

"The absolutely critical thing is that we need to carefully collect information of the adverse consequences of the vaccination as we move forward" in order to plan for widespread vaccination programs, Hamburg said.

After smallpox was eradicated, most stocks were destroyed.

By international agreement, only small quantities for research were to be retained, and only by the Soviet Union and the U.S. in highly secure labs.

Revelations that the Soviets, and later the Russians in the post-Soviet era, manufactured and maintained massive smallpox stocks in violation of the Biological Weapons Convention came to light in the 1990s.

Samples of the virus are thought to have been obtained by Iraq and other nations suspected of maintaining illegal biological weapon programs, and may even be in the hands of terrorists — leading to the sense of urgency about the current vaccination campaigns ([UCLA, 2002](#)).

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If it is determined that the enemy really has smallpox and might use it, we should vaccinate everyone. We haven't been called upon to do very much for the country since Sept. 11. We can and should do this ([TIME, 2002](#)).

**Title:** Selected Vaccine Authorities From CDC, FDA, And Manufacturers Discuss, In A Closed Meeting, The Possibility Of Neurodevelopment Disorders Resulting From Vaccine Components.

**Date:** 2003

**Source:** [AAPS](#)

**Abstract:** The CDC published a study in late 2003, repudiating any possible link between thimerosal and developmental problems such as autism, but the CDC did have data supporting such a link which it secretly kept from the public.

Documents released through the Freedom of Information Act detail the transcript of a meeting held in June of 2000 between members of the CDC, the FDA, and representatives from the vaccine industry.

This top secret meeting was held to discuss a study done by Dr. Thomas Verstraeten and his co-workers using Vaccine Safety Datalink data as a project collaboration between the CDC's National Immunization Program (NIP) and four HMOs. The study examined the records of 110,000 children.

The transcript is titled "Scientific Review of Vaccine Safety Datalink Information," June 7-8, 2000, Simpsonwood Retreat Center, Norcross, Georgia, but it was also the first official meeting of the ACIP (Advisory Committee on Immunization Practices which sets CDC policy) work group on thimerosal and immunization. In attendance were Walter Orenstein, Director of the National Immunization Program (NIP) at the CDC; John Modlin, Chair of the ACIP and on the faculty at Dartmouth Medical School; and 50 other distinguished members of the government (11 consultants from the CDC), academia and the pharmaceutical industry. Vaccine industry representatives were: Harry Guess, M.D., Merck, Chief of Epidemiology; Jo White, M.D., North American Vaccine, Clinical Dev. & Research; Barbara Howe, M.D., Smith, Kline-Beecham, Clinical Research Group; Mike Blum, M.D., Wyeth, Safety and Surveillance for Vaccine Development.

Although this conference is apparently concerned with the effects of mercury in the form of thimerosal on infant brain development, participants seemed to have limited knowledge about mercury. None of the well known experts were invited, such as Dr. Ascher from Bowman Grey School of Medicine or Dr. Boyd Haley, who has done extensive work on the toxic effects of low concentrations on the CNS.

The conference followed a study that showed that mercury in vaccines may have caused neurodevelopment problems.

**The following are in context excerpts of this 260 page transcript:**

**Dr. Orenstein pg 1-2** "(For) those who don't know, initial concerns were raised last summer that mercury, as methylmercury (thimerosal) in vaccines, might exceed safe levels. As a result of these concerns, CDC undertook, in collaboration with investigators in the Vaccine safety Datalink, an effort to evaluate whether there were any health risks from mercury on any of these vaccines. Analysis to date raise some concerns of possible dose-response effect of increasing levels of methylmercury in vaccines and certain neurologic diagnosis. Therefore, the purpose of this meeting is to have a careful scientific review of the data."

**Dr. Bernier pg 8** : (Associate Director for Science in the NIP) "There was a Congressional Action in 1997 requiring the FDA to review Mercury in drugs and biologics...in October of 1999 the ACIP looked this situation over again and... said the vaccines could be continued to be used."

**Dr. Johnston, pg. 14-15 & 19-20:** (Chair of the meeting and a pediatrician-immunologist at the University of Colorado): "Thimerosal is cleaved (in the body) into ethylmercury and thiosalicylate which is inactive... The data on its toxicity (shows) it can cause neurologic and renal toxicity, including death."

"It is particularly a concern in multi-dose vials because of the issue of re-entry multiple times in the vials, and it is also important in the manufacturing process for a number of vaccine including inactivated influenza and some of the earlier DPT vaccine, and is a constituent of all DPT vaccines, but not all DTAP vaccines."

"There are three licensed preservative in the United States, Thimerosal, ethyl and phenol. We won't talk about the other two today, but I thought I should mention them. Thimerosal is the most active and it has been utilized in vaccines since the 1930's."

"Acutely, it can cause neurologic and renal toxicity, including death, from overdose..."

"Dr. Halsey made a very impassioned plea that we do carefully controlled studies to in fact address the issues specifically, and that such studies be conducted by neurodevelopmentalists and environmental scientists employing specific endpoints of their study..."

"We just recently had another meeting that some of you were able to attend dealing with aluminum in vaccines. I would like to just say one or two words about that before I conclude."

"We learned at that meeting a number of important things about aluminum, and I think they also are important in our considerations today. "Aluminum salts are important in the formulating process of vaccines, both in antigen stabilization and absorption of endotoxin."

"Aluminum and mercury are often simultaneously administered to infants, both at the same site and at different sites."

"However, we also learned that there is absolutely no data, including animal data, about the potential for synergy, additively or antagonism, all of which can occur in binary metal mixtures that relate and allow us to draw any conclusions from the simultaneous exposure to these two salts in vaccines..."

**Dr. Weil, pg. 24:** "I think it's clear to me anyway that we are talking about a problem that is probably more related to bolus acute exposures, and we also need to know that the migration problems and some of the other developmental problems in the central nervous system go on for quite a period after birth. But from all of the other studies of toxic substances, the earlier you work with the central nervous system, the more likely you are to run into a sensitive period for one of these effects, so that moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity. There are just a host of neurodevelopmental data that would suggest that we've got a serious problem. The earlier we go, the more serious the problem."

"The second point I could make is that in relationship to aluminum, being a nephrologist for a long time, the potential for aluminum and central nervous system toxicity was established by dialysis data. To think there isn't some possible problem here is unreal."

**Dr. Verstraeten, pg. 31:** "It is sort of interesting that when I first came to the CDC as a NIS officer a year ago only, I didn't really know what I wanted to do, but one of the things I knew I didn't want to do was studies that had to do with toxicology or environmental health. Now it turns out that other people also thought that this study was not the right thing to do, so what I will present to you is the study that nobody thought we should do."



**Dr. Verstraeten, pg. 40:** "...we have found statistically significant relationships between the exposure and outcomes for these different exposures and outcomes. First, for two months of age, an unspecified developmental delay, which has its own specific ICD9 code. Exposure at three months of age, Tics. Exposure at six months of age, an attention deficit disorder. Exposure at one, three and six months of age, language and speech delays which are two separate ICD9 codes. Exposures at one, three and six months of age, the entire category of neurodevelopmental delays, which includes all of these plus a number of other disorders."

**Dr. Verstraeten, pg. 42:** "But for one thing that is for sure, there is certainly an under-ascertainment of all of these because some of the children are just not old enough to be diagnosed. So the crude incidence rates are probably much lower than what you would expect because the cohort is still very young."

**Dr. Verstraeten, pg. 44:** "Now for speech delays, which is the largest single disorder in this category of neurologic delays. The results are a suggestion of a trend with a small dip. The overall test for trend is highly statistically significant above one."

**Dr. Verstraeten, pg. 45:** "What this represents is the overall category of developmental delays, of which I have excluded speech delays because of the impression we had was some of the calculations were driven by this speech group, which was making up about half of this category. After excluding this speech group, the trend is also apparent in this group and the test for trend is also significant for this category excluding speech."

**Dr. Weil, pg. 75:** "I think that what you are saying is in term of chronic exposure. I think that the alternative scenario is that this repeated acute exposures, and like many repeated acute exposures, if you consider a dose of 25 micrograms on one day, then you are above threshold. At least we think you are, and then you do that over and over to a series of neurons where the toxic effect may be the same set of neurons or the same set of neurologic processes; it is conceivable that the more mercury you get, the more effect you are going to get."

**Dr. Verstraeten, pg. 76:** "What I have done here, I am putting into the model instead of mercury, a number of antigens that the children received, and what do we get? Not surprisingly, we get very similar estimates as what we got for Thimerosal because every vaccine put in the equation has Thimerosal. So for speech and the other ones maybe it's not so significant, but for the overall group it is also significant....Here we have the same thing, but instead of number of antigens, number of shots. Just the number of vaccinations given to a child, which is also for nearly all of them significantly related."

**Dr. Guess, pg. 77:** "So this essentially is a 7% risk per antigen, an antigen is like in DPT you've got three antigens."

**Dr. Verstraeten, pg. 77:** "Correct."

**Dr. Egan, pg. 77:** "Could you do this calculation for aluminum?"

**Dr. Verstraeten, pg. 77:** "I did it for aluminum...Actually the results were almost identical to ethylmercury because the amount of aluminum goes along almost exactly with the mercury one."

**Dr. Verstraeten, pg. 78-79:** "Then the last slide I wanted to show, there was a question of if there was any way from this data that we could estimate what would happen in the future if there is Thimerosal-free Hep B and Thimerosal-free haemophilus influenza vaccine and only DTP has Thimerosal"

"The second column would be the same scenario but now at six months. Assuming they have received two additional DPTs, so between three and six months of age they have increased their ethylmercury amounts by 50 micrograms. If I do in this current cohort with all its limitations, because there is also the

Hep B that exists in the cohort\*, I can't really take it out. It is significant for this one disorder which is language delay and is a combination of these two disorders, also becomes significant."

*\* Dr. Verstraeten could not determine which children got Hep B at birth in some cases so it was difficult to back the birth dose of Hep B out of the data.*

**Dr. Bernier, pg. 113:** "We have asked you to keep this information confidential. We do have a plan for discussing these data at the upcoming meeting of the Advisory Committee of Immunization Practices on June 21 and June 22. **At that time CDC plans to make a public release of this information\***, so I think it would serve all of our interests best if we could continue to consider these data. The ACIP work group will be considering also. If we could consider these data in a certain protected environment. **So we are asking people who have a great job protecting this information up until now, to continue to do that until the time of the ACIP meeting.** So to basically **consider this embargoed information.** That would help all of us to use the machinery that we have in place for considering these data and for arriving at policy recommendations."

*[\*This never happened. SafeMind.org obtained this transcript via the Freedom of Information Act. Data published later were diluted into insignificance by including additional data from an HMO that had very uncharacteristic results.]*

**Dr. Keller, pgs. 116 & 118:** "...we know the developing neurologic system is more sensitive than one that is fully developed..."

**Dr. Verstraeten, pg. 142:** "But if I can have the next slide, here instead of the proportional hazard model, we did a logistic regression model. I didn't use person time here and it's a bit tough to define exactly the control group. However, if I do it for all ages and not looking at different years, and this is for speech, the outcome is almost identical to the proportional hazard model, which suggests to me that it is not a question of bringing the diagnosis forward, but it is really the overall number that drives this estimate."

**Dr. Rapin, pg. 143:** "I would like to make a comment. We have been focusing on all these acquired causes including mercury and prematurity, and you had a list of confounding variables that should be considered in future studies. What we know today about all of the developmental disorders is that environmental factors are in fact rather unimportant in the case of these deficits and the major cause is genetic...I find it a little difficult knowing this and putting in autism. The major cause is not environmental, it is genetic and that we are focusing just on these environment events or adventitious events when we haven't considered, and you told us that you don't have data for example on siblings, your study does not lend itself to considering the major variable."

**Dr. Johnson, pg 144:** "Well, I think the assumption is that those genetic predispositions would be randomly distributed."

**Dr. Rapin, pg. 144:** "But you don't know that."

**Dr. Johnson, pg. 144:** "No, that's an interesting assumption."

**Dr. Rapin, pg. 144:** "I understand that, but you don't know that."

**Dr. Johnson, pg. 144:** "just on principle, Dr. Rapin, it seems to me that the more we learn about genetics or the more we learn about let's say autism, the more we shift towards focusing on genetic causes, but would you rule out the possibility, and let's move away from autism, that some of these are genetic predisposition and then the second hit?"

**Dr. Rapin, pg. 144:** "Not at all. I think that it is in fact an attractive hypothesis."

**Dr. Johnson, pg. 145:** "Right, thank you."

**Dr. Chen, pg. 151:** "One of the reasons that led me personally to not be so quick to dismiss the findings was that on his own Tom independently picked three different outcomes that he did not think could be associated with mercury and three out of three had a different pattern across different exposure levels as compared to the ones that again on a priority basis we picked as biologically plausible to be due to mercury exposure."

**Dr. Brent, pg. 161:** "Wasn't it true that if you looked at the population that had 25 micrograms you had a certain risk and when you got to 75 micrograms you had a higher risk."

**Dr. Verstraeten, pg. 161:** "Yes, absolutely, but these are all at the same time. Measured at the same age at least."

**Dr. Brent, pg. 161:** "I understand that, but they are different exposures."

**Dr. Verstraeten, pg. 161:** "Yes."

**Dr. Brent, pg. 161:** "What is your explanation? What explanations would you give for that?"

**Dr. Verstraeten, pg. 161:** "Personally, I have three hypotheses. My first hypothesis is it is parental bias. The children that are more likely to be vaccinated are more likely to be picked and diagnosed. Second hypothesis, I don't know. There is a bias that I have not recognized, and nobody has yet told me about it. Third hypothesis. It's true, it's Thimerosal. Those are my hypotheses."

**Dr. Brent, pg. 161:** "If it's true, which or what mechanisms would you explain the finding with?"

**Dr. Verstraeten, pg. 162:** "You are asking for biological plausibility?"

**Dr. Brent, pg. 162:** "Well, yes."

**Dr. Verstraeten, pg. 162:** "When I saw this, and I went back through the literature, I was actually stunned by what I saw because I thought it is plausible. First of all there is the Faeroe study, which I think people have dismissed too easily, and there is a new article in the same Journal that was presented here, the Journal of Pediatrics, where they have looked at PCB. They have looked at other contaminants in seafood and they have adjusted for that, and still mercury comes out. That is one point. Another point is that in many of the studies with animals, it turned out that there is quite a different result depending on the dose of mercury. Depending on the route of exposure and depending on the age at which the animals, it turned out that there is quite a different result depending on the dose of mercury. Depending on the route of exposure and depending on the age at which the animals were exposed. Now, I don't know how much you can extrapolate that from animals to humans, but that tells me mercury at one month of age is not the same as mercury at three months, at 12 months, prenatal mercury, later mercury. There is a whole range of plausible outcomes from mercury. On top of that, I think that we cannot so easily compare the U.S. population to Faeroe or Seychelles populations. We have different mean levels of exposure. We are comparing high to high in the Seychelles, high to high in the Faeroe and low to low in the U.S., so I am not sure how easily you can transpose one finding to another one. So basically to me that leaves all the options open, and that means I can not exclude such a possible effect."

**Dr. Orenstein, pg. 184:** "Well, the second issue is we don't know causality. We don't know about causality, but is this something that really warrants some urgent attention?"

**Dr. Clover, pg. 187:** "...no one around here is going to say that mercury per say is not a concern."

**Dr. Weil, pg. 187 & 188:** "Although the data presents a number of uncertainties, there is adequate consistency, biological plausibility, a lack of relationship with phenomenon not expected to be related, and a potential causal role that is as good as any other hypothesized etiology of explanation of the noted associations. In addition, the possibility that the associations could be causal has major significance for public and professional acceptance of Thimerosal containing vaccines. I think that is a critical issue. Finally, lack of further study would be horrendous grist for the anti-vaccination bill. That's why we need to go on, and urgently I would add.\*"

**Dr. Brent, pg. 188-191:** "I am impressed with the fact that some people here have information and believe that like the incidence of learning difficulties, behavior disorders and attention deficit is increasing in our population. I don't know whether it is or it isn't, but that kind of information you just can't throw around and say it's true or isn't true without data. And it is such an important area in our society. I mean it is the thing that makes a human being different from the other species, so it is such an important area of research..."

"...(thimerosal) Causing learning disabilities and behavioral disorders. ADD is a tremendous problem in our society and I think it is one that we should be very concerned about."

"Finally, the thing that concerns me the most, those who know me, I have been a pin stick in the litigation community because of the nonsense of our litigious society. This will be a resource to our very busy plaintiff attorneys in this country when this information becomes available. They want business and this could potentially be a lot of business."

**Dr. Koller, pg. 192:** "...As you increase the vaccination, you increase effects, but you don't know. You have modified live viruses. You have different antigens. There is a lot of things in those vaccinations other than mercury, and we don't know whether this is a vaccination effect or a mercury effect. But I am almost sure it is not a mercury effect. Positive as a matter of fact, and there are several experts particularly that have reviewed this, the methylmercury aspect who would agree with that due to dose response."

**Dr. Johnson, pg. 193:** "Are you really comfortable with the way the neurologic function was tested in the Seychelles?"

**Dr. Koller, pg. 193:** "I have to admit that there were many other tests that could have been conducted...We are talking about very subjective, very sensitive assays and yes, there could have been others done and there should be more done..."

**Dr. Johnson, pg. 198:** "This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available."

"My gut feeling? It worries me enough. Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation, and I do not want that grandson to get a Thimerosal containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meantime I think I want that grandson to only be given Thimerosal-free vaccines."

**Dr. Bernier, pg 198:** "the negative findings need to be pinned down and published."

**Dr. Weil, pg. 207:** "The number of dose related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant. The positive relationships are those that one might expect from the Faroe Islands studies. They are also related to those data we do have on experimental animal data and similar to the neurodevelopmental tox data on

other substances, so that I think you can't accept that this is out of the ordinary. It isn't out of the ordinary."

**Dr. Weil, pg. 208:** "The rise in the frequency of neurobehavioral disorders whether it is ascertainment or real, is not too bad. It is much too graphic. We don't see that kind of genetic change in 30 years."

**Dr. Brent, pg. 229:** "The medical/legal findings in this study, causal or not, are horrendous and therefore, it is important that the suggested epidemiological, pharmacokinetic, and animal studies be performed. If an allegation was made that a child's neurobehavioral findings were caused by Thimerosal containing vaccines, you could readily find junk scientist who would support the claim with "a reasonable degree of certainty". But you will not find a scientist with any integrity who would say the reverse with the data that is available. And that is true. So **we are in a bad position from the standpoint of defending any lawsuits** if they were initiated and I am concerned."

**Dr. Meyers, pg. 231:** "Can I go back to the core issue about the research? My own concern, and a couple of you said it, there is an association between vaccines and outcome that worries both parents and pediatricians. We don't really know what that outcome is, but it is one that worries us and there is an association with vaccines. We keep jumping back to Thimerosal, but a number of us are concerned that Thimerosal may be less likely than some of the potential associations that have been made. Some of the potential associations are number of injections, number of antigens, other additives. We mentioned aluminum and I mentioned yesterday aluminum and mercury. Antipyretics and analgesics are better utilized when vaccines are given. And then every body mentioned all of the ones that we can't think about in this quick time period that are a part of this association, and yet all of the questions I hear we are asking have to do with Thimerosal. My concern is we need to ask the questions about the other potential associations, because we are going to the Thimerosal-free vaccine. If many of us don't think that this is a plausible association because of the levels and so on, then we are missing looking for the association that may be the important one."

**Dr. Caserta, pg. 234:** "One of the things I learned at the Aluminum Conference in Puerto Rico that was tied into the metal lines in biology and medicine that I never really understood before, is the interactive effect of different metals when they are together in the same organism. It is not the same as when they are alone, and I think it would be foolish for us not to include aluminum as part of our thinking with this."

**Dr. Clements, pg 247- 249:** "I am really concerned that we have taken off like a boat going down one arm of the mangrove swamp at high speed, when in fact there was not enough discussion really early on about which way the boat should go at all. And I really want to risk offending everyone in the room by saying that **perhaps this study should not have been done at all, because the outcome of it could have, to some extent, been predicted, and we have all reached this point now where we are left hanging, even though I hear the majority of consultants say to the Board that they are not convinced there is a causality direct link between Thimerosal and various neurological outcomes.**"

"I know how we handle it from here is extremely problematic. The ACIP is going to depend on comments from this group in order to move forward into policy, and I have been advised that whatever I say should not move into the policy area because that is not the point of this meeting. But nonetheless, we know from many experiences in history that the pure scientist has done research because of pure science. But that pure science has resulted in splitting the atom or some other process which is completely beyond the power of the scientists who did the research to control it. And what we have here is people who have, for every best reason in the world, pursued a direction of research. But there is not the point at which the research results have to be handled, and **even if this committee decides that there is no association and that information gets out, the work that has been done and through the freedom of information that will be taken by others and will be used in ways beyond the control of this group. And I am very concerned about that as I suspect it already too late to do anything regardless of any professional body and what they say.**"

"My mandate as I sit here in this group is to make sure at the end of the day the 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with Thimerosal containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."

"So I leave you with the challenge that I am very concerned that this has gotten this far, and that having got this far, how you present in a concerted voice the information to the ACIP in a way they will be able to handle it and not get exposed to the traps which are out there in public relations. My message would be that any other study, and I like the study that has just been described here very much. I think it makes a lot of sense, but it has to be thought through. What are the potential outcomes and how will you handle it? How will it be presented to a public and media that is hungry for selecting the information they want to use for whatever means they in store for them?"

"...but I wonder how on earth you are going to handle it from here."

**Dr. Bernier, pg. 256:** "...As difficult as science is, there are two other equally tricky, complex challenges. The policy crafting has to take into consideration some very diverse and complex issues. There is another group that will deal with that, and then we have the communication and how we handle this, which I think I am no expert at, but seems equally daunting to me as the scientific and the policy issue."

"I don't think we can set a rule here because some people have gotten these documents. For example, some of the manufacturers were privileged to receive this information. It has been important for them to share it within the company with the experts there, so they can review it. Some of you may have questions. You may have given a copy, but I think if we will all just consider this embargoed information, if I can use that term, and very highly protected information, I think that was the best I can offer ([AAPS, 2003](#)).

**Title:** Forget The Advice -- Give Us Vaccinations

**Date:** March 2, 2003

**Source:** [LA Times](#)

**Abstract:** If you have followed the recent advice of the Department of Homeland Security, you have now laid in gallons of water, a battery-operated radio, duct tape, plastic sheeting and enough nonperishable food to last. For how long? No one knows. You have also prepared backpacks stuffed with warm clothes and blankets for each member of the family, and you have them all ready to go. Where? That's unclear.

If you feel inadequately prepared, don't expect much help from the Homeland Security Web site [www.ready.gov](http://www.ready.gov). You'll find basic tips, like to turn on a radio in the event of an attack. And there are some intriguing illustrations, like one of a man looking for the source of a chemical or biological attack while dead fish float nearby.

But to those of us who grew up in the '50s and '60s, the government advice seems eerily reminiscent of those senseless single-file trips to a dank school basement, where we sat waiting for the all-clear bell to sound. The basements were mysterious and a trip down there was more fun than a fire alarm, which sent you outside to freeze. But what was the point? The bombs, if they had come, would have reduced us to a powdery residue, or left us to die of radiation sickness. We were too young to understand the terrible futility of "duck and cover."

The new prescriptions are equally futile. Our government is once again treating us like docile second-graders in a dusty basement. Let's start with the concept of duct tape and plastic sheeting, an idea that comes from Israel, where it makes some sense. Scud missiles shrieking overhead are a real possibility in Israel, within easy striking distance of Iraq. Israelis are in a position, though we can hardly call it enviable, of having time to learn when a missile attack is coming, and to gather inside their sealed and sheeted rooms before a missile hits.

What enemy are we cowering from, in our sheeted rooms? Where will the Scud missiles be launched from, and how will we know to pull our children inside? Maj. Gen. Bruce Lawlor, chief of staff to Homeland Security Secretary Tom Ridge, recently told the *New York Times*, "People who are making fun of it don't know what they're talking about." In fact, he said, Israelis purchased large quantities of duct tape and plastic sheeting during the Gulf War. They "relied on it" for their safety, and "it has worked," he said.

Well, not exactly. The Scud missiles that Iraq launched at Israel during the Gulf War had no chemical or biological payloads, and so the sealed rooms saved no one. But four people died of heart attacks in their sealed rooms, and seven suffocated from incorrect use of gas masks; 229 people were apparently injured by inappropriate self-administered antibiotics, to protect against an anthrax attack that never came. Whether the sealed rooms would have saved lives had chemical or biological weapons been used, we have no way of knowing.

A U.S. government chemical weapons expert who asked not to be identified has little patience with the recommendations, which, developed for Israel, make no sense in the United States.

"What I think makes sense is to get away from contamination, which is what people do anyway. We run from fire, we run from hazards. People will know what to do. If you get the stuff on you, you'd shower it off," the expert said. "In most cases, with a chemical agent, you have time to get it off. And the effects of the more fearsome agents, such as cyanide, can be lessened with medical treatment. The worst-case scenarios are of enclosed spaces where people have no option to flee, but those would probably be limited in scope."

In any event, a large-scale chemical attack using military agents such as sarin or VX is most unlikely. Another expert says, "If bad guys can get enough chemical agent into the country to launch a major attack, you've got bigger problems than chemical weapons."

As for biological weapons, for your sealed room to do you any good, you'd have to know that an attack was coming. As a government scientist who wishes to remain anonymous puts it, the Homeland Security recommendations "give the illusion that you are doing something useful, but do not really address the problems. On the biological side, it's just totally ridiculous, because you are never going to know you've been attacked by a bio- agent cloud until it's over."

In the unlikely event you knew an attack was coming, just staying indoors would probably protect you. In 1979, a technician working in the ultrasecret biological weapons laboratory of [Sverdlovsk](#) in the Soviet Union forgot to replace a filter, causing an explosive release of dry anthrax powder into the air. Sixty-eight people downwind from the plant eventually died of anthrax. As Peter B. Jahrling of the U.S. Army Medical Research Institute of Infectious Diseases puts it, "In Sverdlovsk, the folks inside the leaky houses were not infected; only those who were outside in the early morning hours when the release occurred were infected. So dilution is the solution, and anything which cuts down on the dose ought to be beneficial."

Simple masks would work as well, even against smallpox and plague, the two contagious threat agents. In 1910-11 and again in 1920-21, plague experts stopped major natural outbreaks of deadly pneumonic plague in Manchuria simply by imposing a quarantine on the sick and their contacts, by keeping people at home and by wearing gauze masks whenever anyone was exposed to plague patients. Regarding smallpox, probably the most feared agent, Jahrling says, "N-100 masks probably work with 99% efficiency against smallpox. I'd opt for something that reduced my exposure one-hundredfold."

These simple suggestions may be better than nothing. But in any event, offering us the option of "protecting ourselves" is an easy way out for the administration. There is a real solution to the threat of biological agents, but it calls for force and direction that the administration does not seem to have. It is vaccination in advance of an attack, vaccination against the most serious threat agents, anthrax, smallpox and plague.



There is no safe, effective plague vaccine, although scientists are working to develop one. But where is the smallpox vaccine? After temporizing for nearly a year, the administration finally decided to offer vaccinations to health-care workers and public safety personnel. In the last month, with war probably imminent, fewer than 8,000 civilians have received the vaccine, and 100,000 troops.

Instead of giving the American people a real choice -- access to existing vaccines against smallpox and anthrax -- we've been offered duct tape and plastic sheeting and told to protect ourselves. One bioterror expert who insists on anonymity maintains that in the end "more people will die from suffocation from gas masks and sealed rooms than from chemical or biological attacks. The one thing that would prepare us would be mass vaccination, and they're not even talking about that."

Duct and cover? Thanks a lot ([LA Times, 2003](#)).

**Title:** Vaccine Link Raised In U.S Troops' Deaths

**Date:** August 5, 2003

**Source:** [UCLA](#)

**Abstract:** The U.S. Army should look at whether the anthrax vaccine is behind the unexplained cluster of pneumonia cases among soldiers in Iraq, according to the co-author of a government-sponsored study that last year found the vaccine was the "possible or probable" cause of pneumonia in two soldiers.

Dr. John L. Sever of George Washington University Medical School told United Press International Tuesday that he expects the military to consider the anthrax vaccine, among other possibilities, as it investigates pneumonia among soldiers in and around Iraq, where troops have been widely vaccinated against anthrax.

The Pentagon announced Tuesday it is investigating 100 cases of pneumonia among soldiers in Iraq and southwestern Asia. Two have died. Fifteen have had to be placed on respirators.

"As physicians, I would think they would be looking at all possible causes. I would think vaccines would be part of that," said Sever, a medical professor at George Washington who was one of six authors of the study.

Col. Robert DeFraithe from the Army Surgeon General's office told reporters at the Pentagon briefing Tuesday that biological warfare -- including smallpox or anthrax -- was unlikely to be the cause of the pneumonia. He did not mention vaccines as a possible cause, and the issue was not raised by reporters.

DeFraithe and spokeswoman Virginia Stephanakis of the Army Surgeon General's office did not return calls Tuesday asking whether the Pentagon was looking into a possible vaccine connection.

Sever said the anthrax vaccine study, printed in the May 2002 issue of *Pharmacoepidemiology and Drug Safety*, found that the vaccine was the "possible or probable" cause of pneumonia among two soldiers. The Department of Health and Human Services convened the group, called the Anthrax Vaccine Expert Committee, which studied 602 reports of possible reactions to the vaccine among nearly 400,000 troops who received it, Sever said.

In addition to identifying pneumonia and flu-like symptoms among troops who received the vaccine, the group also looked at four other cases of potentially serious reactions, including severe back pain and two soldiers who had sudden difficulty breathing in a possible allergic reaction to the vaccine.

Sever described the two cases of pneumonia as "wheezing and difficulty breathing going into a pneumonia-like picture."

To conduct the study, the Anthrax Vaccine Expert Committee examined reports from the U.S. military to the Centers for Disease Control and Prevention; they are anecdotal reports and do not necessarily show a cause-and-effect relationship.

DeFraitres said the two deaths under investigation by the Army Surgeon General occurred in June and July and that both soldiers had been in Iraq. He said the investigation began as soon as the first death occurred.

In a case apparently not included in that total, 22-year-old Army specialist Rachael Lacy of Lynwood, Ill., died at the Mayo Clinic in Rochester, Minn., on April 4 of what one doctor diagnosed as pneumonia, after receiving anthrax and smallpox vaccinations but without ever having been deployed.

Dr. Eric Pfeifer, the Minnesota coroner who performed the autopsy, told the *Army Times* that the smallpox and anthrax vaccines "may have" contributed to her death. "It's just very suspicious in my mind...that she's healthy, gets the vaccinations and then dies a couple weeks later." He listed "post-vaccine" problems on the death certificate.

Moses Lacy, Rachael Lacy's father, told the *Army Times* that she called in March and said she had chest pains and breathing problems and had been diagnosed with pneumonia.

One service member who was deployed to Kuwait and received the four-shot anthrax series told *United Press International* Tuesday he developed bronchitis and a severe cough after receiving his shots, and that about a fifth of the troops he was deployed with had similar symptoms and were prescribed medicine to treat them. His symptoms continued after he returned to the U.S., and he sought further treatment at a base clinic. He got better, but believes he nearly came down with pneumonia.

The Pentagon dispatched two teams to look into the pneumonia: one to Iraq and another to a U.S. military base in Landstuhl, Germany, where some sick soldiers are treated ([UCLA, 2003](#)).

**Title:** Private Study Links Vaccinations To Neurological Disorders

**Date:** February 14, 2008

**Source:** [Natural News](#)

**Abstract:** Studies financed by pharmaceutical corporations and government agencies - which are now largely under the control of big pharma - keep stating that there is no link between autism and vaccinations or thimerosal. As a previous News Target article, (<http://www.NaturalNews.com/022237.html>) Dissecting A Thimerosal Study demonstrates, these studies are often tainted by their funding. Nonetheless, parents find themselves under tremendous pressure, both overt and subtle, to have their children vaccinated, in spite of little or no documentation showing efficacy, let alone safety. Worse, information produced by the American Medical Association clearly demonstrates that vaccinations have done nothing to increase longevity, and may have caused increases in deaths from disease.

### **Vaccination's Smoking Gun**

More dramatic, though, is a virtual smoking gun - a study showing a clear connection between neurological disorders and vaccinations. The results are dramatic, showing that more than twice the number of vaccinated children had autism than those who had not been vaccinated. Worse, the rates of vaccinated children with other neurological problems are even higher.

Done in June 2007, the study was financed by Generation Rescue, a group of families with autistic children who have been working to find out why this has happened to their youngsters and how to help them. The study itself is a survey of 11,817 California and Oregon households, with a total of 17,674 children, 991 of whom had never been vaccinated. It was produced by SurveyUSA, an independent company.

## **The SurveyUSA Study**

There seems little likelihood of bias in favor of results showing a link between vaccinations and autism, as SurveyUSA includes several pharmaceutical firms among its clientele, including Abbott Laboratories, Alcon Laboratories, AstraZeneca Pharmaceuticals, Bayer Corporation, GlaxoSmithKline, Merck Laboratories, Monsanto Company, Nexium, Pfizer, and Schering Plough — all documented in the SurveyUSA list of clients (<http://www.surveyusa.com/index.php/who-does-surveyusa-poll-for/>). If SurveyUSA has a bias, it must be in favor of the pharmaceutical corporations. Yet, this study shows a result that does not benefit any of these businesses.

## **The Study's Methodology**

Nine counties in California and Oregon were selected for the study.

*California counties:* San Diego, Sonoma, Orange, Sacramento, Marin

*Oregon counties:* Multnomah, Marion, Jackson, Lane

Target households were those with children ages 4 through 17. Data were gathered for 9,175 boys and 8,499 girls. Information elicited whether each child had been vaccinated and, vaccinated or not, whether the child had one or more of the following disorders:

- \* Attention deficit disorder
- \* Attention deficit hyperactivity disorder
- \* Asperger's syndrome
- \* Pervasive developmental disorder - not otherwise specified
- \* Autism
- \* Asthma
- \* Juvenile diabetes

Data were analyzed according to sex and county, and broken down by age ranges 4 through 10 and 11 through 17. Percentages of children with these disorders were noted according to whether they'd been vaccinated or not, and the correlation between the two numbers, called the Risk Ratio (RR), was calculated.

The RR is a simple calculation that compares the percentage of vaccinated to unvaccinated children with each disorder. Thus, if 4.5% of vaccinated children have Asperger's and 2.7% of non-vaccinated children have the same disease, the RR is 4.5% divided by 2.7%, giving an RR value of 1.67. ( $4.5/2.7 = 1.67$ ) Thus, an RR over 1.0 indicates that vaccinations are related to a higher disease incidence, and an RR under 1.0 indicate that vaccinations are related to a lower disease incidence.

All results of the study were tabulated and have been made available to the public to assure complete transparency (<http://www.generationrescue.org/pdf/survey.pdf>). In other words, no attempt has been made to hide or otherwise manipulate the data.

The survey was automated, thus eliminating any chance that an individual might mislead a respondent. Responses were given via telephone touchpads. This is also the manner that the Centers for Disease Control says is most accurate. The survey questions used in Sonoma County can be found here (<http://www.generationrescue.org/pdf/questions.pdf>). In my reading of the survey, there is no language that could indicate a desired response either for or against vaccinations.

## **Survey Results**

The results are stunning. The data shows dramatic increases in neurological diseases and asthma in vaccinated children. Generation Rescue is cautious in its interpretations. They have taken a humble position, saying that, "We are a small non-profit organization. For less than \$200,000, we were able to complete a study that the CDC, with an \$8 billion a year budget, has been unable or unwilling to do. We think the results of our survey lend credibility to the urgent need to do a larger scale study to compare

vaccinated and unvaccinated children for neurodevelopmental outcomes."

On the other hand, a survey, taken randomly from 17,674 children and focused on nine counties in various areas separated by hundreds of miles, is a significant number by itself. Unless the CDC should do an equivalent study, done with the same rigor, over a larger population, then this one must stand as nothing less than a smoking gun for the link between childhood vaccinations and neurological disorders, plus asthma. The only disease in the survey that did not show an increase associated with vaccination was juvenile diabetes.

## **Results Summary**

### **Vaccinated boys:**

- \* Neurological disorder, RR = 2.55 (155% more likely to have neurological disorder than unvaccinated boys)
- \* ADHD, RR = 3.24 (224% more likely to have ADHD than unvaccinated boys)
- \* Autism, RR = 1.61 (61% more likely to have autism than unvaccinated boys)

### **Vaccinated boys ages 11-17:**

- \* Neurological disorder, RR = 2.58 (158% more likely to have neurological disorder than unvaccinated boys)
- \* ADHD, RR = 4.17 (317% more likely to have ADHD than unvaccinated boys)
- \* Autism, RR = 2.12 (112% more likely to have autism than unvaccinated boys)

The study notes that older children are more likely to have been diagnosed with a neurological disorder, because such diagnoses are often missed in younger children. Therefore, this is likely the more accurate figure.

All vaccinated boys and girls were 120% more likely to have asthma than unvaccinated children (RR = 2.20).

Vaccinated girls showed no significant difference from unvaccinated girls in neurological disorders. Whether this is due to the relatively small number of girls with these same disorders or because of the relatively small number of girls with such disorders in the study is unknown.

## **Conclusion: Stop Vaccinating Our Children!**

What more do you need to know? This study shows a clear link between neurological disorders and vaccinations. It indicates that autism rates may be more than double in vaccinated boys than in those who were not vaccinated.

The question needs to be asked: Why doesn't the CDC or the FDA or the AMA do a large-scale equivalent study to determine whether the pharmaceutically-funded studies are valid? The methodology is simple, and it adheres to the techniques that the CDC has approved. Rather than continuing to spend huge amounts of money on clearly flawed studies to placate the pharmaceutical corporations and give a false sense of security to parents, it's time for these organizations to put their money where their mouth is. It's well past time for them to use Generation Rescue's methods on a national scale. This is the sort of study that can definitively show whether there's a link between neurological disorders and vaccinations.

Until these agencies produce such a study, it's time for them to stop forcing vaccinations on our children. Let them try to prove, using transparent studies in which all children of all families contacted are included, without exception, unlike the recent one documented in *Dissecting A Thimerosal Study* (<http://www.NaturalNews.com/022237.html>), in which the vast majority of children were eliminated for specious reasons. Until they're willing to do this, they must stop destroying the lives of our young for their profits ([Natural News, 2008](#)).

**Title:** Homeless People Die After Bird Flu Vaccine Trial In Poland

**Date:** July 2, 2008

**Source:** [Telegraph](#)

**Abstract:** Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Wacławski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies ([Telegraph, 2008](#)).

**Title:** Vaccines As Biological Weapons? Live Avian Flu Virus Placed In Baxter Vaccine Materials Sent To 18 Countries

**Date:** March 3, 2009

**Source:** [Natural News](#)

**Abstract:** There's a popular medical thriller novel in which a global pandemic is intentionally set off by an evil plot designed to reduce the human population. In the book, a nefarious drug company inserts live avian flu viruses into vaccine materials that are distributed to countries around the world to be injected into patients as "flu shots." Those patients then become carriers for these highly-virulent strains of avian flu which go on to infect the world population and cause widespread death.

There's only one problem with this story: It's not fiction. Or, at least, the part about live [avian flu](#) viruses being inserted into [vaccine](#) materials isn't fiction. It's happening right now.

Deerfield, Illinois-based pharmaceutical company [Baxter](#) International Inc. has just been caught shipping *live avian flu viruses* mixed with vaccine material to medical distributors in 18 countries. The "mistake" (if you can call it that, see below...) was discovered by the National Microbiology Laboratory in Canada. The World Health Organization was alerted and panic spread throughout the vaccine community as [health](#) experts asked the obvious question: How could this have happened?

As published on LifeGen.de (<http://www.lifegen.de/newsip/shownews.php4?getnews=2009-02-26-5323&pc=s01>), serious questions like this are being raised:

*"Baxter International Inc. in Austria 'unintentionally contaminated samples with the [bird flu virus](#) that were used in laboratories in 3 neighbouring countries, raising concern about the potential spread of the deadly disease'. Austria, Germany, Slovenia and the Czech Republic - these are the countries in which labs were hit with dangerous viruses. Not by bioterrorist commandos, but by Baxter. In other words: One of the major global pharmaceutical players seems to have lost control over a [virus](#) which is considered by many virologists to be one of the components leading some day to a new [pandemic](#)."*

Or, put another way, Baxter is acting a whole lot like a biological terrorism organization these days, sending deadly viral samples around the world. If you mail an envelope full of anthrax to your Senator, you get arrested as a terrorist. So why is Baxter -- which mailed samples of a far more deadly viral strain to labs around the world -- getting away with saying, essentially, "Oops?"

But there's a bigger question in all this: How could this company have *accidentally* mixed LIVE avian [flu](#) viruses (both H5N1 and H3N2, the human form) in this vaccine material? ([Natural News, 2009](#)).

**Title:** Virus Mix-Up By Lab Could Have Resulted In Pandemic

**Date:** March 6, 2009

**Source:** [Times of India](#)

**Abstract:** It's emerged that virulent H5N1 bird flu was sent out by accident from an Austrian lab last year and given to ferrets in the Czech Republic before anyone realised. As well as the risk of it escaping into the wild, the H5N1 got mixed with a human strain, which might have spawned a hybrid that could unleash a pandemic. Last December, the Austrian branch of US vaccine company Baxter sent a batch of ordinary human H3N2 flu, altered so it couldn't replicate, to Avir Green Hills Biotechnology, also in Austria. In February, a lab in the Czech Republic working for Avir alerted Baxter that, unexpectedly, ferrets inoculated with the sample had died. It turned out the sample contained live H5N1, which Baxter uses to make vaccine. The two seem to have been mixed in error ([Times, of India, 2009](#)).

**Title:** Swine Flu Jab Link To Killer Nerve Disease: Leaked Letter Reveals Concern Of Neurologists Over 25 Deaths In America

**Date:** August 15, 2009

**Source:** [Daily Mail](#)

**Abstract:** A warning that the new swine flu jab is linked to a deadly nerve disease has been sent by the Government to senior neurologists in a confidential letter.

The letter from the Health Protection Agency, the official body that oversees public health, has been leaked to The Mail on Sunday, leading to demands to know why the information has not been given to the public before the vaccination of millions of people, including children, begins.

It tells the neurologists that they must be alert for an increase in a brain disorder called Guillain-Barre Syndrome (GBS), which could be triggered by the vaccine.

GBS attacks the lining of the nerves, causing paralysis and inability to breathe, and can be fatal.

The letter, sent to about 600 neurologists on July 29, is the first sign that there is concern at the highest levels that the vaccine itself could cause serious complications.

It refers to the use of a similar swine flu vaccine in the United States in 1976 when:

1. More people died from the vaccination than from swine flu.

2. 500 cases of GBS were detected.
3. The vaccine may have increased the risk of contracting GBS by eight times.
4. The vaccine was withdrawn after just ten weeks when the link with GBS became clear.
5. The US Government was forced to pay out millions of dollars to those affected.

Concerns have already been raised that the new vaccine has not been sufficiently tested and that the effects, especially on children, are unknown.

It is being developed by pharmaceutical companies and will be given to about 13million people during the first wave of immunisation, expected to start in October.

Top priority will be given to everyone aged six months to 65 with an underlying health problem, pregnant women and health professionals.

The British Neurological Surveillance Unit (BNSU), part of the British Association of Neurologists, has been asked to monitor closely any cases of GBS as the vaccine is rolled out.

One senior neurologist said last night: 'I would not have the swine flu jab because of the GBS risk.'

There are concerns that there could be a repeat of what became known as the '1976 debacle' in the US, where a swine flu vaccine killed 25 people – more than the virus itself.

A mass vaccination was given the go-ahead by President Gerald Ford because scientists believed that the swine flu strain was similar to the one responsible for the 1918-19 pandemic, which killed half a million Americans and 20million people worldwide.

Within days, symptoms of GBS were reported among those who had been immunised and 25 people died from respiratory failure after severe paralysis. One in 80,000 people came down with the condition. In contrast, just one person died of swine flu.

More than 40million Americans had received the vaccine by the time the programme was stopped after ten weeks. The US Government paid out millions of dollars in compensation to those affected.

The swine flu virus in the new vaccine is a slightly different strain from the 1976 virus, but the possibility of an increased incidence of GBS remains a concern.

Shadow health spokesman Mike Penning said last night: 'The last thing we want is secret letters handed around experts within the NHS. We need a vaccine but we also need to know about potential risks.'

'Our job is to make sure that the public knows what's going on. Why is the Government not being open about this? It's also very worrying if GPs, who will be administering the vaccine, aren't being warned.'

Two letters were posted together to neurologists advising them of the concerns. The first, dated July 29, was written by Professor Elizabeth Miller, head of the HPA's Immunisation Department.

It says: 'The vaccines used to combat an expected swine influenza pandemic in 1976 were shown to be associated with GBS and were withdrawn from use.'



'GBS has been identified as a condition needing enhanced surveillance when the swine flu vaccines are rolled out.

'Reporting every case of GBS irrespective of vaccination or disease history is essential for conducting robust epidemiological analyses capable of identifying whether there is an increased risk of GBS in defined time periods after vaccination, or after influenza itself, compared with the background risk.'

The second letter, dated July 27, is from the Association of British Neurologists and is written by Dr Rustam Al-Shahi Salman, chair of its surveillance unit, and Professor Patrick Chinnery, chair of its clinical research committee.

It says: 'Traditionally, the BNSU has monitored rare diseases for long periods of time. However, the swine influenza (H1N1) pandemic has overtaken us and we need every member's involvement with a new BNSU survey of Guillain-Barre Syndrome that will start on August 1 and run for approximately nine months.

'Following the 1976 programme of vaccination against swine influenza in the US, a retrospective study found a possible eight-fold increase in the incidence of GBS.

'Active prospective ascertainment of every case of GBS in the UK is required. Please tell BNSU about every case.

'You will have seen Press coverage describing the Government's concern about releasing a vaccine of unknown safety.'

If there are signs of a rise in GBS after the vaccination programme begins, the Government could decide to halt it.

GBS attacks the lining of the nerves, leaving them unable to transmit signals to muscles effectively.

It can cause partial paralysis and mostly affects the hands and feet. In serious cases, patients need to be kept on a ventilator, but it can be fatal.

Death is caused by paralysis of the respiratory system, causing the victim to suffocate. It is not known exactly what causes GBS and research on the subject has been inconclusive.

However, it is thought that one in a million people who have a seasonal flu vaccination could be at risk and it has also been linked to people recovering from a bout of flu of any sort.

The HPA said it was part of the Government's pandemic plan to monitor GBS cases in the event of a mass vaccination campaign, regardless of the strain of flu involved. But vaccine experts warned that the letters proved the programme was a 'guinea-pig trial'.

Dr Tom Jefferson, co-ordinator of the vaccines section of the influential Cochrane Collaboration, an independent group that reviews research, said: 'New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody.

'But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we've extracted have any research on it at all.'

He said squalene, a naturally occurring enzyme, could potentially cause so-far-undiscovered side effects.

Jackie Fletcher, founder of vaccine support group Jabs, said: 'The Government would not be anticipating this if they didn't think there was a connection. What we've got is a massive guinea-pig trial.'

Professor Chinnery said: 'During the last swine flu pandemic, it was observed that there was an increased frequency of cases of GBS. No one knows whether it was the virus or the vaccine that caused this.'

'The purpose of the survey is for us to assess rapidly whether there is an increase in the frequency of GBS when the vaccine is released in the UK. It also increases consultants' awareness of the condition.'

'This is a belt-and-braces approach to safety and is not something people should be substantially worried about as it's a rare condition.'

If neurologists do identify a case of GBS, it will be logged on a central database.

Details about patients, including blood samples, will be collected and monitored by the HPA.

It is hoped this will help scientists establish why some people develop the condition and whether it is directly related to the vaccine.

But some question why there needs to be a vaccine, given the risks. Dr Richard Halvorsen, author of *The Truth About Vaccines*, said: 'For people with serious underlying health problems, the risk of dying from swine flu is probably greater than the risk of side effects from the vaccine.'

'But it would be tragic if we repeated the US example and ended up with more casualties from the jabs.'

'I applaud the Government for recognising the risk but in most cases this is a mild virus which needs a few days in bed. I'd question why we need a vaccine at all.'

Professor Miller at the HPA said: 'This monitoring system activates pandemic plans that have been in place for a number of years. We'll be able to get information on whether a patient has had a prior influenza illness and will look at whether influenza itself is linked to GBS.'

'We are not expecting a link to the vaccine but a link to disease, which would make having the vaccine even more important.'

The UK's medicines watchdog, the Medicines and Healthcare Products Regulatory Agency, is already monitoring reported side effects from Tamiflu and Relenza and it is set to extend that surveillance to the vaccine.

A Department of Health spokesperson said: 'The European Medicines Agency has strict processes in place for licensing pandemic vaccines.'

'In preparing for a pandemic, appropriate trials to assess safety and the immune responses have been carried out on vaccines very similar to the swine flu vaccine. The vaccines have been shown to have a good safety profile.'

'It is extremely irresponsible to suggest that the UK would use a vaccine without careful consideration of safety issues. The UK has one of the most successful immunisation programmes in the world.'

## **I Couldn't Eat or Speak...It was Horrendous**

But within hours, she was on a ventilator in intensive care after being diagnosed with Guillain-Barre Syndrome.

She spent three months in hospital and had to learn how to talk and walk again. But at times, when she was being fed through a drip and needed a tracheotomy just to breathe, she doubted whether she would survive.

The mother of two, 57, from Maryport, Cumbria, had been in good health until she developed a chest infection in March 2006. She gradually became so weak she could not walk downstairs.

Doctors did not diagnose Guillain-Barre until her condition worsened in hospital and tests showed her reflexes slowing down. It is impossible for doctors to know how she contracted the disorder, although it is thought to be linked to some infections.

Mrs Wilkinson said: 'It was very scary. I couldn't eat and I couldn't speak. My arms and feet had no strength and breathing was hard.

I was treated with immunoglobulin, which are proteins found in blood, to stop damage to my nerves. After ten days, I still couldn't speak and had to mime to nurses or my family.

'It was absolutely horrendous and I had no idea whether I would get through it. You reach very dark moments at such times and wonder how long it can last.

But I'm a very determined person and I had lots of support.'

After three weeks, she was transferred to a neurological ward, where she had an MRI scan and nerve tests to assess the extent of the damage.

Still unable to speak and in a wheelchair, Mrs Wilkinson eventually began gruelling physiotherapy to improve her muscle strength and movement but it was exhausting and painful.

Three years later, she is almost fully recovered. She can now walk for several miles at a time, has been abroad and carries out voluntary work for a GBS Support Group helpline.

She said: 'It makes me feel wary that the Government is rolling out this vaccine without any clear idea of the GBS risk, if any. I wouldn't wish it on anyone and it certainly changed my life.

'I'm frightened to have the swine flu vaccine if this might happen again – it's a frightening illness and I think more research needs to be done on the effect of the vaccine.'

## **Hotline staff given access to confidential records**

Confidential NHS staff records and disciplinary complaints could be accessed by hundreds of workers manning the Government's special swine flu hotline.

They were able to browse through a database of emails containing doctors' and nurses' National Insurance numbers, home addresses, dates of birth, mobile phone numbers and scanned passport pages – all details that could be used fraudulently.

And private and confidential complaints sent by hospitals about temporary medical staff – some of whom were named – were also made available to the call-centre workers, who were given a special password to log in to an internal NHS website.

It could be a breach of the Data Protection Act.

The hotline staff work for NHS Professionals, which was set up using taxpayers' money to employ temporary medical and administrative staff for the health service.

The not-for-profit company runs two of the Government's swine flu call centres – with 300 staff in Farnborough, Hampshire, and 900 in Watford, Hertfordshire.

Shadow Health Secretary Andrew Lansley described the revelations as 'disturbing'.

Anne Mitchell, a spokeswoman for Unison, said: 'There's no excuse for such a fundamental breach of personal security. Action needs to be taken as soon as possible to make sure this does not happen again.'

A spokeswoman for NHS Professionals would not confirm whether access to the confidential files had been granted ([Daily Mail, 2009](#)).

**Title:** Does Virus Vaccine Increase The Risk Of Cancer?

**Date:** August 21, 2009

**Source:** [Bild](#)

**Abstract:** The swine flu vaccine has been hit by new cancer fears after a German health expert gave a shock warning about its safety.

Lung specialist Wolfgang Wodarg has said that there are many risks associated with the vaccine for the H1N1 virus.

He has grave reservations about the firm Novartis who are developing the vaccine and testing it in Germany. The vaccination is injected "with a very hot needle", Wodarg said.

The nutrient solution for the vaccine consists of cancerous cells from animals and "we do not know if there could be an allergic reaction".

But more importantly, some people fear that the risk of cancer could be increased by injecting the cells.

The vaccine - as Johannes Löwer, president of the [Paul Ehrlich Institute](#), has pointed out - can also cause worse side effects than the actual swine flu virus.

Wodarg also described people's fear of the pandemic as an "orchestration": "It is great business for the pharmaceutical industry," he told the 'Neuen Presse'.

Swine flu is not very different from normal flu. "On the contrary if you look at the number of cases it is nothing compared to a normal flu outbreak," he added.

The chairman of the health committee in the European Council has urged for a careful and calm reaction to the virus.

Up until now, the producers of the vaccine did not know how many orders they would have by the autumn, but the German Government is now a guaranteed customer.

Even the pharmaceutical companies are trying to exploit the fear of the [swine flu](#) pandemic ([Bild, 2009](#)).

**Title:** In Germany, A Better Vaccine For Politicians?

**Date:** October 27, 2009

**Source:** [TIME](#)

**Abstract:** Critics are calling it a two-tier health system — one for the politically well connected, another for the hoi polloi. As Germany launched its mass-vaccination program against the H1N1 flu virus on Monday, the government found itself fending off accusations of favoritism because it was offering one vaccine believed to have fewer side effects to civil servants, politicians and soldiers, and another, potentially riskier vaccine to everyone else. The government had hoped that Germans would rush to health clinics to receive vaccinations against the rapidly spreading disease, but now rising anger over the different drugs may cause many people to shy away.

Amid growing fears of a possible global flu pandemic, the German government prepared for its mass-vaccination campaign earlier this year by ordering 50 million doses of the Pandemrix vaccine, enough for a double dose for 25 million people, about a third of the population. The vaccine, manufactured by GlaxoSmithKline, contains an immunity-enhancing chemical compound, known as an adjuvant, whose side effects are not yet entirely known. Then, after a report was leaked to the German media last week, the Interior Ministry confirmed that it had ordered a different vaccine, Celvapan, for government officials and the military. Celvapan, which is made by U.S. pharmaceutical giant Baxter, does not contain an adjuvant and is believed to have fewer side effects than Pandemrix. ([See how not to get the H1N1 flu.](#))

Anger at the news was widespread in Germany. "If mass vaccination is considered to be necessary, then everyone should be treated the same way," says Birgitt Bender, health spokeswoman for the Green Party. Ulrike Mascher, head of the VdK social-welfare association, says giving government officials a vaccine that's different from that given to the rest of the population sent the "wrong signal" and gives many people "the impression that they are second-class patients." A story on the front page of the mass-circulation *Bild* newspaper accused the government of giving "second-class medicine" to regular Germans.

Doctors and medical experts are divided over the safety of Pandemrix. While some say it's the best vaccine available, others have serious misgivings about it. "The Pandemrix vaccine can't be recommended for pregnant women or young children because it has an increased risk of side effects. Pandemrix has an adjuvant which hasn't been tested sufficiently up until now," Alexander Kekulé, a virologist at the University of Halle, tells TIME. "Celvapan is a whole-virus vaccine, which has fewer side effects than Pandemrix, but it leads more often to fever or local swelling when compared with the normal seasonal-flu vaccine," he adds. Although Kekulé calls the government's handling of the vaccination program a "scandal," he says government officials and soldiers are not necessarily getting a better deal with Celvapan. "Neither Celvapan nor Pandemrix are ideal," he says. ([See what you need to know about the H1N1 vaccine.](#))

The Interior Ministry hit back at suggestions of preferential treatment, saying it had ordered about 200,000 doses of the Celvapan vaccine from Baxter before the differences between the two vaccines were documented, and the government was bound by the terms of its contract. The government also points out that both Pandemrix and Celvapan have been approved by the European Union and that other countries, such as Britain and Sweden, are using the Pandemrix vaccine. In an attempt to put a lid on the simmering controversy, Chancellor Angela Merkel's spokesman, Ulrich Wilhelm, said the German leader would consult with her doctor in the next few days, and if she decided to receive a jab, it would be Pandemrix. ([See pictures of thermal scanners hunting for swine flu.](#))

At least 26,000 people have been infected with swine flu in Germany, resulting in three deaths. Although the majority of patients have experienced only mild flulike symptoms, a steady increase in the number of cases of H1N1 in recent months has raised alarm across the nation. In its latest report, the Robert Koch Institute, the federal agency for infectious diseases, said new cases in Germany have jumped to about 1,600 each week, double the 700 to 800 weekly cases reported in early autumn. With the onset of winter, when seasonal-flu infections typically peak, many experts are concerned that H1N1 infections will spike dramatically. Klaus Osterrieder, a virologist at the Free University of Berlin, now fears that with the worries over the possible risks associated with Pandemrix, many people will avoid getting a vaccine altogether. According to a survey conducted on Oct. 23 by the Emnid Institute, only 13% of Germans said they wanted to receive a swine-flu vaccine this winter. ([Read "Child-Care Centers and Parents Brace for Flu Season."](#))

"The public debate is bad because it raises questions about the whole vaccination program," Osterrieder says. If the government doesn't find some way to remedy the current public relations disaster and clear up the confusion over the different swine-flu vaccines, it could be faced with an even greater emergency, especially if the country's hospital wards start overflowing with flu patients in the coming months ([TIME, 2009](#)).

**Title:** Soldiers Nearly Killed With Military's Bioterrorism Vaccine

**Date:** November 3, 2009

**Source:** [Natural News](#)

**Abstract:** Approximately 200 soldiers have suffered from serious and even life-threatening complications from the government-mandated smallpox vaccine, and one has even died.

Starting in 2002, fears over a bioterrorist attack have led the U.S. government to require that all of its military servicepeople receive vaccination against a variety of diseases before deployment, including anthrax and smallpox. An estimated 1.7 million have been vaccinated against smallpox since then. Yet in a number of cases, the vaccine has led to severe complications such as inflammations of the brain or heart. In 2003, two expert panels concluded that Army Specialist Rachel Ray died in part due to complications from the deployment vaccines that she had been given.

"The reality is, we're never going to have zero risk on a vaccine," said Dr. Michael Kilpatrick of the Military Health System. "There's always going to be that individual that has some untoward event that would occur."

Awareness of the risks over the smallpox vaccine has prevented the government from requiring vaccination of civilians.

One potential side effect is infection with the virus used in the vaccine, a condition known as progressive vaccinia. Back when smallpox vaccination was widespread, the infection had a 15 percent fatality rate.

In a recent case, Lance Cpl. Cory Belken began to suffer from a persistent headache and unusual sleepiness one week after receiving the smallpox vaccine. He was diagnosed with acute myelogenous leukemia, which was destroying his circulatory system, and was immediately placed on chemotherapy.

The cancer treatment destroyed his immune system, leading to progressive vaccinia and no fewer than two infections with antibiotic-resistant bacteria. He broke out in a rash, had spreading vaccinia lesions all over his body, became delirious with a fever of 104.6 degrees, and began to suffer from organ failure.

Treating Belken required 30 times the dose of Vaccinia Immune Globulin that the Centers for Disease Control and Prevention has previously assumed would be needed for a single person.

Belken's family said that the leukemia would have been enough for their family to deal with, without vaccine complications on top of it.

"I think it's a big chance they're taking giving them the shots," his mother said ([Natural News, 2009](#)).

**Title:** How To Test The Anthrax Vaccine In Children

**Date:** October 27, 2011

**Source:** [ABC News](#)

**Abstract:** Later this week, a Federal advisory committee, the Health and Human Service Department's National Biodefense Science Board will recommend whether and how the anthrax vaccine should be tested in children. Why is the board, all MDs and PhDs, being consulted now?

1. Because the safe and effective vaccine that is used by the military has never been tested in children. If there were releases of anthrax, children would need protection. Quarantine or isolation might not keep them away from sources of the disease. Parents would be in the awful position of having a vaccine for themselves and nothing for their children.
2. Because the board has been told by the intelligence agencies that the threat of anthrax releases in the United States is "credible," even if not quantifiable.

The board will be making public health judgments about the risks of testing the vaccine in children. But the intelligence agencies alone will assess how likely it is that anthrax will be released in the United States. Even if the CIA or Defense Intelligence Agency provided classified information to the board's public health participants so they could understand what is new since the anthrax scare ten years ago, the latter will not be able to share that information with the public.

A vaccine trial to establish safety in young children whose immature immune system might respond differently than adults', would involve relatively few subjects, but their parents would have to "volunteer" them. On what basis would parents make that decision? Can they balance the risks and consequences of anthrax release against the risks and consequences of possible reactions to the vaccine for their children?

How can they assess the risk of releases? Parents offered a slot in the anthrax vaccine trial for their children would have to rely on the same experts who believed there were biological weapon stockpiles in Iraq. In the run-up to the invasion of Iraq, our government intelligence agencies invented a biological weapons threat, imagining Iraqi stockpiles of smallpox virus and anthrax spores; stockpiles that were never found.

Trust dissipated. And when the government launched a public health program to give smallpox vaccine to first responders and military personnel, most of them rejected it. The program floundered.

Civilian public health experts will be little help to parents. They are appropriately wary of saying "Trust me," particularly when it is unlikely that the intelligence agencies will share their information that support the claim that the threat is "credible." Surely they will not allowed to relay classified information to the public.

Can we get beyond our distrust of the intelligence community and meet the needs of public health professionals to explain their decisions to the public? Possibly not, but there may be a way around the problem, a way to find the right group of "volunteer" children.

You want to find the right children to receive experimental injections of the anthrax vaccine? How about the children of people who have the national security clearance required for the government to share with them all the evidence that adds up to a "credible threat?" With that information in hand, these parents would be able to make the choice-an informed decision for their children-that the rest of the public surely cannot ([ABC News, 2012](#)).



**Title:** Bedrock Of Vaccination Theory Crumbles As Science Reveals Antibodies Not Necessary To Fight Viruses

**Date:** March 27, 2012

**Source:** [Natural News](#)

**Abstract:** While the medical, pharmaceutical, and vaccine industries are busy pushing new vaccines for practically every condition under the sun, a new study published in the journal *Immunity* completely deconstructs the entire vaccination theory. It turns out that the body's natural immune systems, comprised of both innate and adaptive components, work together to ward off disease without the need for antibody-producing vaccines.

The theory behind vaccines is that they mimic infection by spurring B cells, one of the two major types of white blood cells in the immune system, to produce antibodies as part of the adaptive immune system. It is widely believed that these vaccine-induced antibodies, which are part of the more specific adaptive immune system, teach the immune system how to directly respond to an infection before the body becomes exposed to it.

But the new research highlights the fact that innate immunity plays a significant role in fighting infections, and is perhaps more important than adaptive immunity at preventing or fighting infections. In tests, adaptive immune system antibodies were shown unable to fight infection by themselves, which in essence debunks the theory that vaccine-induced antibodies serve any legitimate function in preventing or fighting off infection.

"Our findings contradict the current view that antibodies are absolutely required to survive infection with viruses like VSV (vesicular stomatitis virus), and establish an unexpected function for B cells as custodians of macrophages in antiviral immunity," said Dr. Uldrich H. von Andrian from *Harvard Medical School*. "It will be important to further dissect the role of antibodies and interferons in immunity against similar viruses that attack the nervous system, such as rabies, West Nile virus, and Encephalitis."

As explained by Dr. Russell Blaylock in a recent interview with Mike Adams, the Health Ranger, vaccines not only do not work as advertised, but they actually damage the body's innate immunity. Rather than teach the body how to respond to infections, vaccines actually inhibit the immune system's ability to produce TH2-type cytokines, and suppress cellular immunity, which is how the body protects itself against deadly viruses and bacteria.

So once again, the myth that vaccinations serve any sort of legitimate medical purpose has been deconstructed by breakthrough science. Regardless of whether or not the mainstream medical community wants to admit it, pro-vaccine ideology is increasingly finding itself in the dustheap of outmoded pseudoscience ([Natural News, 2012](#)).

**Title:** Real Or Fake? Pentagon Proposal To Lobotomize 'Terrorists' Using Virus

**Date:** April 2, 2012

**Source:** [Prison Planet](#)

**Abstract:** A video on You Tube appears to show a Pentagon briefing in which the idea of lobotomizing terrorists to remove their religious fanaticism using a manufactured virus containing a vaccine is seriously proposed, although debate has raged about whether the clip is authentic or not.

The footage shows a speaker giving a lecture to a handful of attendees and is accompanied by authentic-looking Department of Defense project ID numbers. According to the text on the clip, the lecture took place inside a Pentagon briefing room.

The speaker discusses how certain people are predisposed to be religious fundamentalists because they have an aggressive VMAT 2 (God) gene which causes them to act on their beliefs in fanatical ways.

After a member of the audience asks the speaker if the idea is to “by spreading this virus....eliminate individuals who are going on to a bomb fest, who are going into a market and blowing it apart,” the speaker confirms, “by vaccinating them against this, we’ll eliminate this behavior.”

The question of how to implement the vaccine is answered by the speaker when he responds to the man in the audience, who raises doubts over the feasibility of performing CT scans on suspected terrorists rather than just “putting a bullet in their head”.

“The virus would immunize against this VMAT 2 gene and that would....essentially turn a fanatic into a normal person, and we think that would have major effects in the Middle East,” states the speaker.

The audience member then asks, “How do you suggest this can be dispersed, via an aerosol?” – to which the speaker responds, “The present plan and the tests we’ve done so far have used respiratory viruses such as flu and we believe that’s a satisfactory way to get the exposure of the largest part of the population.”

The speaker confirms that the name of the proposal is “Funvax – the vaccine for religious fundamentalism.”

Debate over the video’s authenticity has raged over the course of the past year since the video was uploaded to You Tube.

[Skeptics argue](#) that the image of the brain scan used in the lecture, which according to the time stamp on the video took place in June 2005, is actually taken from a 2010 Neurology.org article on a completely different subject. The two images are also clearly the same brain, whereas the speaker in the clip claims they are from two different people.

The other point made by skeptics to illustrate that the clip is a hoax is the claim that the audio is not in time with the speakers on the video. This is a weaker argument – the audio would not be in perfect sync on a You Tube clip anyway, plus the back and forth exchanges between the two speakers allied with their hand gestures do appear to be authentic, in that the audience member is expressing genuine shock at the scope of the idea.

The only information about ‘Funvax’ comes from a single source, [a website](#) run by “supporters” of an individual named Joey Lambardi. There is no other confirmation or discussion of ‘Funvax’ from any official source or mainstream website.

Whatever the true providence of the video clip, the fact that brain eating vaccines which alter brain chemistry to perform a de facto lobotomy on the subject have been developed are now being promoted to the general public is a fact.

Back in 2010, Dr Robert Sapolsky, professor of neuroscience at Stanford University in California, [announced that he had created](#) a vaccine to impose a state of “focused calm” by altering brain chemistry.

The proposals ominously hark back to George Lucas’ 1971 dystopian chiller *THX 1138*, in which the population is controlled and subjugated through the use of special drugs to suppress emotion.

Feeling stress, getting angry, expressing emotion and displaying passion are all innate, natural and vital aspects of human behavior. Reacting with stress to dangerous or uncomfortable situations is an essential and healthy response, and is one shared by just about every living thing on the planet.

However, scientists are now telling us that getting angry, upset and passionate is abnormal and needs to be “treated” through a fresh dose of pharmaceutical drugs and injections that will virtually lobotomize us into submissive compliance.

Likewise, the notion that populations should be unwillingly vaccinated to lobotomize them of their religious beliefs is also clearly an abomination against free will and represents the ultimate tool of a scientific dictatorship ([Prison Planet, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** If and when a full-scale bio-terror attack occurs, the live pathogens or agents responsible for the pandemic will likely be dispersed via A) [chemtrails](#) by government [airplanes and/or drones](#), B) by the [U.S. Postal Service](#) via [Tide detergent samples](#), C) by the government and medical establishment via [tainted vaccines](#), or by D) the portable petri dish commonly known as the [Trojan condom](#).

A wealth of recent medical research indicates that [vaccines are no longer safe](#) and may cause serious neurological problems, seizures, autism and even death. A recent push by the medical and government establishment in America to [make vaccines mandatory](#) may go into effect after a pandemic in which [martial military law](#) will be called and personal freedoms like the right to refuse a vaccine will be denied.

**In a major bio-terror related pandemic, it will be the [tainted vaccines](#) which are ultimately responsible for killing 99% of the victims.**

**Title:** NIAID Launches Malaria Vaccine Trial In Africa

**Date:** September 11, 2003

**Source:** [Sciece Daily](#)

**Abstract:** The National Institute of Allergy and Infectious Diseases (NIAID), one of the National Institutes of Health, has reached a milestone in its efforts to support accelerated development of malaria vaccines. Working with an international group of public and private partners, NIAID has launched its first trial of a candidate malaria vaccine in a country where malaria is endemic. The Phase I trial, taking place in Mali, seeks to confirm the safety and immunogenicity in adults of a candidate vaccine called FMP-1.

A key component of the NIAID Plan for Research for Malaria Vaccine Development has been to establish, in malaria-endemic areas, research centers that can support the complex clinical development of malaria vaccines. Conducting a malaria vaccine trial in Africa is important because more than 90 percent of malaria deaths occur in Africa, and the great majority of these deaths are in young children. Each year, malaria infects an estimated 300 to 500 million people worldwide and causes more than 1 million deaths, according to the World Health Organization.

This trial, the first to be conducted by Malian researchers from the Malaria Research and Training Center in the Department of Epidemiology of Parasitic Diseases at the Medical School of the University of Bamako, is taking place in Bandiagara, Mali, with NIAID support. It reflects the result of many years of effort by a group of organizations dedicated to creating an effective malaria vaccine. In addition to NIAID and the University of Bamako, the collaborators include the University of Maryland at Baltimore; NIAID's Malaria Vaccine Development Unit; the Malian Ministries of Health and Education; the Walter Reed Army Institute of Research (WRAIR); GlaxoSmithKline Biologicals (GSK); the U.S. Agency for International Development (USAID); and the World Health Organization (WHO).

Developed by WRAIR in collaboration with GSK Biologicals, and with support from USAID, the FMP-1 vaccine has already proved safe and immunogenic in two small Phase I and Phase IIa studies in the United States and an additional Phase I study in Kenya. The vaccine contains an experimental adjuvant called AS02A developed by GSK and intended to enhance the immune response.

The trial will enroll 40 adults between the ages of 18 and 55. Half of the volunteers will receive the malaria vaccine and half will serve as a control group by receiving a licensed rabies vaccine. Each volunteer will receive three injections over two months, and the researchers will follow each volunteer for one year, monitoring the long-term safety of the vaccine and analyzing the immune responses against the *Plasmodium falciparum* malaria parasite ([Science Daily, 2003](#)).

**Title:** U.S. Disease Researchers Begin Ebola Vaccine Trial

**Date:** November 24, 2003

**Source:** [Scoop News](#)

**Abstract:** Trial begins as new disease outbreak occurs in Republic of the Congo

A trial of the first experimental vaccine to prevent infection from the deadly Ebola virus began November 18 at the National Institute for Allergies and Infectious Diseases (NIAID) in Bethesda, Maryland.

The vaccine contains no infectious material from the Ebola virus, but was synthesized using modified, inactivated genes from the pathogen. According to a NIAID press release, 27 volunteers will be participating in the one-year trial in which researchers will seek to ascertain the safety of the vaccine.

The vaccine trial begins as the World Health Organization reported the occurrence of 11 cases of Ebola appearing in the Republic of the Congo November 17. Previous outbreaks in Africa have killed up to 90 percent of those infected. Considered one of the most deadly diseases known to medical science, Ebola's symptoms are a sudden onset of fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, limited kidney and liver functions, and both internal and external bleeding.

"An effective Ebola vaccine not only would provide a life-saving advance in countries where the disease occurs naturally, it also would provide a medical tool to discourage the use of Ebola virus as an agent of bioterrorism," said NIAID Director Anthony S. Fauci, M.D.

**Following is the text of the NIAID press release:**

(begin text)

National Institute of Allergy and Infectious Diseases  
National Institutes of Health

Nov. 18, 2003

#### NIAID EBOLA VACCINE ENTERS HUMAN TRIAL

The first human trial of a vaccine designed to prevent Ebola infection opened today. Scientists from the Vaccine Research Center (VRC) at the National Institute of Allergy and Infectious Diseases (NIAID), one of the National Institutes of Health (NIH), designed the vaccine, which was administered to a volunteer at the NIH Clinical Center in Bethesda. The vaccine does not contain any infectious material from the Ebola virus.

Just three years ago, VRC Director Gary Nabel, M.D., Ph.D., together with a team of scientists from the VRC and the Centers for Disease Control and Prevention, described an experimental Ebola vaccine that fully protected monkeys from lethal infection by the virus. One component of that vaccine will now be assessed for safety in human volunteers. The trial vaccine, a type called a DNA vaccine, is similar to other investigational vaccines that hold promise for controlling such diseases as AIDS, influenza, malaria and hepatitis.

"This trial is further evidence of the ability of the VRC to rapidly translate basic research into tangible products," notes NIAID Director Anthony S. Fauci, M.D. "Our accelerated effort to understand and combat Ebola infection is part of the NIAID commitment to its biodefense mission. An effective Ebola vaccine not only would provide a life-saving advance in countries where the disease occurs naturally, it also would provide a medical tool to discourage the use of Ebola virus as an agent of bioterrorism."

Outbreaks of Ebola in Africa kill up to 90 percent of those infected. No effective treatment exists for this highly infectious disease, which causes extensive internal bleeding and rapid death. According to experts, vaccination is the best strategy for preventing or containing this deadly infection.

A gap of two decades separated the first Ebola epidemic of 1976 and the next, which arose in 1995. In recent years, for reasons unknown, outbreaks of Ebola are occurring with increasing frequency.

On November 17, 2003, the World Health Organization reported 11 cases of Ebola hemorrhagic fever in the Republic of the Congo. Dr. Nabel notes, "The current Ebola outbreak in the Congo provides a stark reminder of the need to rapidly develop vaccines against such perilous infections. A few years ago, we did not imagine that our vaccine would enter human trials so quickly, but the re-emergence of such viruses makes it all the more important to respond quickly. Individuals who volunteer for these vaccine trials can help us understand if our new vaccines ultimately will be effective."

Twenty-seven volunteers between the ages of 18 and 44 will participate in the study. Six people will receive a placebo injection and 21 will receive the investigational vaccine, manufactured by Vical Inc., a San Diego biotechnology company working in collaboration with the VRC. Vical has also secured a nonexclusive license from NIH to proprietary gene sequences used in the DNA Ebola vaccine. In the new trial, volunteers will receive three injections over two months and will be followed for one year. Volunteers will not be exposed to Ebola virus. Individuals interested in enrolling in the trial may visit <http://www.clinicaltrials.gov> or call the VRC toll-free at 1-866-833-LIFE (5433).

The candidate vaccine is synthesized using modified, inactivated genes from Ebola virus. This gives the immune system information about viral structures so that it can mount a rapid defense should the real virus ever be encountered. There is no infectious material in the vaccine, and the virus was not present during any stage of the manufacturing process, notes Barney Graham, M.D., Ph.D., director of the clinical trials unit of the VRC. "It is impossible for the vaccine to cause infection," he adds, "because it employs new technology known to safely stimulate broad immune responses."

Besides assessing the vaccine's safety, researchers will also examine the volunteers' blood to look for signs of immune system reaction to the vaccine. Ultimately, the scientists envision this vaccine as the first in a two-stage vaccination strategy called prime-boost: after "priming" with the DNA vaccine, the immune system response is "boosted," or augmented, by a second inoculation with modified, non-disease-causing cold viruses that make selected Ebola proteins. The booster essentially sets the immune system on alert against future infection by Ebola virus.

In August, Dr. Nabel and his colleagues reported using the booster shot to quickly and completely protect monkeys against Ebola. A fast-acting vaccine would be of great use during an outbreak of Ebola. The full prime-boost strategy, which uses the DNA vaccine being tested in this study, elicits a stronger immune response and is important to pursue for individuals at high risk, such as health care workers. Dr. Nabel says that expanded human trials of Ebola vaccines using the prime-boost strategy could begin by 2005.

NIAID is a component of the National Institutes of Health (NIH), which is an agency of the Department of Health and Human Services. NIAID supports basic and applied research to prevent, diagnose and treat infectious and immune-mediated illnesses, including HIV/AIDS and other sexually transmitted diseases, illness from potential agents of bioterrorism, tuberculosis, malaria, autoimmune disorders, asthma and allergies ([Scoop News, 2003](#)).

**Title:** Vaccine Candidate Against Lassa Fever 'Shows Promise'

**Date:** June 18, 2005

**Source:** [SciDev](#)

**Abstract:** Researchers have developed a new candidate vaccine against Lassa fever, a disease related to Ebola and Marburg, which infects 200,000 people in West Africa each year.

There is currently no vaccine against the disease.

Previous promising candidates were shown to be unsuitable for use in areas where HIV/AIDS is common, as they could cause serious skin lesions.

Thomas Geisberg, of the US Army Medical Research Institute of Infectious Diseases, and his colleagues describe the potential new vaccine this week in *PLoS Medicine*.

To make their vaccine, the researchers used a virus that causes a skin disease in cattle. They weakened this virus so that it would not cause the disease, then altered it to produce a Lassa virus protein.

In this way, the team was able to create a harmless virus that would still expose those who received it to a key component of the Lassa virus, allowing recipients' immune systems to develop protection against it.

The researchers gave the test vaccine to four macaque monkeys, then exposed them to live Lassa virus.

Although the monkeys initially showed signs of the virus replicating in their blood, they were entirely protected within ten days of being exposed to it.

Two 'control' monkeys were given the weakened cattle virus without any Lassa virus protein, then exposed to Lassa virus. Blood tests showed that Lassa virus continued to replicate in these monkeys.

Although it is early days, the results are significant because of the lack, until recently, of funds for research into Lassa fever.

The disease occurs mostly in West Africa — in Guinea, Liberia, Nigeria, and Sierra Leone — where it is thought to infect more than 200,000 people each year, many more than other related viruses, including Ebola and Marburg, do.

But recently the virus has been imported to the United States and Europe. This, combined with concerns about bioterrorism, has brought new funds to research into the disease.

The virus causes no or mild symptoms in 80 per cent of infected patients, but 20 per cent get very ill and one to two per cent die from it.

Pregnant women are particularly at risk. Nearly all children die in the womb if their mother becomes infected ([SciDev, 2005](#)).

**Title:** Experimental Vaccine Protects Nonhuman Primates When Given After Exposure To Marburg Virus

**Date:** April 27, 2006

**Source:** [Science Daily](#)

**Abstract:** A team of U.S. and Canadian scientists has demonstrated the effectiveness of a vaccine in preventing the development of hemorrhagic fever in an animal model after exposure to the deadly Marburg virus. Their findings, published in the April 27 online edition of the British medical journal *The Lancet*, could have implications for human use.



Marburg virus was first detected in 1967 and was the cause of a large outbreak in Angola in 2004-2005 that resulted in several hundred deaths with case fatality rates of about 90 percent. Like the Ebola virus, Marburg is a filovirus that causes internal bleeding at multiple sites with patients usually dying as a result of multiple organ failure. Both viruses are considered to be potential agents of bioterrorism. Currently, no effective vaccines or drugs against Marburg virus exist, and treatment of the disease is limited to supportive care.

Investigators from the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) and the National Microbiology Laboratory at the Public Health Agency of Canada (PHAC) created the vaccine against Marburg virus by replacing a gene from a harmless virus--known as vesicular stomatitis virus, or VSV--with a gene encoding a Marburg virus surface protein.

The team infected five rhesus monkeys with the Marburg virus and then injected them with the vaccine (known as recombinant VSV, or rVSV) 20 to 30 minutes later.

Another three monkeys infected with Marburg virus acted as controls and received a vaccine without the Marburg protein.

All of the monkeys treated with rVSV following exposure to the Marburg virus survived for at least 80 days, while the controls succumbed to the disease by day 12.

In a study published in June 2005, the research team reported that the rVSV vaccine could prevent Marburg hemorrhagic fever from developing when administered before infection. The new results suggest that the vaccine could also be an effective post-exposure treatment for the disease.

"These results are very encouraging, as this is the first demonstration of complete post-exposure protection of nonhuman primates against a filovirus," said Thomas W. Geisbert, one of the USAMRIID investigators.

Colonel George W. Korch, Jr., commander of the Institute, added, "This outstanding collaboration has been instrumental in producing novel breakthroughs, such as this, for discovery of medical approaches for difficult public health and biodefense problems."

PHAC's National Microbiology Laboratory is Canada's only Containment Level 4 laboratory, where pathogens such as Ebola and Marburg can be worked with safely. The Winnipeg-based laboratory has been at the forefront of research into SARS, West Nile virus, anthrax and other dangerous pathogens.

USAMRIID, located at Fort Detrick, Maryland, is the lead medical research laboratory for the U.S. Biological Defense Research Program, and plays a key role in national defense and in infectious disease research. The Institute's mission is to conduct basic and applied research on biological threats resulting in medical solutions (such as vaccines, drugs and diagnostics) to protect the warfighter. USAMRIID is a subordinate laboratory of the U.S. Army Medical Research and Materiel Command ([Science Daily, 2006](#)).

**Title:** Homeless People Die After Bird Flu Vaccine Trial In Poland

**Date:** July 2, 2008

**Source:** [Telegraph](#)

**Abstract:** Three Polish doctors and six nurses are facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

The medical staff, from the northern town of Grudziadz, are being investigated over medical trials on as many as 350 homeless and poor people last year, which prosecutors say involved an untried vaccine to the highly-contagious virus.

Authorities claim that the alleged victims received £1-2 to be tested with what they thought was a conventional flu vaccine but, according to investigators, was actually an anti bird-flu drug.

The director of a Grudziadz homeless centre, Mieczyslaw Wacławski, told a Polish newspaper that last year, 21 people from his centre died, a figure well above the average of about eight.

Although authorities have yet to prove a direct link between the deaths and the activities of the medical staff, Poland's health minister, Ewa Kopacz, has said that the doctors and nurses involved should not return to their profession.

"It is in the interests of all doctors that those who are responsible for this are punished," the minister added.

Investigators are also probing the possibility that the medical staff may have also have deceived the pharmaceutical companies that commissioned the trials.

The suspects said that the all those involved knew that the trial involved an anti-H5N1 drug and willingly participated.

The news of the investigation will come as another blow to the reputation of Poland's beleaguered and poverty-stricken national health service. In 2002, a number of ambulance medics were found guilty of killing their patients for commissions from funeral companies ([Telegraph, 2008](#)).

**Title:** Uganda To Conduct Marburg Vaccine Trials

**Date:** October 8, 2009

**Source:** [All Africa](#)

**Abstract:** UGANDA could hold the key to the Ebola and Marburg vaccines as the country has been selected for a high profile second stage safety trial in humans.

Dr. Hannah Kibuuka, the director clinical programmes at the Makerere University Walter Reed project, who is conducting the experiments, said the trial comes after a smaller one in the US ([All Africa, 2009](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIO****TERROR****BIBLE.COM:** The following videos deal specifically with the topics of bio-terror and pandemics.

**Title:** Dark Winter Pretext For TOPOFF

**Date:** June 22, 2001

**Source:** [YouTube](#)

**Title:** Still Not Ready: US Unprepared For Bioterrorism Or Pandemic

**Date:** December 14, 2006

**Source:** [Center For American Progress Policy](#)

**Title:** The Threat Of Bioterrorism: Private Sector Coordination

**Date:** November 9, 2007

**Source:** [SIPA](#)

**Title:** Ivins E-mailed Himself About Anthrax Killer

**Date:** September 25, 2008

**Source:** [AP](#)

**Title:** 167th Participates In Bioterror Drill

**Date:** January 23, 2009

**Source:** [Herald Mail](#)

**Title:** List Of Dead Bio Weapons Scientists

**Date:** August 23, 2009

**Source:** [YouTube](#)

**Title:** Another Dead Microbiologist - The Coming Plague

**Date:** September 23, 2009

**Source:** [ABC 7 News](#)

**Title:** H1N1 Martial Law?

**Date:** September 25, 2009

**Source:** [Fox News](#)

**Title:** Report: 'F' for Administration's WMD Readiness

**Date:** January 16, 2010

**Source:** [PBS](#)

**Title:** Chicago Area Tests Emergency Response

**Date:** June 17, 2010

**Source:** [Daily Herald](#)

**Title:** U.S. Officials Warn Bioterror Attack A Major Concern

**Date:** September 7, 2011

**Source:** [CNN](#)

**Title:** Government Admits Secretly Spraying Poison On Us!!!

**Date:** December 10, 2011

**Source:** [News 12](#)

**Title:** No More Bullshit: James Cameron Runs From Threat Of Bio Attack, Economic Collapse

**Date:** February 1, 2012

**Source:** [Infowars](#)

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** To date, there have been 5 published bio-terror war-games that shed light on possible future bio-terror attack scenarios. Based on these elaborate war-games, it can only be concluded that a bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and military control of society.

**Title:** Doctors Play Out Bioterrorism Scenario

**Date:** February 21, 1999

**Source:** [SFSU](#)

**Abstract:** Terrorists contaminate an auditorium with silent, odorless smallpox just before a political rally. Soon, emergency rooms see mysterious illnesses. By the time doctors diagnose smallpox, coughing patients are spreading the lethal virus around the globe.

This time it was a test-run.

Doctors, hospital workers and U.S. health leaders used that fictional scenario, set in Baltimore, to test how they would control disease if bioterrorists ever attack - debating step by step how to quarantine, shut down airports, control panic when vaccine runs out.

How did the trial run go?

"We blew it," said a grim Michael Ascher, California's viral disease chief. If an attack really had happened, it would have taken just three months for 15,000 Americans to catch smallpox, 4,500 to die and 14 countries to be re-infected with a disease thought wiped out decades ago.

"We would be irresponsible if we left this room and didn't remedy this," said Jerome Hauer, New York City's emergency management director.

How can doctors prepare? The test-run offers clues.

### The Fictional Scenario Begins:

**April 1.** The FBI gets a tip terrorists might release smallpox during the vice president's speech at a Baltimore college. The tip is too vague to warn health officials. Smallpox incubates for two weeks so no one has yet become sick.

**April 12.** A college student and electrician come to the emergency room with fever and other flu-like symptoms. Doctors suspect mild illness, maybe flu, and send them home.

**April 13, 10 a.m.** Both patients are back, sicker and covered in a rash. Doctors now suspect adult chickenpox. The two are hospitalized. 6 p.m. An infectious disease specialist is puzzled. That rash doesn't really look like chickenpox, and it's popping up in places chickenpox normally doesn't afflict, like the soles of the feet. More testing suggests it might be smallpox.

**8 p.m.** Because smallpox is spread through the air, officials seal the hospital, telling visitors and staff they can't leave but not why. Frightened hospital visitors alert TV news crews, who report rumors of the dreaded Ebola virus.

**3 a.m.** The Centers for Disease Control and Prevention confirms it's smallpox, and ships some of the nation's 6 million doses of smallpox vaccine to Baltimore. The mayor will announce the bad news at noon.

Is this scenario realistic? It's optimistic, said Gregory Moran of the University of California, Los Angeles. A typical hospital would take at least another full day to even suspect smallpox. Labs would test for other diseases first, and many don't have the equipment to hazard a smallpox guess.

"Half of the health care workers would try to leave the hospital out of panic," added Minnesota state epidemiologist Michael Osterholm.

Who's in charge? The governor should go on TV and tell the public the truth fast - what are the symptoms, who's at risk, how are doctors fighting back - to limit panic, advised former Minnesota Gov. Arne Carlson.

**But a smallpox outbreak can only be terrorism, so watch Washington seize control**, others say. After all, the FBI has to hunt the terrorists.

Sealing the hospital actually fuels fear, Osterholm contends. Getting vaccinated a few days after breathing smallpox is soon enough to stay healthy and not spread infection, so let visitors and staff go home until the vaccine arrives.

No, get everybody vaccinated: "That's total damage control," Ascher argued.

Could anyone quarantine the city? If this happened in Minnesota, thousands would flee to Canada, Carlson said, but the governor couldn't seal the state's borders. Canada might.

The scenario continues:

**April 16, 7 a.m.** FBI, CDC, White House and hospital workers are debating via conference call. Do they vaccinate everyone? No, just people who came into contact with sick patients.

Hospitals report other cases of mysterious fevers and rashes. By day's end, CDC counts 48 smallpox cases - 10 in nearby states, so it's spreading.

Noon. The president addresses the nation, saying the attack may have occurred April 1. It's too late for vaccine to help anyone exposed that day.

**No wonder the fictional epidemic is spreading - notice that nobody closed the airport.** John Bartlett of Johns Hopkins University can't believe that other cities would accept travelers from a region experiencing smallpox.

You're seriously underestimating public panic, Osterholm adds. He recalled watching a simple, tiny meningitis outbreak paralyze a Minnesota town, as traffic snarled while people demanded vaccine.

"Doctors need to know what to do," added Moran: Hospitalize everyone with mild fevers, or send them home?

Hospitalization would require rooms with special ventilation systems to keep the virus from spreading through the building. Such rooms are rare, 450 in all of Minnesota, for example.

### **Back to the pretend scenario:**

**April 18.** The first victim, the college student, dies.

**April 29.** Two hundred are ill in eight states. Canada discovers two victims, Britain another. People with mild fevers jam hospitals. Doctors tell them to stay home so they don't breathe on others - there are no hospital beds left.

Unvaccinated health workers walk off the job. CDC announces there's not enough vaccine for the millions demanding it. Governors ration the shots. **Public anger is fueled at press reports that the president, Congress and military were quietly vaccinated.**

**April 30.** A well-known college basketball player dies of hemorrhagic smallpox, massive bleeding instead of the more typical rash. TV stations get confused and report he died of hemorrhagic fever like Ebola. Doctors scramble for a correction.

This daylong role-playing is doctors' first chance to learn how complex fighting bioterrorism could be, said Hopkins' Tara O'Toole, who wrote the test case. Cities and states are used to dealing with earthquakes or plane crashes, but a spreading infection is totally different.

Who's in charge? How do you physically vaccinate 100,000 people in a day? How do you ration scarce vaccine so only the at-risk get it, not the hysterical healthy or the pushy politicians?

"If there's even a possibility this could happen, health departments have to prepare. ... But they've never looked at the big picture," O'Toole said. "You're hearing everybody confess they need to do a lot."

In the fictional scenario, a month has passed:

May 15. All U.S. vaccine is gone. The president declares the worst-hit states are disaster areas. Thousands more become sick before the epidemic finally slows in June.

The real-life doctors absorb the grim ending with brief silence. Then come calls for state health workers to plan how they would better fight bioterrorism in case it really happened.

"I don't want the audience walking away thinking, 'Damn, there's nothing we can do,'" Osterholm said. "If this meeting does nothing else, it should ensure we get an adequate supply of smallpox vaccine (stored) as soon as possible." ([SFSU, 1999](#)).



# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** To date, there have been 5 published bio-terror war-games that shed light on possible future bio-terror attack scenarios. Based on these elaborate war-games, it can only be concluded that a bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and military control of society.

**Title:** Dark Winter Pretext for TOPOFF/CCMRP/CDRNE Martial Law Drills

**Date:** June 22-23, 2001

**Source:** [Prison Planet](#)

**Abstract:** This exercise was made possible by grant funding from The McCormick Tribune Foundation and The Oklahoma City National Memorial Institute for the Prevention of Terrorism.

On 22-23 June, 2001, the Center for Strategic and International Studies, the Johns Hopkins Center for Civilian Biodefense Studies, the ANSER Institute for Homeland Security, and the Oklahoma City National Memorial Institute for the Prevention of Terrorism, hosted a senior-level war game examining the national security, intergovernmental, and information challenges of a biological attack on the American homeland. With tensions rising in the Taiwan Straits, and a major crisis developing in Southwest Asia, a smallpox outbreak was confirmed by the CDC in Oklahoma City.

During the thirteen days of the game, the disease spread to 25 states and 15 other countries. Fourteen participants and 60 observers witnessed terrorism/warfare in slow motion. Discussions, debates (some rather heated) and decisions focused on the public health response, lack of an adequate supply of smallpox vaccine, roles and missions of federal and state governments, civil liberties associated with quarantine and isolation, the role of DoD, and potential military responses to the anonymous attack.

Additionally, a predictable 24/7 news cycle quickly developed that focused the nation and the world on the attack and response. Five representatives from the national press corps (including print and broadcast) participated in the game, including a lengthy press conference with the President. Several articles and reports will be produced in the coming weeks and months.

Additionally, at least one Congressional hearing will be conducted to explore the lessons learned by the key participants. The first hearing is scheduled for the week of 22 July with the Subcommittee on National Security, Veterans Affairs and International Relations (Congressman Shays, Chairman) ([Prison Planet, 2001](#)).

**Title:** Final Script: Dark Winter Exercise: Bioterrorism Exercise Andrews Air Force Base June 22-23, 2001

**Date:** June 22-23, 2001

**Source:** [UPMC](#) (PDF Below)

**Abstract:**

### EXPLANATORY NOTE TO THE EXERCISE SCRIPT

In their roles as National Security Council (NSC) members responding to the smallpox crisis, exercise

participants were given information about unfolding events in four important ways: briefings, memos, newspaper summaries, and video news clips.

1. Each of the three segments began with briefings delivered to the NSC meeting by exercise controllers playing the roles of deputies or special assistants. Subsequent briefings in each segment provided NSC “players” with possible policy options for consideration.
2. Throughout the exercise, individual participants were given memos on issues or events within the purview of their position or agency. Participants responded to events in whatever way they felt appropriate.
3. The exercise began with a briefing on the geopolitical context in which the scenario occurs. At the start of segments 2 and 3, summaries of relevant news coverage of the epidemic were shown.
4. At five different times in the exercise, video news clips were shown which conveyed the breaking news stories occurring at that time in the scenario. The text of the news clips is not shown in this exercise script.

This script includes only information that was delivered to the participants. The comments and decisions made by participants during the exercise are not part of this exercise script. They will be summarized in separate reports.

### **SEGMENT 1—December 9, 2002: NATIONAL SECURITY COUNCIL MEETING: MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR, 7:00 PM**

**The Deputies Committee recommends focusing meeting and decision-making on following issues:**

1. What policies and priorities should govern smallpox vaccine distribution?
2. Should plans for military deployment to SW Asia proceed?
3. What should we tell our allies about the source and scope of the outbreak, risk of spread abroad, implications for military coalition in the Gulf?
4. What should the American people be told?

### **VIDEO NEWSCLIP 1: PRESIDENT NUNN'S OPENING REMARKS**

1. The original agenda of this National Security Council (NSC) meeting was to focus on the developing crisis in Southwest Asia. However, the Secretary of Health and Human Services called one hour ago to report that the Centers for Disease Control (CDC) has confirmed that at least one case of smallpox – and maybe as many as 20 – have occurred among civilians in Oklahoma City.
2. This is an extremely serious situation. Smallpox no longer exists in nature. Presumably, this disease has been deliberately introduced and these cases are the result of a bioterrorist attack on the United States. We have received no notifications from other countries or groups claiming credit, and at present the FBI has no information regarding who might have mounted this attack or how they accomplished it.
3. A large proportion of the world population is now susceptible to smallpox. If this situation is not handled correctly we could be facing the beginning of a nation-wide or global epidemic. No doubt, the prospect of contracting this dreaded, lethal, highly contagious disease will cause great concern among US citizens and the world community. The outbreak may also have significant economic impacts.
4. It is reasonable to assume that this attack is related to decisions we may make to deploy troops to the Mid-East; maybe it's meant to distract US leadership or to intimidate the civilian population. On the other hand, there may be no direct linkage to events in the Gulf. The FBI and CIA are working on these matters, but we have few facts right now.

5. As it happens, Oklahoma's Governor Keating is in town today and has joined us for this meeting, although he is understandably anxious to get home. We will first hear from Gov. Keating. Then we will have briefings on what we might expect in a smallpox outbreak, and more on what is happening on the ground in Oklahoma and elsewhere.

6. Finally, I would like to hear your thoughts on what our priorities and actions ought to be.

## **GOVERNOR'S REMARKS**

### **Frank Keating, Governor of Oklahoma**

1. It appears my state has been attacked with a smallpox weapon. We are not sure yet how many people are affected. Media have been barraging our public affairs office for comment since CDC confirmed the diagnosis an hour ago.

2. We understand that the emergency rooms in Oklahoma City are extremely crowded - our state health department is having difficulty getting information directly from hospital management because many phone lines have gone down, apparently from overuse. The city is calm, although we have heard from CNN that many hospital staff have failed to show up for work since the first suspicions of smallpox were reported yesterday evening.

3. Local news media are broadcasting nothing but news and comments on the smallpox story. Hospitals in Oklahoma City have already activated their disaster plans to cope with the security issues raised by the increased patient demand on emergency rooms and the presence of so many journalists. I have been in close contact with the Oklahoma Adjutant General in the last few hours, who has been making preparations should the Oklahoma National Guard be needed during this situation.

4. My Commissioner of Health advises me that at the minimum we need to begin rapid vaccination program of all persons that have come into contact with the identified smallpox patients as well as health care workers in Oklahoma City.

5. I understand CDC has released vaccine, but it's unclear how much we'll get. I would like to tell people when I go before the cameras in a few hours that each and every one of the 3.5 million citizens of Oklahoma will receive the smallpox vaccine in the next 72 hours. I think it's important we reassure people that the government is going to take care of them.

6. Based on advice from the OK Commissioner of Health and The OK Adjutant General, I am declaring a State of Emergency and requesting that, you Mr. President, invoke the Stafford Act. The nature of the crisis will require it.

7. I have just declared a state of emergency to mobilize state response. The nature of this disease should be of immediate national concern. Therefore, I am requesting that you, Mr. President, declare a state of emergency in the State of Oklahoma.

## **FBI REMARKS**

### **Barbara Martinez Chief, WMD Operations Unit, FBI**

1. The FBI is the Lead Federal Agency to respond to the Crisis Management phase of bioterrorism or other forms of WMD Terrorism. Our primary role is to provide attribution for the crime, prosecution of the perpetrators. FEMA and HHS will lead consequence management efforts and have already initiated this response.

2. The FBI's Federal On-Scene Commander is on the ground in Oklahoma. We will have 200 FBI agents on the ground in Oklahoma within 24 hours. We are coordinating with CIA, NSA on possible perpetrators. We are pursuing investigation into the sources of the outbreak in cooperation with CDC and local public

health agencies. We have no credible leads at this moment.

3. The Domestic Emergency Support Team will be vaccinated within next few hrs and will be on the ground in Oklahoma and elsewhere as needed.

4. We are also now establishing a Joint Operations Center in Oklahoma and will be coordinating information dissemination through a Joint Information Center.

## **MEMO GIVEN TO DCI, FBI DIRECTOR**

### **Several States, Groups Could Have Capability to Build Smallpox Weapon**

1. Parties with capability to mount smallpox attacks include: Russia, Iraq, China, possibly N. Korea, Iran, though certainly other nations with industrial biotech base would have capability. Less likely are autonomous groups – specifically Bin Laden. We cannot rule out the possibility that the smallpox virus was transferred to unidentified groups or nations via criminal activities or illicit arms trade.

2. For several years the intelligence community has attempted to track former Soviet scientists who played key roles in the Soviet BW program. Particular attention has been paid to those who worked in the smallpox weapons program. We know that several of these individuals are currently in Iran, Iraq, Israel, UK, US and possibly N Korea. The bottom line, however, is that any well-funded terrorist organization that had access to these one or more of these scientists and cultures of smallpox virus would have the capability to launch this attack.

### **Former Bioweapon Smallpox Expert said to be in Iraq**

1. Six months ago, a Russian biologist who had immigrated to Canada was interviewed by Canadian security officials as part of a government employment background check. During interview, the scientist mentioned that he had worked at Novosibirsk in 1990. His work was focused on mousepox, but he had become acquainted with several scientists that were involved with “serious, classified research” on smallpox.

2. The scientist described the difficult times that followed the break-up of the Soviet Union and the impact on scientific cadre. He had eventually received permission to go to Israel and later moved to Canada. Some of his fellow scientists were not so lucky (especially those working on “classified” projects). However, one of the leading smallpox scientists that he knew had received an offer on employment from Iraq and the Russian government allowed him to accept the offer.

3. Unrelated repeated rumors that Soviet smallpox cultures were received by Iraq, Iran, North Korea.

### **HUMINT and UNSCOM data indicate Iraq BW program worked with camelpox**

1. Iraq known to have experimented with camelpox. Thought by some to have considered this a surrogate for smallpox investigations and smallpox weapons development.

## **MEMO TO SECRETARY OF STATE**

### **Best Available Estimates**

1. Listed below are mix of 1994 and 1998 data – believed to be current upper limits for each of the countries since no new vaccine is being produced.

2. Concerns exist regarding potency and safety of the vaccine from each country produced, tested, stored outside US. Non-US vaccine may be ineffective, may increase rate of side effects.

3. No sharing agreements exist between US and other countries for smallpox vaccine

No reports available from former States of the Soviet Union, Poland, Czech Republic or Taiwan—of these, only Russia is likely to have any large supply.

## **PRC Holding US Responsible**

1. PRC has announced it is holding US responsible for the re-introduction of smallpox. It has raised the question of lab accident being responsible, given cases appearing in Georgia. Blames US for its decision to continue working on smallpox virus despite near unanimous consent by world community to destroy remaining virus stores.

## **MEMO GIVEN TO PRESIDENT AND NATIONAL SECURITY ADVISOR 9:30**

1. "White House and multiple government agencies, including HHS, DOD and the FBI are receiving a very high volume of inquiries regarding the alleged smallpox attack in Oklahoma. A majority of media sources are reporting that the disease is fatal in 30% of cases, is highly contagious, and there is no effective treatment. News organizations have also determined the US has a limited supply of vaccine available to the nation and are making inquiries as to vaccine distribution.

2. The White House has in the past hour received requests from the primary news networks and newspapers for a statement from the President on the crisis.

3. We have a 30 minute video clip you need to see urgently.

## **SEGMENT 2—December 15, 2002: NATIONAL SECURITY COUNCIL MEETING**

Randy Larsen, Deputy National Security Advisor reviews headlines: "It's now December 15, 6 days after last night's segment. We're going to show footage from this morning's NCN broadcast and quickly review the major media stories.

## **US Smallpox Cases Mount; Congress Demanding Retribution**

1. As many as 300 are now dead. Members of Congress from both parties, responding to increasing rage and fear among their constituents, are demanding swift action against perpetrators of the bioterrorist attack.

2. Senior government officials report a number of leads. FBI is working closely with national security agencies and federal and state public health officials to solve the crime.

## **Hospitals Overwhelmed; Care Suffering**

1. As tens of thousands of ill or anxious persons seek care around country, hospitals in most highly affected states face desperate situations. Doctors, nurses are scared and exhausted. Many hospital employees are not showing up for work for fear of contagion. Employees who do report for work must struggle to get through the crowds.

2. Most hospitals report grossly inadequate supplies and insufficient isolation rooms to care for patients with smallpox. Some hospitals in Pennsylvania reportedly face imminent bankruptcy and possible closure as the need to care for floods of anxious patients interrupts normal revenue streams.

## **Mothers Plead for Vaccine as Supply Dwindles**

1. As the smallpox death toll continues to rise, pictures of children sick and dying from smallpox have been widely televised on local and national news around the nation. Television footage of a tearful mother holding her toddler, pleading for vaccine and being pushed back by police in riot gear is being aired repeatedly.

### **Violence Breaks Out at PA Vaccination Sites**

1. Vaccination distribution efforts are chaotic and have caused violence in some areas. With vaccine in short supply, increasingly anxious crowds mob vaccination clinics. Riots around a vaccination site in Philadelphia left two dead. At another vaccination site, angry citizens overwhelmed vaccinators. Police and the National Guard was called in to suppress violence.

### **Borders Closed to US Trade, Travelers**

1. Many countries have closed their borders to persons traveling from the US unless they can show proof of recent smallpox vaccination. The possible economic impact of lost international trade may reach billions of dollars.

2. Canada and Mexico are requesting that the US share the smallpox vaccine stockpile.

### **Government Response Criticized**

1. Criticism of the federal government's failure to have sufficient smallpox vaccine on hand to immunize the entire US population has been pervasive, bipartisan and vociferous. The single pharmaceutical company capable of producing smallpox vaccine has reported that at most it can produce 4 million doses per month, even if all FDA regulations are waived.

### **Governor Considers Closing Stores to Halt Disease Spread; Merchants Anxious about Holiday Sales**

1. Four days ago, using his emergency powers, Governor Keating closed all schools, colleges, and universities and cancelled sporting events and other public gatherings.

2. The Governor's office is reportedly now weighing a decision to close stores. Merchants throughout the state have petitioned the Governor's office to keep shops open, citing the importance of holiday season for business. Already shoppers are sparse, with many avoiding places where there are crowds. Malls across the country are nearly deserted.

### **Food Shortages in Some Cities; Many Restaurants Close**

1. Due to slow downs in transportation and reluctance of drivers to make deliveries to areas with smallpox cases, some cities are beginning to experience shortages of milk, bread and other staples. Panic buying has begun to occur in parts of Philadelphia.

### **DOD Reluctant to Release Assets for Civilian Use**

1. Pentagon spokesman cites readiness requirements as explanation for the Defense Department's reluctance to augment civilian health care system with supplies and personnel. As potential for conflict grows in Mideast, defense experts contend that the military must maintain all strategic options.

### **National Guard Invaluable in Crisis; Special Teams of Little Use**

1. The National Guard has performed critical services in all states affected by the smallpox crisis. From establishing communication links between hospitals and public health agencies, to delivering vaccines, to providing security at emergency rooms overrun by anxious patients, the Guard has played many vital roles. But the specially trained teams designed to respond to chem. and bio attacks have found little call for their expertise.

## **MEMO DELIVERED TO ATTORNEY GENERAL**

### **Emergency Legal Authorities**

**Federal Role in Disaster Relief:** The Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5121 et seq., called the “Stafford Act”)

1. If the State requests Federal assistance, the President may declare a national emergency for mobilization of Federal resources in support of State efforts.
2. Aid (e.g., vaccines) may not be distributed in a discriminatory manner.

**Use of Federal Troops for Law Enforcement Purposes:** The Posse Comitatus Act (18 U.S.C. § 1385)

1. Army and Air Force may not be used for law enforcement. DOD policy extends the prohibition to Navy and Marines.
2. National Guard in State-status are not covered by the Posse Comitatus Act.
3. Federal troops (incl. Federalized National Guard) may be used for law enforcement if the President invokes the Insurrection Act to quell civil disturbances.
4. Other exception includes preventing the loss of life or property during serious disturbances or calamities, and protecting Federal property and governmental functions.

**Reserve Mobilization:** (10 U.S.C. § 12304(b))

1. The President may order reserve units to active duty in response to a WMD incident.

**Civil Liberties:** (42 U.S.C. § 264, called the “Federal Quarantine Law”)

1. Public health law is primarily a State concern.
2. Judicial decisions indicate that forcible inoculation and quarantine of infected patients may be constitutional.
3. SecHHS has the authority to issue regulations that authorize Federal agencies to respond to the spread of a communicable disease across State lines, likely including quarantine of patients, forcible blood draws and inoculations, disposal of bodies in ways contrary to personal beliefs, and related restrictions on liberty.
4. SecHHS has not promulgated any regulations under this authority.
5. DirCDC may take measures, likely including the list set forth above, to prevent the spread of a communicable disease upon determining that a State is not acting sufficiently to prevent the spread of that disease (42 C.F.R. § 70.2).
6. A person who has a communicable disease “in the communicable period” shall not travel from one State or possession to another without a permit from the health officer of the State if such a permit is required under the law of the destination State (42 C.F.R. § 70.3).

**Quelling Civil Disturbances:** The Insurrection Act (10 U.S.C. § 331 et seq.)

1. State and local governments have primary responsibility for quelling rebellions (32 C.F.R. § 215.4(a)).
2. The President may use the military (including the Federalized National Guard) to quell (1) civil



disturbances in a State (upon the Governor's request), (2) rebellion that make it difficult to enforce Federal law, or (3) any insurrection that impedes a State's ability to protect citizens' constitutional rights and that State is unable or unwilling to protect these rights.

3. Before committing U.S. troops, the President must issue a proclamation for rebellious citizens to disperse, cease, and desist.

4. Some government attorneys believe that the Insurrection Act is subject to a very liberal interpretation.

### **Martial Rule**

1. The Constitution charges the President to "take Care that the Laws be faithfully executed" and the Congress to "call[ ] forth the Militia to execute the Laws of the Union."

2. 32 C.F.R. § 501.4: "Martial law depends for its justification upon public necessity. Necessity gives rise to its creation; necessity justifies its exercise; and necessity limits its duration. The extent of the military force used and the actual measures taken, consequently, will depend upon the actual threat to order and public safety which exists at the time." The President normally announces his decision by a proclamation, which should detail the substance of the martial rule.

3. There are judicial decisions and scholarly articles indicating that the President has some metaConstitutional authority to act in times of national emergency.

4. The preconditions for martial rule are unclear, but it is likely that the preconditions for imposing martial rule are satisfied if a crisis threatens to undermine the stability of the U.S. Government.

5. The parameters for martial rule are unclear, such as whether martial rule could be imposed over entire swaths of the U.S. or whether martial rule must be confined only to areas in which the crisis is occurring.

6. Options for martial rule include, but are not limited to, prohibition of free assembly, national travel ban, quarantine of certain areas, suspension of the writ of habeas corpus [ie, arrest without due process], and/or military trials in the event that the court system becomes dysfunctional.

### **MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR**

The Deputies Committee recommends focusing meeting and decision-making on following issues:

1. Given vaccine shortage, how can spread of smallpox be contained?
2. How can we best balance disease containment, economic disruption, and protection of civil liberties?
3. Should National Guard troops be federalized?
4. Should overseas deployment continue?
5. What federal actions should be taken in order to care for the sick?
6. What additional assistance can the Federal government provide to states?
7. What should American people be told?

### **MEMO TO ATTORNEY GENERAL, FBI DIRECTOR**

#### **WMD Unit Assessment**

1. There is a very high probability this attack was conducted by either a state or a state-sponsored international terrorist organization. The probability that a domestic terrorist organization or individual, acting without state sponsorship, conducted this attack is virtually zero. There is a high probability that former Soviet scientists were involved in the development of this weapon.

2. The individuals who launched this attack likely departed the US more than a week ago, however, there is no way at this time to determine if additional attacks were made in other states. The only indications we will have of such attacks will occur 9-14 days following such an attack is when the first clinical symptoms appear.

## **Discussion**

1. While plague, anthrax or ricin weapons could be developed and delivered by well-funded and technically sophisticated domestic terrorist organizations, the acquisition, production and delivery of a smallpox weapons would pose far too many challenges for any known or suspected domestic organizations.

2. The plague bacteria can be found in many rats above the 5000-foot level in Colorado. Anthrax is endemic in many parts of the world. Both can be readily acquired in laboratories and universities both here and abroad. Most undergraduate chemistry students could extract ricin from castor beans. However, an initial sample of the smallpox virus probably came from the Soviet Union, or perhaps a country such as North Korea where we know that as recently as two years ago Special Forces soldiers were still receiving smallpox vaccines. [The production and weaponization of this sample would far exceed the technical capabilities of any known or suspected domestic, or for that fact, international terrorist organizations. This is most likely either a state sponsored international terrorist attack or an act of war.](#)

## **PRESIDENT'S REMARKS**

Good morning. I am sorry to announce that the Secretary of State is ill. He has been hospitalized at Bethesda Naval Hospital. I know all of our prayers are with him. All persons at this meeting should have been vaccinated by now. We have with us Deputy Secretary of State Mr. Bud St. Germain.

### **To review the major events of the last 5 days:**

1. As far as we can determine, there is no evidence of additional bioterrorist attacks beyond what were apparently the 3 attacks in OK, GA, and PA on or around December 1.

2. FBI and CIA are vigorously pursuing all leads, but so far there is no forensic evidence or clear smoking gun that identifies the perpetrators of these crimes.

3. We will shortly hear about details of the nation's response to the epidemic from Dr. O'Toole and from FEMA Director Hauer. Our vaccination strategy has proceeded relatively smoothly in OK – my compliments to Governor Keating and thank you for being with us today.

4. Unfortunately, the lack of vaccine and efforts in various states to stop the spread of smallpox have led to some serious economic disruptions and, in some areas, civil unrest. More on this in a moment.

5. Lastly, as to events in the Gulf, Iraq has not moved troops away from the Kuwaiti border, despite our warnings. The good news is they haven't advanced, either.

6. I understand there are serious questions about our ability to both proceed with military action in SWA, and provide DOD assets in support of our response to the smallpox crisis here at home.

7. We will hear an update on the epidemic from Dr. O'Toole and then quickly turn to some key issues and decisions. As you know, I have scheduled a press conference for 2 hours from now.

## **FEMA REMARKS**

### **Healthcare System Struggling Under Stress**

1. In a number of states, The National Guard is being used to support the struggling health care system. Guardsmen are delivering food and critical supplies and maintaining security at hospitals, but there are insufficient numbers to do all that is required.
2. FEMA has been receiving disturbing reports from many parts of the country that medical care for non-smallpox related illnesses is being significantly disrupted by the epidemic.
3. Citing growing shortages of medical supplies and increasingly dangerous conditions for patients. In the last few hours 3 States have requested HHS seek human and material resources via the Joint Task Force for Civil Support of the Joint Forces Command.
4. Red Cross Volunteers have been setting up shelters with cots in some areas where health care facilities have become non-functional, though numbers of volunteers are fewer than have been available during recent disasters. Fear of contagion is presumably keeping people away.
5. Efforts to isolate smallpox patients and stop person- to -person spread have varied from state to state. Many states have closed schools, prohibited public meetings. Some states have closed transportation links, including airports.
6. OK and GA are attempting to keep smallpox patients and contacts in their homes; getting food and appropriate medical care to all affected is proving difficult.
7. In Oklahoma, the worst affected state, most of the 138 hospitals are experiencing never before seen numbers of patient visits. 20 hospitals have closed doors, citing dangers to their staff and patients, though it's unclear if these closures were legal. Hospitals in all states—even those without smallpox cases—are seeing unusually large numbers of patients and are desperately short staffed, in spite of extended shifts and calls for retired professionals to volunteer to care for the sick. Exhaustion from long hours and stress is a serious problem.

### **Update on Implementation of Federal Response Plan**

1. The National Disaster Medical System (NDMS) has turned out to be less effective than we had hoped. The federal response plan called for hospitals in unaffected areas to accept patients from overloaded regions in crisis.
2. In practice, we don't want to be transporting contagious smallpox victims around the country. Almost all medical facilities affected by smallpox immediately initiated their emergency response plans and discharged everyone who could possibly go home. The non-smallpox patients who were left hospitalized are too sick to move.
3. Finally, most US hospitals don't have the staff to care for extra patients even in normal times. Now, with so many hospital workers afraid to come to work, staff shortages are even worse making it impossible for NDMS hospitals to accept additional patients.
4. In Georgia, efforts by governor to transfer all smallpox patients to a single, designated "smallpox hospital" were abandoned after strenuous legal resistance by the hospitals involved. Small-scale violence has occurred outside a number of hospitals in GA and PA. The Police and National Guard had to be called in to maintain order in some locations around smallpox vaccine distribution sites in both states.
5. Disaster Medical Assistance Teams (DMATs) are the 30-person volunteer units in the NDMS that are meant to provide supportive medical care in disasters. DMATs have only provided modest medical support to some cities in the last six days – some volunteers have concerns about their own health and safety,

some are needed in their own states. It is estimated only 2,000 of the 7,000 personnel who comprise the DMATs are on the ground helping with medical care in affected states across the nation. For comparison, it requires many thousands of persons to keep a single large university hospital functioning routinely.

#### **MEMO GIVEN TO DCI**

1. Possible Quarantine Area near Samarra, Iraq (Blank)

#### **MEMO GIVEN TO DCI**

##### **Chinese Involvement with Smallpox**

1. PRC Cabinet officials and high ranking members of the PLA conducted what appears to be an unscheduled meeting on Dec 12th. President Jiang Zemin is believed to have attended. Sources with partial access to the meeting indicate the American outbreak was discussed in great detail. Outbreak appears NOT to have originated from the Chinese government.
2. Shortly following the Dec 12th meeting, SIGINT and IMINT suggest Chinese forces within the Nanjing military region are preparing to stand down current military exercises. Warships in South China Sea returning to port.

#### **MEMO DELIVERED TO DCI**

##### **Expanded Iraqi Exclusionary Zone: Image Intelligence (Iraq)**

1. Wide area satellite imagery taken of a suspected bioresearch facility outside of Samarra, Iraq reveals what appears to be an expanded "exclusionary zone" around the facility. Security checkpoints now exist (in a 10 mile radius) on all approaches to the zone. It appears that all civilian activity within the zone has ceased. Several small villages show no signs of human, animal or vehicular activity. Activity in and around the biofacility appears normal.
2. Previous imagery from several weeks earlier had shown security checkpoints in the near vicinity of the facility and normal activity in the now deserted villages.

#### **MEMO DELIVERED TO ATTORNEY GENERAL**

##### **Civil Liberty Abuse**

1. The Department of Justice is receiving numerous credible allegations that persons with symptoms "suspicious for smallpox" have been illegally arrested or detained in designated "isolation wards." There are widespread reports that the poor and people of color are more likely to be "isolated" than others.
2. Not all persons placed in these isolation wards have been vaccinated, thus possibly exposing uninfected individuals to smallpox.
3. The ACLU has just sued PA over its decision to initiate mandatory vaccination of patient contacts and the imposition of travel restrictions.
4. Reports of beatings and harassment of persons of dark skin and of Arab Americans are increasing in numbers and violence. One hour ago, three teenaged youths of dark complexion were shot dead in downtown Chicago. The perpetrators and motive are unknown, but it is believed that the victims were killed because they appeared to be of mideastern descent. Two mosques have been defaced in past 24 hrs; one suffered serious fire damage.
5. In some locales, efforts by FEMA and other federal and local agencies to contain the crisis are

interfering with FBI efforts to establish the cause and identify the perpetrators. Relations between the FBI On-Scene Commanders and FEMA officials have deteriorated in several areas of the country.

### **NSC DISCUSSION: VIDEO NEWSCLIP 4: 9:30: STATEMENT BY GOVERNOR OF TEXAS**

#### **Read by NSA to the NSC Meeting**

"The Governor of Texas, Rick Parsons, has just delivered the following statement by radio: My fellow Texans,

1. The threat of the smallpox virus in Oklahoma represents a clear and present danger to Texas. As a result, I have used my Emergency Powers to order Texas National Guard personnel to assist the State Police in suspending all surface and air transportation between Texas and Oklahoma. No individuals may enter Texas from Oklahoma without proof of a recent smallpox vaccination. All air traffic originating or passing through the state of Oklahoma will similarly be stopped and turned back.

2. I have not taken this action lightly. I deeply sympathize with the people of Oklahoma and with those Texans whose loved ones are living there. Nonetheless, the urgency of the current crisis demands action. As the Federal government has to date proven unable or unwilling to prevent the spread of the smallpox virus, I am left with no alternative.

3. While I cannot speak for other governors, I would encourage my colleagues in the states of New Mexico, Colorado, Kansas, Missouri, and Arkansas, to take similar action. Only by containing the disease at its current locations, can we hope to limit the spread of the deadly smallpox virus.

4. The prayers of my wife Anita and I go with all the victims of this terrible attack and those unable to return home. God speed.

~Rick Parsons, 47th Governor of Texas"

### **SEGMENT 3—December 22, 2002: NATIONAL SECURITY COUNCIL MEETING**

#### **Review of News Summaries by Randy Larsen, Deputy National Security Advisor**

##### **1. Smallpox Cases Skyrocket; 2nd Attack Possible as Toll Climbs Above 15,000**

In last 2 days, thousands of new smallpox cases have been reported throughout the US. There are now cases reported in 25 states. CDC reports that the timing of the appearance of cases, as well as the initial epidemiologic investigation suggests new smallpox cases are the result of contacts with initial attack victims in early December. However, the evidence available does not rule out second or ongoing attacks.

#### **Smallpox Shatters Image of US as Superpower**

1. The growing smallpox crisis is causing grave economic damage to US businesses and many international investors. Measures needed to contain the epidemic may grow increasingly harsh in the face of vaccine depletion and rising numbers of victims. Americans can no longer take basic civil liberties such as freedom of assembly or travel for granted.

#### **States Shutdown as Pox Cases Climb**

1. GA and PA were in chaos yesterday as news of a resurgence of smallpox cases swept the country. Massive traffic jams were caused by millions seeking to outrun infection. Most businesses in Atlanta and Philadelphia were closed, as were many banks and post offices.

## **Mayor Fears Public Health Warnings Ignored**

1. The mayor of Philadelphia went on TV to plead with city residents to heed public health advisories today as angry citizens denounced the government's failure to stop the smallpox epidemic. A new New York Times poll of voters indicated that a majority of Americans think that the state and federal governments have lost control.

## **Public Opinion Divided on Nuclear Response to Bioattack**

1. An overnight CNN/gallup poll states that slightly less than half (48%, poll's margin for error +/- 5%) of Americans believe that President should consider using nuclear weapons against any nation proven to be responsible for attacking the US with smallpox.

## **With No Vaccine Left, Use of Deadly Force Rising**

1. The earlier violence along the Texas-Oklahoma border appears to have subsided. Oklahoma State Police and Texas Department of Public Safety Officers along with the Texas and Oklahoma National Guard have reported only widely scattered incidents in the past several days. No additional deaths have been reported in the past five days.

2. In Houston, Chicago, and LA yesterday, fear of smallpox had deadly ramifications as individuals used violence to keep others at a distance.

3. In NYC, one family used a cache of guns to keep police at bay for hours following their attempt to escort two family members with suspect smallpox to isolation areas. At the end of the standoff, three family members and two police officers were dead.

## **MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR**

The Deputies Committee recommends focusing meeting discussion and decision-making on the following issues during this segment:

1. What are proper priorities of federal government at this point?
2. Given the increase in smallpox cases and lack of vaccine, what is the federal government willing and able to do to contain the epidemic?
3. How should DoD assets be distributed given the situation at home and overseas?
4. What level of certainty is needed to assign attribution for the smallpox attack? What, if any, retribution is appropriate?

## **PRESIDENT'S REMARKS**

1. I am relieved that I can announce that the Sec State has passed the danger point and appears to be slowly recovering. Other than that, the situation is clearly far more grave.

2. We now believe that by using various private US pharmaceutical facilities we can be manufacturing about 12 million doses of smallpox vaccine per month. First dose will still not be available for 5 weeks. We must keep in mind that this will be an unlicensed vaccine that will not have been tested in humans

3. Obviously there is now understandable concern and fear about the recent sharp rise in smallpox cases.

4. We are all very grateful for Governor Keating's leadership during this crisis. In spite of suffering the

largest number of victims of any state, Oklahoma has reacted with remarkable calm and fortitude. I'm pleased you could be with us again today and value your counsel as we go forward in making some difficult decisions.

5. The problems confronting us include questions about the best use of federal resources in managing the smallpox crisis as well as decisions dealing with the situation in the Gulf.

6. We will begin with a series of briefings and must then quickly turn to key issues and decisions. As you know, I have schedule a press conference for 2 hrs from now.

7. Dr.O'Toole has an update on the epidemic.

#### **MESSAGE DELIVERED TO MEETING. PRINTED COPY GIVEN TO ALL**

1. The NY Times, Washington Post, and USA Today receive anonymous letters demanding the immediate removal (one week) of all US forces from Saudi Arabia and all war ships from the Persian Gulf. Failure to comply will result in renewed attacks on US, which will include anthrax, plague and small pox. Each letter also contained a genetic fingerprint of the smallpox strain matching the fingerprint of the strain causing the current epidemic ([UPMC, 2001](#)).

**Title:** Dark Winter: A Simulated Terrorist Attack On Three American Cties Using Weaponized Smallpox

**Date:** June 22-23, 2001

**Source:** [Backwoods Home](#)

**Abstract:** Historically, smallpox has been the most deadly of all diseases for humans, killing between 300 and 500 million in the last century alone, far more than the 111 million people killed in all that century's wars combined. It is easily spread, kills 30% of those infected, and terribly scars and sometimes blinds those who survive. It was declared eradicated from Earth in 1980, but the Soviet Union has acknowledged maintaining a secret biological weapons program since then that employed 60,000 technicians and scientists. One fear is that some of the smallpox the Soviets worked with has gotten into terrorist hands, or that unemployed Soviet scientists desperate for money have been hired by Iraq, Al Qaida, or other terrorists.

June 22-23, 2001, nearly three months before the attack that toppled New York's World Trade towers, the United States conducted a major simulation of a terrorist smallpox attack against three American cities. It was named Dark Winter, and it lived up to its name. Within seven weeks, one million Americans were dead and the disease had spread to 25 states and 13 foreign countries. In the face of the out of control epidemic, panic had spread across America, interrupting vital services such as food deliveries to supermarkets, and our Government considered the possibility of a nuclear response, although against whom it was not clear.

Following is a reenactment of that exercise, edited for brevity but containing all the essential elements. The exercise took place at Andrews Air Force Base in Maryland, and was attended by many senior level government officials. Participating institutions included the Johns Hopkins Center for Civilian Biodefense Strategies, the Center for Strategic and International Studies, the Oklahoma National Memorial Institute for the Prevention of Terrorism, and the Analytic Services Institute for Homeland Security.

Former U.S. Senator Sam Nunn of Georgia played the President of the United States, Governor Frank Keating of Oklahoma played himself, five senior journalists who worked for major news organizations participated in mock news briefings, and a number of other participants played various key government positions ranging from the Director of Central Intelligence to key Government health advisors. Fifty people connected with U.S. bioterrorism policy preparedness observed the exercise.



The goal of the exercise was to increase awareness among Government officials of the danger of such an attack, and to examine the decision challenges the highest levels of Government would face if confronted with a biological attack. The ultimate aim was to improve strategies of response.

Smallpox was chosen as the disease because historically it has been the most feared and deadly of diseases, and one of the more likely choices for terrorists. It is not only easily spread from one person to another, but there is no effective medical treatment. It may also be unstoppable in an unvaccinated population, and since the United States' mandatory vaccination program was stopped in 1972, the U.S. population is very susceptible to smallpox. Even that part of the population that was vaccinated as late as 1972 may have little or no protection against the disease.

Although smallpox was declared eradicated in 1980, two official repositories of the variola virus were kept: one at the Centers for Disease Control and Prevention in Atlanta, and the other at the Russian State Research Center for Virology and Biotechnology in Koltsovo, Novosibirsk in central Siberia. Those supplies were to be used for scientific research and vaccine development, but it is now known that both countries maintained secret biological weapons programs since 1980. By 1990 the Soviet Union had a facility capable of producing 80 to 100 tons of smallpox a year, and it typically warehoused 20 tons. Although Russia and the United States have since abandoned their biological weapons programs, other countries still have them. It is thought that several rogue states like North Korea and Iraq and possibly terrorists have obtained samples of the smallpox virus.

Although the exercise took only two days, it simulated a time span of two weeks occurring between December 9-22, 2002. The exercise involved three National Security Council (NSC) meetings taking place on Dec. 9, 15, and 22, with the participants being made aware of evolving details of the attack and being required to establish strategies and make policy decisions to deal with it.

Exercise controllers acted as special assistants and deputies, providing facts and suggesting policy options to deal with the smallpox outbreak. Simulated newspaper coverage and TV video clips of the ensuing epidemic were also shown to participants, and various simulated memoranda, intelligence updates, and top level assessments of the spread of the epidemic were provided to key players whose jobs would normally require such information.

Each of the three NSC meetings began with controllers giving the NSC players briefings on the progress of the attack, an assessment of who the perpetrators might be, the response of the public, the comments of foreign governments, and any other information they would normally receive in such an emergency.

## **Assumptions**

Several assumptions were made for this exercise, based on historical evidence and a variety of data related to susceptibility to smallpox:

**Assumption 1:** It was assumed that the initial attack was from "weaponized smallpox," similar to what the former Soviet Union would have developed in its secret bioweapons program.

This would be a far more efficient way of attacking the U.S. than with, say, infected jihad volunteers walking among the U.S. population. Weaponized smallpox can be aerosolized and dispersed in a variety of ways, such as attaching an aerosol device filled with weaponized smallpox, complete with a timer, to the wall of a shopping mall, airport, or ventilation system of an enclosed stadium, or attaching a spraying device to an unmanned drone (UAV) that has been programmed with global positioning (GPS) maps and flying it over a populated area.

**Assumption 2:** The U.S. population's "herd immunity" to smallpox was 20%, so that 228 million of its citizens were highly susceptible to infection.

This is a matter of debate. It is known that 42% of the population has never received a smallpox vaccination, and the remainder have declining immunity from vaccinations about 30 years ago. No one knows for sure, but epidemiologic data suggest that initial vaccination gives protection for 5 to 10 years, while revaccination gives even greater protection, possibly more than 10 years. Those who have been vaccinated twice, then, say as a child and while in the military, should have the greatest immunity.

**Assumption 3:** The transmission rate of the disease was 10 to 1, that is, each infected person infected 10 others.

Although transmission rates have varied widely historically depending on susceptibility of a population, the strain of disease, and various social, demographic, political, and economic factors, the simulation designers considered a 10 to 1 transmission rate a conservative estimate. The U.S. population, they pointed out, is highly susceptible because vaccinations stopped in this country 30 years ago. Also, we are a highly mobile society. By the time the first victims are diagnosed with smallpox (9-17 day incubation period), the disease will have already begun spreading to a second generation of victims. Some of the initial victims and the second generation of victims will have travelled to other cities by that time. Since few American doctors have ever seen a case of smallpox, and since the initial symptoms resemble flu, diagnosis is liable to be slow.

For this simulation, the 10 to 1 estimate was based on 34 smallpox outbreaks in the past involving cases of smallpox being accidentally imported into a country that no longer had endemic smallpox. Twenty four of the outbreaks occurred in winter, which is the time when smallpox spreads most readily and which is the time within which the simulated attack occurs. Of these 24, 6 outbreaks most closely paralleled the conditions of the Dark Winter exercise, and they were used to make the 10 to 1 estimate. The number of second generation cases in those 6 outbreaks ranged from 10 to 19.

One reason the 10 to 1 estimate is thought to be on the conservative side is because of the 1972 outbreak in Yugoslavia, which encompassed many of the aspects one finds today in American society, namely, a great number of susceptible people and a wide geographic dispersion of cases. In that outbreak a man on a religious pilgrimage to Mecca and Medina was infected with smallpox while in Iraq, then brought it back to Yugoslavia. His infection was not diagnosed, nor were the 11 people he infected suspected of having smallpox. Not until 140 new cases developed was the epidemic recognized as smallpox. Some 35 people died from this single initial infection.

**Assumption 4:** The U.S. Centers for Disease Control and Prevention (CDC) had 12 million doses of vaccine available at the time of the exercise.

The CDC actually had 15.4 million doses, but practical experience from the 1960s and 70s smallpox eradication programs showed that it was common to lose 20% of a vial's vaccine due to inefficiencies and waste.

**Assumption 5:** In the initial attack at three shopping malls in Oklahoma City, Philadelphia, and Atlanta, 3,000 people were infected.

This is considered a plausible scenario scientifically since it would take only 30 grams of weaponized smallpox to infect 3,000 people via an aerosol attack.

### **The 1st NSC meeting, Dec. 9, 2002: The Initial Attack**

On December 9, 2002, during the first of three NSC meetings that will take place in this simulation, the 12 NSC members are told that a smallpox outbreak has occurred in the U.S. In Oklahoma, 12 cases of smallpox have been confirmed, with 14 more suspected. There are also suspected cases of smallpox in Georgia and Pennsylvania.

The governor of Oklahoma, Frank Keating, who is in town to make a speech, attends the meeting. NSC members are briefed on the disease, its lethality, its contagion, and the availability of smallpox vaccine.

**All this takes place against a backdrop of the following geopolitical situation:**

1. Iraq is again threatening to invade Kuwait, and leaders of Kuwait, the United Arab Emirates, and Bahrain have requested the U.S., Britain, and France deploy troops to the region. The NSC meeting has been called to consider deploying forces.
2. Since sanctions against Iraq had been lifted six months prior, it has been discovered that Saddam Hussein is aggressively pursuing a bioweapons program.
3. Several top scientists from the former Soviet secret bioweapons program are believed to have been working in Iraq and Iran for the past year.
4. An Al Qaida terrorist was recently caught trying to buy plutonium and biological pathogens from Russia.

President Nunn informs the NSC members that the agenda of the meeting has changed, that the U.S. has been subjected to a suspected smallpox attack, and that it could be related to their anticipated decision to deploy troops to the Mideast. No one has yet taken credit for the attack.

He introduces Governor Keating, who says hospital emergency rooms in Oklahoma City hospitals are very crowded and that many in the hospital staff have failed to show up for work, fearing a smallpox infection they might bring home to their families. The media is broadcasting nonstop news about the smallpox outbreak, and the Governor is already considering calling out the National Guard if fear continues to grow among the populace. He has already declared a state of emergency and requests the President do the same. He goes before the news cameras in a few hours, he says, and he'd like to be able to tell the people of Oklahoma that all 3.5 million of them will get the smallpox vaccine within 72 hours.

The NSC is then briefed on smallpox, using various slides of actual smallpox cases and statistics relating to the progression, spread, and lethality of the disease: U.S. doctors have no experience with smallpox and there is no rapid diagnosis or treatment. Isolation or vaccination are the only defenses. Only 12 million doses of vaccine are available, and a CDC contract for an additional 40 million doses will not be filled until 2004. The worldwide supply of vaccine is 60 million doses, but some of it is believed worthless due to inadequate storage by some countries.

The NSC members are told that the CDC has sent 100,000 doses of smallpox vaccine to Oklahoma, with vaccinations restricted to infected people, their close contacts, and investigators.

Council members are also told that the attack most likely occurred about Dec. 1, due to at least a 7-day incubation period for the disease. The second generation of cases, then, would be about Dec. 20, 11 days away. Urgent action is needed to halt the spread of the disease, but a modern, urban, mobile population, coupled with a limited supply of vaccine, does not offer encouraging prospects for controlling the outbreak.

The FBI tells the Council they will have 200 agents vaccinated and sent to Oklahoma within 24 hours, but they have no leads as yet. Several possible culprits are named: Iraq, Iran, North Korea, China, Russia all have the capability. But anyone who has obtained samples of smallpox, possibly from an unemployed Soviet scientist, could grow smallpox and launch an attack.

Council members consider their options. The CDC and local authorities would already be isolating victims and their closest contacts. Should public gatherings be curtailed and schools closed? How should the available vaccine be distributed? Should the National Guard be activated, and should it be under state or federal control? Should there be mandatory or voluntary vaccinations? What should the public be told? What should be done about the deployment of troops to the Mideast?

They agree to inform the public quickly and completely to ensure cooperation with disease control measures. They decide to use the “ring method” of vaccination, which worked so successfully in eradicating the disease in the 1960s and 70s. With the ring method, all first contacts with the victim are vaccinated, then a second ring of secondary contacts are vaccinated. The NSC decides the ring method should also be used in other states, should the virus break out there. For strategic purposes they reserve 1 million doses of vaccine for Department of Defense (DOD) needs, and instruct the DOD to determine its priorities. They also decide to deploy an additional aircraft carrier battle group to the Persian Gulf to join the one already there.

The final action of the NSC is to prepare a presidential statement for the news media, which the President delivers to a nationwide audience from the press room.

### **The 2nd NSC meeting, Dec. 15, 2002: The Outbreak Spreads**

#### **The second NSC meeting opens with a review of the following news video clips:**

1. 300 people are dead and 2000 are infected in 15 states. Hospitals are overwhelmed as tens of thousand of sick or fearful people seek medical help. Many hospital employees are not showing up for work.
2. The epidemic has spread to Canada, Mexico, and the United Kingdom, with Canada and Mexico asking the U.S. for vaccine.
3. Violence has broken out in some areas, with riots around a vaccination site in Philadelphia leaving two dead. Police and the National Guard are trying to control the crowds.
4. Many countries have closed their borders to people travelling from the U.S. unless they can show proof of recent smallpox vaccination.
5. Governor Keating is considering closing all stores to try and halt the spread of the disease. Malls across the country are already virtually deserted. The Governor has closed all schools and universities and cancelled all sporting events.
6. The federal government is being widely criticized from all quarters for failure to have an adequate smallpox vaccine on hand.
7. The lone pharmaceutical company capable of making smallpox vaccine says that at most it can produce 4 million doses per month, even if all FDA regulations are waived. Russia has offered to provide 4 million doses of vaccine.
7. Panic buying is beginning to occur in some cities as food deliveries are slowed by the reluctance of truckers to go into areas with smallpox. There are sporadic reports of people of Arab appearance being assaulted on the street.

A memo is given to the Attorney General. It clarifies the Stafford Act, the Posse Comitatus Act, the Federal Quarantine Law, the Insurrection Act, and Martial Law, all laws designed to invoke federal authority in a national emergency. Among other things, the laws would allow the President to declare a national emergency and use military troops to quell civil disturbances, authorize the forced inoculation and isolation of people who could spread a communicable disease, restrict travel, dispose of bodies in ways contrary to personal beliefs, suspend habeas corpus (that is, arrest without due process), and curtail other liberties as needed.

Another memo to the FBI Director and Attorney General states there is a high probability that the attack came from another state or a state-sponsored terrorist group, and that an initial analysis of the smallpox used indicates it came from Soviet Union stocks or North Korea. The memo notes that as little as two years ago North Korean Special Forces were still receiving smallpox vaccine.

The President is handed a memo suggesting it may be problematic going forward with a war in the Persian Gulf, given the severity of the domestic crisis. He addresses the council members, announcing that the Secretary of State is ill and hospitalized. He says the lack of vaccine and the tactics of some states to stop the epidemic has led to serious economic disruption and civil unrest in some areas.

The Chair of the Deputies Committee, Dr. Tara O'Toole, outlines the progress of the epidemic and says all cases appear related to three initial attacks in Oklahoma, Georgia, and Pennsylvania. Vaccine, unfortunately, is running out amid growing political pressure to vaccinate more broadly. One million doses of vaccine are still being held for military personnel facing the potential war in the Persian Gulf. With all the vaccine that has been distributed, 1.25 million doses remain.

Dr. O'Toole further states that there is growing public demand for the forcible relocation of infected people to isolated facilities. She says contacts of infected people are not complying sufficiently with voluntary home isolation. There is also dangerous misinformation in some media about good vaccine and bad vaccine, advice to flee cities, claims that poor neighborhoods are being denied vaccine, and hate speech directed at certain ethnic groups.

The FEMA Director delivers his remarks: Health care facilities have become nonfunctional in some communities due to overcrowding and workers staying away from their jobs. At least 20 hospitals have closed their doors in Oklahoma. In many states National Guard troops are providing security at hospitals, even delivering food and critical supplies. Many states have prohibited public gatherings, stopped transportation, and closed airports.

Once again the NSC considers its options. Members decide to leave the National Guard, as well as quarantine and isolation issues, in the hands of the states. They will accept the vaccine from Russia, and proceed with a crash program to manufacture vaccine even though liability issues have not been resolved. They opt for mandatory isolation of all smallpox victims in dedicated facilities. They will encourage voluntary isolation of contacts using National Guard and Defense Department resources to supply food. Federal travel restrictions will be established, and penalties will be imposed for the promulgation of dangerous information.

An intelligence memo is given to NSC members: It indicates that a new exclusionary zone has been established by Iraq around a suspected bioresearch facility near Samarra. Activity at the facility appears normal but villages for a 10-mile radius around it appear to have been abandoned.

In a memo delivered to the Attorney General, there are reports of increasing incidents of violence, mainly against people with dark skin or who appear Arab-American. Two mosques have been defaced and one burned in the last 24 hours. In downtown Chicago, three dark skinned youths were shot dead, apparently because they looked Middle Eastern. The ACLU has sued Pennsylvania over the issues of mandatory vaccination and curtailment of transportation.

The NSC watches a newsclip in which the Governor of Texas announces the suspension of all travel between Texas and Oklahoma. He urges other governors to do the same, and he strongly criticizes the federal government for being "unable or unwilling to prevent the spread of the smallpox virus."

President Nunn addresses the nation on national TV. He relates the gravity of the crisis and appeals for Americans to remain calm and work together to defeat the virus, and to heed the advice of their elected leaders and health officials.

### **The 3rd NSC meeting, Dec. 22, 2002: A Crisis Out of Control**

#### **The third and final NSC meeting opens with a review of news video clips:**

1. The number of smallpox cases has reached 16,000, with 1,000 people now dead. The epidemic has spread to 25 states and 10 other countries. Although investigation suggests all cases are related to the initial attack in three states, the evidence does not rule out additional or ongoing attacks.
2. The U.S. is suffering severe economic damage. In Atlanta and Philadelphia, most businesses are closed and massive traffic jams are occurring across the state as people try to flee the disease.
3. A New York Times poll indicates that most Americans think that the state and federal governments

have lost control of the epidemic. A CNN/Gallup poll says nearly half of Americans think the President should use nuclear weapons against any nation proven responsible for the smallpox attack.

4. Violence is spreading across the nation as individuals try to keep others suspected of having smallpox at a distance. In New York, two police officers and three family members were killed when the police tried to escort two family members with smallpox to an isolation area.

**Then Dr. O'Toole once again outlines the progress of the epidemic for the NSC:**

1. In the past 48 hours there have been 14,000 new cases. Of the 1,000 dead, 200 have been from reactions to vaccination. It is estimated that 5,000 more will die within the next two weeks.

2. The vaccine has now been depleted, and the U.S. can produce only 12 million unlicensed doses a month, beginning in four weeks.

3. A major impact on the U.S. economy continues and there are shortages of many types of food across the nation. People are fleeing cities after the announcement of new smallpox cases.

**The NSC asks for a worst case scenario. It is stark:**

1. By the end of the second generation of smallpox cases (about Jan. 3), 30,000 will be infected and 10,000 dead.

2. By the end of Generation 3 (Jan. 20), 300,000 will be infected and 100,000 dead.

3. By the end of Generation 4 (Feb. 6, which is 7 weeks after the start of the epidemic), 3 million will be infected and 1 million dead.

**A memo is given to the Secretary of State:**

1. Russia, France, and Nigeria are demanding the U.S. share any vaccine it has to help fight the overseas spread of the epidemic.

2. Cuba has offered to sell smallpox vaccine to the U.S. Cuba claims it has the know-how to produce the vaccine quickly.

**Another memo is handed to the Director of the FBI and the Director of Central Intelligence (DCI):**

1. credible Iraqi defector claims Iraq is behind the smallpox attack. Iraq has previously denied involvement, but has also warned the U.S. that it will retaliate against any U.S. attack in "highly damaging ways."

Finally, a printed message is handed to all members of the NSC. It states that the New York Times, Washington Post, and USA Today have received anonymous letters demanding the U.S. withdraw its forces from the Persian Gulf and Saudi Arabia. The letter claims responsibility for the smallpox attack and contains a generic fingerprint of the smallpox strain matching the fingerprint of the strain causing the current epidemic. Unless the U.S. forces withdraw in one week, it warns of renewed attacks using smallpox, anthrax, and plague.

The Dark Winter exercise ends with the NSC discussing how to respond. If the American people demand they use nuclear weapons, against who? Should they withdraw U.S. troops from the Persian Gulf? And finally, with no vaccine remaining and the epidemic out of control, how do they control the current spread of smallpox and any new attacks with disease?

**End of Dark Winter Exercise**

Astonishing! The United States had been brought to its knees by a virus delivered covertly by terrorists who lurk in the dark recesses of the world. Few thought it remotely possible before the exercise, but afterwards many inside and outside of Government became alarmed at the possibility.

The Dark Winter exercise was no trivial undertaking. It was carefully planned and orchestrated, primarily by the prestigious John Hopkins University in Baltimore, Maryland, to answer one question: Could America withstand an attack of human-inflicted disease. The answer was a resounding No! — at least in the case of smallpox. We flunked the exercise on a catastrophic scale.

Three months after the exercise the U.S. was subjected to the September 11 attacks against the World Trade Centers in New York City and the subsequent anthrax mail attacks in Washington, D.C. Suddenly the attacks of terrorists were not just the stuff of “what if” simulations like Dark Winter. Our Government began working on defense strategies against such attacks, and it started evaluating its stocks of smallpox vaccine.

The vaccine situation is different today than it was in June of 2001 when the Dark Winter exercise took place. The U.S. has found more vaccine than we thought we had, and we have diluted other vaccine to make it stretch far enough to cover the American population. There are still questions about the effectiveness of this diluted vaccine after so many years in storage, but new vaccine to cover the entire population is being manufactured and will be ready in early 2004 ([Backwoods Homes, 2001](#)).

**Title:** The Center For Disease Control's Public Health Response To The Threat Of Bioterrorism

**Date:** July 23, 2001

**Source:** [University of Virginia](#)

### Challenges Highlighted in Dark Winter Exercise

CDC has been addressing issues of detection, epidemiologic investigation, diagnostics, and enhanced infrastructure and communications as part of its overall bioterrorism preparedness strategies. The issues that emerged from the recent Dark Winter exercise reflected similar themes that need to be addressed.

1. The importance of rapid diagnosis — Rapid and accurate diagnosis of biological agents will require strong linkages between clinical and public health laboratories. In addition, diagnostic specimens will need to be delivered promptly to CDC, where laboratorians will provide diagnostic confirmatory and reference support.
2. The importance of working through the governors' offices as part of our planning and response efforts — During the exercise this was demonstrated by Governor Keating. During state-wide emergencies the federal government will need to work with a partner in the state who can galvanize the multiple response communities and government sectors that will be needed, such as the National Guard, the state health department, and the state law enforcement communities. These in turn will need to coordinate with their local counterparts. CDC is refining its planning efforts through grants, policy forums such as the National Governors Association and the National Emergency Management Association, and training activities. CDC also participates with partners such as DOJ and FEMA in planning and implementing national drills such as the recent TOPOFF exercise.
3. Better targeting of limited smallpox vaccine stocks to ensure strategic use of vaccine in persons at highest risk of infection — It was clear that pre-existing guidance regarding strategic use would have been beneficial and would have accelerated the response at Dark Winter. As I mentioned earlier, CDC is working on this issue and is developing guidance for vaccination programs and planning activities.
4. Federal control of the smallpox vaccine at the inception of a national crisis — Currently, the smallpox vaccine is held by the manufacturer. CDC has worked with the U.S. Marshals Service to conduct an initial security assessment related to a future emergency deployment of vaccine to states. CDC is currently addressing the results of this assessment, along with other issues related to security, movement, and initial distribution of smallpox vaccine.
5. The importance of early technical information on the progress of such an epidemic for consideration by decision makers — In Dark Winter, this required the implementation of various steps at the local, state,



and federal levels to control the spread of disease. This is a complex endeavor and may involve measures ranging from directly observed therapy to quarantine, along with consideration as to who would enforce such measures. Because wide-scale federal quarantine measures have not been implemented in the United States in over 50 years, operational protocols to implement a quarantine of significant scope are needed. CDC hosted a forum on state emergency public health legal authorities to encourage state and local public health officers and their attorneys to examine what legal authorities would be needed in a bioterrorism event. In addition, CDC is reviewing foreign and interstate quarantine regulations to update them in light of modern infectious disease and bioterrorism concerns. CDC will continue this preparation to ensure that such measures will be implemented early in the response to an event.

**6.** Maintaining effective communications with the media and press during such an emergency. The need for accurate and timely information during a crisis is paramount to maintaining the trust of the community. Those responsible for leadership in such emergencies will need to enhance their capabilities to deal with the media and get their message to the public. It was clear from Dark Winter that large-scale epidemics will generate intense media interest and information needs. CDC has refined its media plan and expanded its communications staff. These personnel will continue to be intimately involved in our planning and response efforts to epidemics.

**7.** Expanded local clinical services for victims — DHHS's Office of Emergency Preparedness is working with the other members of the National Disaster Medical System to expand and refine the delivery of medical services for epidemic stricken populations ([University of Virginia, 2001](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** To date, there have been 5 published bio-terror war-games that shed light on possible future bio-terror attack scenarios. Based on these elaborate war-games, it can only be concluded that a bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and military control of society.

**Title:** Anthrax Simulation 'Kills' Half A Million

**Date:** October 15, 2002

**Source:** [UCLA](#)

**Abstract:** More than half a million Coloradans could die after an airborne anthrax attack over Denver, according to a worst- case scenario churned out by a Pentagon computer model.

Researchers at the Heritage Foundation, a conservative think tank in Washington, D.C., obtained the computer modeling software from the Defense Department and simulated various terrorism scenarios.

In one simulation, terrorists in a small private airplane release 440 pounds of military-grade powdered anthrax over downtown Denver. Over the next 24 hours, the spores blow 126 miles eastward and expose more than 812,000 people.

Between 447,000 and 591,000 of the victims die, according to the simulation, which uses federal Defense Threat Reduction Agency data and real-time National Weather Service information.

"This is not meant to scare people," said threat assessment specialist Dexter Ingram, who demonstrated the modeling software Monday at a homeland security conference in Colorado Springs.

"We're not saying that something like this is going to happen," he said. "It's just one of the many scenarios that we played out, and some of the numbers are not that realistic."

The model makes several unrealistic assumptions that drive the mortality totals much higher than they'd be in a real-life aerial anthrax attack. For example, the model assumes that no one evacuates the affected area and that no one seeks medical help.

"No one is going to stay put for 24 hours if something like this occurs, and everyone is going to seek medical attention," said Suzanne Mencer, director of the Colorado Office of Homeland Security.

"This model, as good as it is, has to be taken with a grain of salt," said Robert A. Malson, president of the District of Columbia Hospital Association.

"Last year's anthrax attack showed how quickly we can get on top of an anthrax situation," Malson said at the workshop.

The Defense Department uses the Consequences Assessment Tool Set software to predict the effects of attacks with nuclear weapons, chemical and biological weapons, conventional bombs and so-called dirty bombs, which use conventional explosives to disperse radioactive material.

Emergency response personnel can use the CATS computer model to predict where hazardous airborne substances will move after they're released and to determine which areas would require evacuation - and possibly quarantine - after a terrorist attack ([UCLA, 2002](#)).

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**Title:** Mock Anthrax Attack 'Kills' 9,000

**Date:** July 3, 2003

**Source:** [UCLA](#)

**Abstract:** Inside the situation room of a nuclear weapons lab, Alameda County's public health officials witnessed an attack that exposed gaps in their new, 300-page bioterrorism plan and left 9,000 people dead.

Although the anthrax attack on Berkeley Marina was only a computer simulation, health officials were shaken and could only look to Congress for money for biodetectors and emergency staff.

For three critical days, doctors and epidemiologists puzzled over an apparent flu outbreak, knotted around the marina. The first diagnosis of anthrax sent them racing to turn high schools into mass hospitals and handing Cipro to every human they saw.

Antibiotic stockpiles in Oakland, Fremont and elsewhere held enough pills to save thousands. But what Alameda County lacked was enough time, people or uncontaminated places to dole them out.

By the 11th day, the county needed a special mass-fatality team of the U.S. Department of Homeland Security to handle the contaminated corpses.

Scientists created this nightmare in just a few hours June 12 inside WMD-DAC -- the Weapons of Mass Destruction Decision Analysis Center at Sandia National Laboratories-California -- where computers test officials on their responses to horrific attacks.

WMD-DAC's designers use the latest Pentagon war-gaming technology and they pride themselves on realism.

It was quite real for Alameda County Public Health Officer Tony Iton, on the job four weeks before being thrust into the exercise.

"It was disheartening," Iton said. "The scenario was devastating. We're just not re sourced to deal with any devastating, national-level disaster."

The nighttime anthrax attack was Sandia's second largest simulation to date, hosted inside a windowless room of giant, floor-to-ceiling screens that flashed disease and death reports from local hospitals.

County officials entered Sandia's simulation after spending months writing their latest game plan for bioterrorism and other fast-moving infectious diseases, such as SARS.

Alameda County had tested its plan in several drills, but local officials said the Sandia exercise was the most realistic: The 26 participants didn't know the scenario beforehand, and the scenario changed as they acted.

"They play it out on the computer and it plays out your decisions," said Dan Guerra, emergency preparedness manager for Contra Costa County, which also lost several thousand people as the anthrax cloud crept up the San Ramon Valley. "We can see the consequences of our actions."

The county figured its major hospitals -- Kaiser, Highland and Alta Bates -- probably would be overwhelmed in a bioterror attack. So public health authorities planned to close schools and turn high schools into mass antibiotic-distribution centers.

The anthrax cloud -- just two or three ounces of expertly dispersed, weapons-grade germs delivered at Berkeley Marina -- wrecked that plan. Anthrax spores carpeted high schools in the neighborhoods where drugs were needed most. **By sending thousands of people there for preventive drugs, public-health authorities risked exposing healthy people for weeks after the original release.**

"So the question becomes, how contaminated is too contaminated?" Iton said. No one really knows. Scientists haven't figured out the absolute "safe" dose for inhalation anthrax.

County officials left Sandia sobered.

"Despite the best of our plans, even with everything operating the way we would want it to operate, we still lost 9,000 lives in Alameda and Contra Costa counties," Iton said.

Sandia's scientists have tested dozens of officials nationwide. "The credibility of the public health officer is very important. And this guy was very credible, very articulate," said Howard Hirano, a systems engineer and integrator who works on WMD-DAC.

Alameda public health officials now are looking to Washington for faster access to federal emergency personnel for drug distribution. And they want biowarfare detectors, both to sniff the air in cities continuously and to check for contamination on the ground.

Local officials concluded that early detection and faster antibiotic distribution could drop the death toll into the hundreds, less staggering to the sensibilities of public health officials.

"I think the emotions were real," said Jim Morrissey, disaster coordinator for Alameda County's emergency medical services division.

"People realized it was theoretical. But even if the planning was reasonable, you know that thousands could die and that the public is looking at you to prevent it and it's something you just can't do" ([UCLA, 2003](#)).

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**Title:** Atlantic Storm

**Date:** January 14, 2005

**Source:** UPMC (Center for Biosecurity of the University of Pittsburgh Medical Center)

### Abstract:

### Exercise Overview:

Decision-making during a bioterrorism crisis of the magnitude described during the *Atlantic Storm* exercise is not an easy task. The major public health, economic, and political stumbling blocks that proved challenging for players in the exercise would undoubtedly have an impact on the efforts of leaders attempting to coordinate an effective international response in an actual bioterrorism event. *Atlantic Storm* was designed to highlight the major international issues that would likely come into play and to provoke further thought, dialogue, and ultimately action to improve the transatlantic community's ability to prepare for and respond to biological terrorism. A brief description of the exercise follows.

*Atlantic Storm* was a ministerial table-top exercise convened on January 14, 2005 by the Center for Biosecurity of the University of Pittsburgh Medical Center, the Center for Transatlantic Relations of the Johns Hopkins University, and the Transatlantic Biosecurity Network. The exercise used a fictitious scenario designed to mimic a summit of transatlantic leaders forced to respond to a bioterrorist attack. These transatlantic leaders were played by current and former officials from each country or organization represented at the table. There was an audience of observers from governments on both sides of the Atlantic as well as from the private sector, but the venue was designed to focus all attention on the summit principals and their discussions around the table.

The exercise was held in real-time using the world's current geopolitical context as a backdrop. Throughout the exercise, the summit principals received information in the format of: briefings by the "Summit Staff," periodic news videos from the "Global News Network," and personalized bulletins from their "national advisors." The exercise was designed to trigger intense discussions amongst the principals on a series of issues central to the international response to bioterrorism. While the epidemic caused by a bioterrorist attack would ultimately be a global crisis, the exercise focused on the transatlantic community since this region has a high potential for a successful, collaborative bioterrorism response. It contains both closely aligned nations (NATO and the EU), and a high concentration of resources essential for an effective response.

In the scenario, the transatlantic leaders had assembled for a long-planned "Transatlantic Security Summit" in Washington, DC. In attendance were the Presidents of the European Commission, France, and the United States, the Chancellor of Germany, the Prime Ministers of Canada, Germany, Italy, the Netherlands, Poland, Sweden, and the United Kingdom, and the Director-General of the World Health Organization. On January 13, the eve of the summit, smallpox cases were reported in Germany, the

Netherlands, Sweden, and Turkey. The leaders decide to meet for a few hours on the 14th before heading home to deal with the emerging crisis.

During the six hour meeting, the transatlantic leaders wrestled with the enormity and rapid pace of the emerging epidemics of smallpox, the tension between domestic politics and international relations, the challenge of controlling the movement of people across borders, and an international shortage of critical medical resources such as smallpox vaccine.

The total number of reported smallpox cases rose throughout the day from 51 cases in four European countries at 9:00 am to 3,320 cases throughout Europe and North America just 4.5 hours later at 1:30 pm—with projections indicating the possibility of 660,000 cases worldwide within 30 days. Ultimately, the outbreaks were discovered to be the result of covert attacks on transportation hubs and centers of commerce in six cities: Istanbul, Rotterdam, Warsaw, Frankfurt, New York, and Los Angeles.

**Throughout the day, the Summit Principals focused on a series of key issues:**

1. How should nations in the transatlantic community work together to respond to this new type of security threat?
2. Was this a public health or an international security crisis, or both?
3. What is the role of multilateral organizations such as NATO, the EU, and the UN?
4. Should NATO's mutual defense clause ("Article 5") be invoked?
5. How will domestic political pressures affect the ability of leaders to work together internationally?
6. How should limited medical resources be shared among nations, when, for instance, some countries have enough vaccine to cover an entire population, but many more do not? Is sharing even possible?
7. Should the World Health Organization serve as the "honest broker" to distribute pooled stocks of vaccine and other medical resources?
8. Should leaders restrict the movement of people within their nations and across national borders? What would be the economic consequences?
9. What messages should be conveyed to the public and the media?

After deciding upon their message to the public, the Summit Principals convened a press conference with journalists from Europe and North America (played by current and former members of the international press). At the conclusion of the press conference, the exercise ended and the summit principals stepped out of their roles. To reflect on the day's events, the participants joined in a moderated discussion, led by Nik Gowing of the BBC, in which they discussed lessons learned, and what steps could be taken to resolve the dilemmas they faced throughout the day.

The organizers would like to thank the distinguished participants of *Atlantic Storm* who had the courage to immerse themselves in this unfamiliar and challenging scenario. We did not expect the participants to find the "right" answers. The hope was that the collective experience and wisdom of the group would illuminate the difficulties of a transatlantic response to bioterrorism and suggest possible paths forward, and in this, the *Atlantic Storm* players were successful.

**Pre-Scenario Briefing: Issues To Consider: Received January 13, 2004:**

**Summary**

The agenda originally planned for this summit has been changed. Summit discussion will now focus on how to respond to the reports of smallpox cases in Germany, the Netherlands, Sweden, and Turkey. The German Chancellor, the Dutch and Swedish Prime Ministers, as well as the other summit participants have agreed to postpone their departures briefly so they may meet together to discuss ways to cope with the crisis. Since smallpox no longer exists in nature, it must be assumed for the present that the discovery of smallpox cases represents a misdiagnosis, an accidental release from a laboratory, or a terrorist



attack. Press offices in each country have released statements to inform citizens that their government is mobilizing all resources to respond to the situation and that their leaders will be attending an urgent summit with transatlantic leaders in Washington, DC tomorrow morning.

## Issues to Consider

These issues present themselves immediately:

**1. Determining whether there has been an attack:** All military, intelligence, and law enforcement services have been alerted to the possibility of terrorist attacks in Europe. Response is being coordinated with key allies. The UN Security Council will meet at 11:00 a.m. EST to consider the crisis.

**2. International health response:** The World Health Organization (WHO) has notified members of the Global Outbreak Alert and Response Network (GOARN) about the reports of smallpox cases in Europe. The GOARN members are health experts and institutions from around the world who have agreed to help respond to international public health crises. The GOARN is now working to assemble a team of experts from a number of countries to respond to the smallpox crisis, but this will take time to organize. The WHO itself is expected to be able to contribute a modest number of its own health experts in response teams to assist in the investigations, but this may also take one or more days to get started.

European Union member states have been notified of the smallpox reports through the EU Rapid Alert System for Biological and Chemical Attacks (RAS-BICHAT). This system allows EU member states to notify other member states of biological or chemical emergencies through a phone and fax protocol. RAS-BICHAT is also intended to rapidly identify and coordinate experts from member states who could comprise an expert response team. That coordinating effort has begun, but will take some time.

**3. National and international smallpox vaccine supplies:** Only a handful of nations have enough smallpox vaccine for their entire population. Best estimates are that there are only 700 million doses of vaccine in the world today, enough to vaccinate only 10% of the global population.

The WHO has 2.5 million doses of smallpox vaccine stockpiled in Geneva. The WHO Director-General may authorize the release of the stockpile should this become necessary. However, it is not clear how decisions will be made regarding distribution of this vaccine stockpile, and the WHO does not have the logistical capacity to physically transport its vaccine from Geneva.

**4. Activating NATO:** The North Atlantic Council will meet in Brussels at 9:00 a.m. EST to consider the crisis. NATO's mutual defense clause, "Article V," has been activated only once, after the attacks on the U.S. on September 11, 2001. NATO was formed to wage a conventional war with the Soviet Union; therefore, NATO's role in the current bioterrorist crisis is not clear. *Atlantic Storm* was a tabletop exercise convened on January 14, 2005 by the Center for Biosecurity of the University of Pittsburgh Medical Center (UPMC), the Center for Transatlantic Relations of the Johns Hopkins University, and the Transatlantic Biosecurity Network. © 2005 UPMC. All rights reserved. Pre-scenario Briefing: Issues to Consider, received January 13, 2005

**5. Managing travel and commerce:** Due to the limited supplies of vaccine, the leaders at the summit may wish to discuss travel restrictions and border closures as a means of controlling the spread of disease from person to person. The lack of controls at borders shared by European nations that have implemented the Schengen Treaty would make actions to restrict free movement of persons challenging to implement. A slowdown or shutdown of travel or commerce in reaction to this crisis would do serious damage to the \$2.5 trillion transatlantic economy.

**6. Crafting a coordinated message:** Public fears are running high in Europe, and anxieties could grow around the globe. The public statement made at the end of this summit will be an important opportunity to

communicate expectations and maintain public confidence, which will be critical to the successful management of this crisis in the coming days and weeks.

### **Smallpox Fact Sheet:**

Smallpox is one of history's greatest scourges, and its eradication is one of medicine's greatest triumphs. Because it is both highly contagious and highly lethal, smallpox presents a preeminent threat as a biological weapon.

### **Key Facts**

1. Smallpox is caused by the virus variola major.
2. It spreads from person to person in droplets, creating a self-propagating epidemic.
3. It kills 30% of those infected; there is no effective treatment.
4. Vaccination before exposure prevents infection; vaccination within 4 days after exposure can reduce the severity of the disease.
5. The incubation period, which is the time between infection and the onset of symptoms, is usually 12 to 14 days, but can be as short as 7 days.
6. All infected patients develop fever and rash; there are no asymptomatic carriers.
7. The virus infects only humans. Interruption of spread from human to human eradicated the disease.
8. There are only two official stocks of smallpox virus in the world (U.S. and Russia). However, many tons of weaponized virus were secretly produced by the Soviet Union, and there is concern that other countries may now possess the virus
9. Vaccination stopped in 1980, and many of the people vaccinated before this time have lost immunity. It is estimated that 75% of the world's population is now susceptible.
10. Most countries have little or no vaccine. Global stockpiles, in toto, amount to fewer than 800 million doses—enough to vaccinate some 10% of the population.
11. Only five companies now manufacture smallpox vaccine.

### **Transmission**

Smallpox is transmitted from person to person, usually through face-to-face exposure. On rare occasions it can carry through the air for some distance. It can also be transmitted via contaminated clothes and sheets. Under most circumstances one victim infects 2 to 5 other persons, but infection can occur only after the onset of fever and rash. Thus, early isolation of an infected patient is an important control measure.

### **Clinical Illness**

1. Symptoms start suddenly with high fever, severe headache, and muscle and abdominal pain. Victims are usually so sick that they take to bed.
2. After 2 to 3 days a rash begins, at which point the patient becomes contagious.
3. Pustules develop primarily over the face, arms, and legs. Similar pustules in the mouth and throat make eating and drinking difficult.
4. Scabs form over the pustules and fall off after 3 to 4 weeks.
5. Most survivors are left with permanent disfiguring facial scars, and some survivors are left blind.

### **History**

1. Throughout history, from the time of the pharaohs, smallpox has been the most devastating of all pestilential diseases.
2. As recently as the 20th century, smallpox killed 300 million people before being eradicated.
3. In 1967 the WHO launched a campaign to eradicate smallpox. The last case occurred in 1977, and smallpox was declared eradicated in 1980.

### **Control of Smallpox:**

In the global campaign, the principal strategy to contain smallpox and the one now recommended is called “surveillance and containment” or “ring vaccination.” This calls for the isolation of all patients, the vaccination of all persons who have been in contact with a patient since he or she became ill, and the vaccination of the patient’s household contacts. Healthcare workers are also vaccinated as a priority. During the eradication campaign, these measures proved to be more effective than mass vaccination.

During an outbreak, vaccination is recommended for all at risk of acquiring smallpox—even individuals who may experience more serious reactions. Vaccination under non-epidemic circumstances is not recommended for certain people who are more likely to experience complications—such as those whose immune system may be suppressed (patients with HIV and those receiving chemotherapy or radiation) or who have a history of eczema.

### **Now vs. 1980**

1. Many more people are traveling, and there is no way to identify travelers who may be infected but do not yet have symptoms.
2. Urban populations are larger and immunity is much lower.
3. Hospitals are functioning at full capacity, with little capacity to deal with patients in an epidemic.

### **Issues to Consider: Vaccination Strategies: Ring VS. Mass Vaccination:**

**Ring Vaccination** (targeted vaccination) is a strategy in which only direct contacts (friends, family members, and coworkers) of confirmed smallpox victims are identified and vaccinated.

**Mass Vaccination** is a strategy in which all persons in an area (city, region, or entire country) are vaccinated, whether exposed to the smallpox virus or not.

### **Issues to Consider: Small Pox Vaccine Dilution:**

Several U.S. studies<sup>1</sup> have suggested that the U.S. vaccine can be safely diluted 5-to-1, and health officials have stated publicly that in the event of a crisis, the U.S. could dilute its vaccine supply. This type of dilution has never been used in an actual emergency.

1. The European Commission<sup>2</sup> has reviewed the two U.S. dilution studies and concluded that diluting vaccine would be inadvisable. The EC believes that dilution would increase the risk of ineffective inoculations.
2. WHO has decided that there will be no diluted vaccine in the WHO stockpile because of the risks associated with dilution.

### **Scenario Planning Assumptions: Method of Smallpox Attacks:**

#### **Smallpox Biological Weapons**

Seed stocks of variola major virus (the causative agent of smallpox) were obtained by Al-Jihad Al-Jadid from a bioweapons facility in the former Soviet Union. The Al-Jihad Al-Jadid scientists received training in microbiology at Indian and U.S. universities. These scientists received additional training when the group hired a scientist who was part of the former Soviet Union’s offensive biological weapons program. This scientist taught the Al-Jihad Al-Jadid scientists how to grow a number of biological agents, including variola major, Bacillus anthracis, Ebola virus, and Burkholderia mallei (glanders). The terrorist group combined this knowledge with publicly available technical information to develop dry powder preparations

of the viruses. Then, with their own microbiology training, the terrorist group was able to acquire all the required laboratory equipment to grow and process the Variola major seed stock they had acquired into a relatively high-quality dry powder that was then used in the attacks.

The attacks were carried out by vaccinated terrorists who walked throughout the target locations for several hours during periods of peak occupancy. A commercially available dry powder dispenser the size of a small fire extinguisher was hidden in a backpack and used to disseminate the agent.

1. Based on reports from former Soviet scientists, variola virus stocks are believed to exist in at least two, and possibly three, biological weapons laboratories in the former Soviet Union. Many of those who once worked in these laboratories are now working in other countries, but little information is available as to where they are or what they are doing.<sup>1</sup>

2. The former Soviet Union made smallpox biological weapons in industrial-scale (i.e., tens and hundreds of tons) quantities.<sup>2</sup>

Smallpox virus can be grown in embryonated eggs and in a variety of tissue cell culture systems.

3. If one were to make a dried powder preparation of a virus, one would have several sources for information on methods. Variola virus can be processed to a stable dried form just as vaccinia virus is dried to make a vaccine. There is a significant amount of open source technical information on the creation of dry powder bioaerosols.

4. There are many commercial freeze-dryers available; a simple internet search will pull up a bench-top model that would be adequate.

5. The amount of smallpox virions required to infect humans is presumed to be very low.

6. Disseminating bioaerosols via dry powder dispensers and sprayers is possible, and a number of these devices are commercially available.

### **Issues to Consider: Smallpox Response Plans:**

Smallpox is one of history's greatest scourges, and its eradication is one of medicine's greatest triumphs. Because it is both highly contagious and highly lethal, smallpox presents a preeminent threat as a biological weapon.

While all the countries represented in *Atlantic Storm* have smallpox response plans, which vary widely in their substance and length, all address roughly the same set of key issues:

#### **1. Alert Levels**

- A. Most countries have developed a system of "alert levels" that direct their actions for preparedness and response.

- B. Alert levels generally start at "zero," which signifies no cases of smallpox anywhere in the world, and progress upward through levels determined according to the number and location of suspected and/or confirmed smallpox cases.

- C. The most vigorous responses are triggered when smallpox cases appear within a given country's boundaries.

#### **2. Smallpox Vaccine & Vaccination Strategies**

- A. Countries have varying amounts of smallpox vaccine stockpiled for use in an emergency. Some countries have enough vaccine to cover every person in the nation, while others have minimal amounts that would cover less than 5% of their population.

- B. Most countries, and the World Health Organization, consider "ring vaccination" to be the preferred strategy for controlling the spread of disease. Ring vaccination is typically characterized by an effort to identify and vaccinate all of the direct contacts of confirmed smallpox victims, including friends, family members, and co-workers.

- C. Most countries indicate that if it appears that a smallpox epidemic cannot be controlled through ring vaccination, they would switch to mass vaccination, which is the vaccination of all individuals in an area (city, region, or entire country) regardless of exposure to the smallpox virus.

D. In every country, the decision to switch to mass vaccination would be made by very senior government officials, but most plans do not specify or define specific triggers for the switch.

### 3. Command & Control

A. All plans describe command and control structures to guide the nations' responses to a smallpox outbreak.

The command and control structures vary greatly, ranging from centrally-organized responses by the federal government to highly B. devolved systems in which provincial or even local authorities are in charge of response.

### 4. Public Communication

A. Most plans describe, in varying levels of detail, how government authorities would communicate with the public during a smallpox crisis.

### 5. International Communication & Cooperation

A. Other than alerting international bodies such as the World Health Organization and other communication networks, most plans focus primarily on actions that would be taken within the borders of a given country, and do not discuss interactions with neighboring countries or the broader international community.

### **Scenario Planning Assumptions: Smallpox Response and Methods for Acquiring Them:**

Methodology for Summarizing National Smallpox Response Plans: *Atlantic Storm* was designed to illustrate the challenges of mounting an effective international response to bioterrorism. It was not intended to test individual nations' bioterrorism response plans. However, the people playing the roles of national leaders needed to be briefed on their nations' plans. Therefore, the smallpox response plans for the nations involved in the exercise were summarized by the exercise design team. All the summaries distributed during the exercise were reviewed by knowledgeable experts from the respective nations. From these summaries, one-page briefing memos were prepared for each participant.

### **Scenario Planning Assumptions: Smallpox Epidemiology:**

#### **Total Infected During Attacks: 84,000**

1. 8,000 infected in Istanbul on January 1 (Grand Bazaar)
2. 16,000 infected in Frankfurt on January 2 (Frankfurt Airport)
3. 8,000 infected in Rotterdam on January 2 (Metro)
4. 12,000 infected in Warsaw on January 2 (Metro)
5. 16,000 infected Los Angeles on January 4 (LAX airport)
6. 24,000 infected in New York on January 4 (Penn Station)

**Emergence of Cases:** Epidemiological curve for the emergence of smallpox cases was based on: Figure 4.7, in Fenner, et al., *Smallpox and Its Eradication*. Geneva, Switzerland: World Health Organization; 1988:188.

**It was assumed that:**

- A.** Smallpox symptoms began (as early as 7 days after infection) with 2 days of fever, followed by a rash.
- B.** Initial diagnoses in European countries on January 13 were made in people who had at least day 3 of rash. This assumption is based on pictures in Fenner, et al.,<sup>2</sup> and the expert medical opinion of the Center for Biosecurity's medical doctors, including Dr. D. A. Henderson.
- C.** By January 14, numbers of suspect smallpox cases would begin to reflect reports of smallpox cases in much earlier stages of development (day 1, 2, or 3 of rash). Once the attacks are recognized, smallpox will be suspected in people who exhibit rash or fever but who are, in fact, not infected with smallpox.

**Accumulation of cases** from 9 a.m. to 1:30 p.m. on January 14 (start to end of exercise) was calculated based on the assumption that by 1:35 p.m. EST on January 14, between 10% and 30% of patients with day one rash and beyond would be reported to health authorities. These reports would include some "false positive" cases.

**Calculations of total casualties and deaths for the final video:** We assumed a 25% case fatality rate. We assumed a modest decrease in the historic case fatality rate of 30% due to access to modern health care for some victims and some degree of residual immunity in a modest number of adults vaccinated before 1980.

1. Person-to-person spread in the first generation of cases was 1:3 in all countries.<sup>3</sup>
2. Person-to-person spread in second generation was 1:0.25
3. This lower transmission rate is used because highly effective disease control measures had been established by mid-February, including vaccination of millions of contacts and healthcare workers in all the countries that were attacked.
4. It was assumed that leaders of countries with large vaccine stockpiles would share vaccine with affected countries that had small vaccine stockpiles.
5. It was also presumed that large-scale vaccination would begin within days after January 14, that countries would impose strict isolation of cases, and that residents in affected countries would self-impose social distancing (e.g., cancellation of big public events).
6. The spread and fatality assumptions were necessary to create a final video that depicted a possible outcome of the players' decisions. The *Atlantic Storm* participants may have chosen different actions than what exercise designers believed they would take.

**Scenario Planning Assumptions: Explanation of Increases in Cases & Projections:**

Suspected cases of smallpox identified on January 14 are all first generation cases in people who were infected during the smallpox attacks, which occurred sometime in early January. The increase in the number of cases reported throughout the course of the exercise is due to increased discovery and reporting of these original victims of the attacks. The rising numbers do not reflect contagious spread of the disease. Symptoms of smallpox do not usually become apparent until 7 to 17 days post-exposure, so it will take perhaps another week before all of the original victims have begun to show signs of disease.

Historical analysis of smallpox outbreaks suggests that the number of cases reported on January 14, following attacks early in the month, would likely represent just 2% of the total number of people infected during the attacks. The transatlantic leaders were provided with estimates of the future course of the epidemic to help inform their deliberations about response. A disease transmission rate of 1 to 3 was chosen for the first-to-second generation of cases (that is, 1 infected person would on average infect 3 others). For second-to-third generation transmission, a rate of 1 to 0.25 was assumed, taking into account estimates of the effects of vaccination and other disease control efforts that could be employed in the

weeks following discovery of the epidemic. Projections of case numbers through February are based on these assumptions.

For a more thorough explanation of the exercise assumptions and calculations of morbidity and mortality, please see the Assumptions document that was prepared for the exercise observers and is referred to throughout this presentation.

### **Scenario Planning Assumptions: Discovery of Bioweapons Laboratory in Austria:**

This laboratory was disguised as a small brewery in Klagenfurt, Austria. The facility contained seed stocks of the smallpox and Ebola viruses and the *Bacillus anthracis* bacterium. The laboratory contained all the equipment required for a modern microbiology laboratory, including: incubators, fermenters, freezers, and biocontainment cabinets, as well as instruments and reagents required for modern molecular biology techniques and genetic engineering. All of this laboratory equipment is entirely dual-use, is available on the open market, and could be housed in a building as small as a 3-car garage.

### **Atlantic Storm: Scenario Planning Assumptions:**

(Distributed at the End of Exercise—January 14, 2005)

## **I. Exercise Background**

### **Premise**

An informal group of international leaders was scheduled to meet in Washington, DC, on January 14, 2005, for a “Transatlantic Security Summit” on international cooperation in preparing for and responding to WMD terrorism. On the eve of the summit, it became apparent that people from several European countries were infected with smallpox. Before returning to their home nations to manage the crisis, the assembled leaders agreed to convene an emergency meeting to address the steps that the transatlantic community could take to respond to the crisis.

The exercise was designed to run in real time in the real world of January 14, 2005. No other artificial political or economic context was added.

### **World Leaders in Attendance**

Prime Minister of Canada  
President of the European Commission  
Chancellor of the Federal Republic of Germany  
President of France  
Prime Minister of Italy  
Prime Minister of the Netherlands  
Prime Minister of Poland  
Prime Minister of Sweden  
Prime Minister of the United Kingdom  
President of the United States  
Director General, World Health Organization

## **II. Method of Smallpox Attacks**

### **Smallpox Biological Weapon**

Seed stocks of Variola major virus (the causative agent of smallpox) were obtained by Al-Jihad Al-Jadid from a bioweapons facility in the former Soviet Union.

The Al-Jihad Al-Jadid scientists received microbiological training at Indian and U.S. universities. These scientists received additional training when the group hired a scientist who was part of the former Soviet Union's offensive biological weapons program. This scientist taught the Al-Jihad Al-Jadid scientists how to grow a number of biological agents, including variola major, *Bacillus anthracis*, Ebola virus, and *Burkholderia mallei* (glanders). The terrorist group combined this knowledge with publicly available technical information to develop dry powder preparations of the viruses. Then, with their own microbiology training, the terrorist group was able to acquire all the required laboratory equipment to grow and process



the variola major seed stock they had acquired into a relatively high-quality dry powder that was then used in the attacks.

The attacks were carried out by vaccinated terrorists who walked throughout the target locations for several hours during periods of peak occupancy. A commercially available dry powder dispenser the size of a small fire extinguisher hidden in a backpack was used to disseminate the agent.

Based on reports from Russian scientists, variola viral stocks are believed to exist in at least two and possibly three of the former biological weapons laboratories in the former Soviet Union. Many of those who once worked in these laboratories are now working in other countries, but little information is available as to where they are or what they are doing.

1. The former Soviet Union made smallpox biological weapons in industrial-scale (i.e., tens and hundreds of tons) quantities.
2. Smallpox virus can be grown in embryonated eggs and a variety of tissue cell culture systems.
3. If one were to make a dried powder preparation of a virus, one would have several sources for information on methods. Variola virus can be processed to a stable dried form just as vaccinia virus is dried to make a vaccine. There is a significant amount of open source technical information on the creation of dry powder bioaerosols.
4. There are many commercial freeze-dryers available; a simple internet search will pull up a bench-top model that would be adequate.
5. The amount of smallpox virions required to infect humans is presumed to be very low. Disseminating bioaerosols via dry powder dispensers and sprayers is possible, and a number of these devices are commercially available.

### **III. BW Laboratory Discovered in Austria**

This laboratory was disguised as a small brewery in Klagenfurt, Austria. The facility contained seed stocks of the smallpox and Ebola viruses and the *Bacillus anthracis* bacterium. The laboratory contained all the equipment required for a modern microbiology laboratory, including: incubators, fermenters, freezers, and biocontainment cabinets, as well as instruments and reagents required for modern molecular biology techniques and genetic engineering. All of this laboratory equipment is entirely dual-use, is available on the open market, and could be housed in a building as small as a 3-car garage.

### **IV. Smallpox Attacks: Sites and Rationale for Attack Size**

#### **Frankfurt am Main, Germany**

**Date of attack:** January 2, 2005

**Attack site:** Frankfurt Airport

**Number of infected:** 16,000

**Rationale:** 131,500 people go through Frankfurt airport on an average day. Holiday traffic could be as much as 50% higher.

#### **Rotterdam, Netherlands**

**Date of attack:** January 2, 2005

**Attack site:** RET Metro System

**Number of infected:** 8,000

**Rationale:** The Rotterdam Metro has two lines, the Erasmus line (110,000 people per day) and the Caland line (119,000 people per day). The Caland line includes the Pernis stop, which serves the Port of Rotterdam.

### **Warsaw, Poland**

Date of attack: January 2, 2005  
Attack site: Metro Warszawskie  
Number of infected: 12,000  
Rationale: 280,000 passengers per day

### **Los Angeles, USA**

**Date of attack:** January 4, 2005  
**Attack site:** Los Angeles International Airport  
**Number infected:** 16,000  
**Rationale:** 150,000 passengers per day; holiday traffic could be as much as 50% higher

### **New York City, USA**

**Date of attack:** January 4, 2005  
**Attack site:** Penn Station  
**Number of infected:** 24,000  
**Rationale:** An estimated 600,000 people travel through Penn Station each day

### **Istanbul, Turkey**

**Date of attack:** January 1, 2005  
**Attack site:** Grand Bazaar  
**Number of infected:** 8,000  
**Rationale:** The Grand Bazaar of Istanbul is a covered market with 5,000 shops. It has 25,000 employees and 250,000 visitors per day.

## **V. Smallpox Epidemiology Planning Assumptions**

### **Total Infected During Attacks: 84,000**

1. 8,000 infected in Istanbul on January 1 (Grand Bazaar)
2. 16,000 infected in Frankfurt on January 2 (Frankfurt Airport)
3. 8,000 infected in Rotterdam on January 2 (Metro)
4. 12,000 infected in Warsaw on January 2 (Metro)
5. 16,000 infected Los Angeles on January 4 (LAX airport)
6. 24,000 infected in New York on January 4 (Penn Station)

**Emergence of Cases:** Epidemiological curve for the emergence of smallpox cases was based on: Figure 4.7, in Fenner, et al., *Smallpox and Its Eradication*. Geneva, Switzerland: World Health Organization; 1988:188.

### **It was assumed that:**

1. Smallpox symptoms began (as early as 7 days after infection) with 2 days of fever, followed by a rash.
2. Initial diagnoses in European countries on January 13 were made in people who had at least day 3 of rash. This assumption is based on pictures in Fenner, et al.,<sup>12</sup> and the expert medical opinion of the Center for Biosecurity's medical doctors, including Dr. D. A. Henderson.
3. By January 14, numbers of suspect smallpox cases would begin to reflect reports of smallpox cases in much earlier stages of development (day 1, 2, or 3 of rash). Once the attacks are

recognized, smallpox will be suspected in people who exhibit rash or fever but who are, in fact, not infected with smallpox.

4. Accumulation of cases from 9 a.m. to 1:30 p.m. on January 14 (start to end of exercise) was calculated based on the assumption that by 1:35 p.m. EST on January 14, between 10% and 30% of patients with day one rash and beyond would be reported to health authorities. These reports would include some “false positive” cases.

**Calculations of total casualties and deaths for the final video:** We assumed a 25% case fatality rate. We assumed a modest decrease in the historic case fatality rate of 30% due to access to modern health care for some victims and some degree of residual immunity in a modest number of adults vaccinated before 1980.

1. Person-to-person spread in the first generation of cases was 1:3 in all countries.<sup>13</sup>
2. Person-to-person spread in second generation was 1:0.25
3. This lower transmission rate is used because highly effective disease control measures had been established by mid-February, including vaccination of millions of contacts and healthcare workers in all the countries that were attacked.
4. It was assumed that leaders of countries with large vaccine stockpiles would share vaccine with affected countries that had small vaccine stockpiles.
5. It was also presumed that large-scale vaccination would begin within days after January 14, that countries would impose strict isolation of cases, and that residents in affected countries would self-impose social distancing (e.g., cancellation of big public events).
6. The spread and fatality assumptions were necessary to create a final video that depicted a possible outcome of the players’ decisions. The *Atlantic Storm* participants may have chosen different actions than what exercise designers believed they would take.

#### **Intelligence Briefing, 9:10 a.m. EST:**

##### **Al-Jihad Al-Jadid**

Al-Jihad Al-Jadid (The New Jihad) is a radical al Qaeda splinter group that is small, well-funded, fanatical, and well-educated.

1. Western intelligence agencies have been tracking this group for the past eight months.
2. Two months ago, three suspected members were killed in a raid at a small laboratory in Islamabad, Pakistan. More than 50 liters of growth medium were discovered in this facility. No dangerous biological pathogens were found.
3. The group has made contacts with former Soviet bioweaponers.
4. Ahmed Alnami is one of the senior leaders of this group. Alnami has a Ph.D. in microbiology, and he is deemed to be fully capable of weaponizing and mass producing the variola virus that causes smallpox. He dropped out of sight of intelligence six months ago.
5. This group is willing to suffer collateral casualties in Muslim populations in pursuit of Jihad.

#### **Intelligence Cooperation**

This information is being corroborated by U.S., UK, French, and German intelligence. Cooperation among these organizations is good. Intelligence and law enforcement agencies from all of the countries seated at this table, working in very close cooperation, are responding to what we are convinced is a deliberate release of the smallpox virus in several European countries.

#### **Situation Update, 9:15 a.m. EST:**

**1. Actions Needed to Stop Spread:** Persons already infected by these attacks will now get smallpox no matter what we do. The focus should be on stopping the spread of smallpox, which will be a race against time. Actions that should be taken immediately include:

- A. Finding cases and isolating them. This will be a difficult task, because there is no precise information on the place and time of exposure.
- B. Finding and vaccinating close contacts of smallpox victims. If these contacts develop fever, they will be suspected of having smallpox and should be isolated immediately. Vaccination within 3-4 days of exposure can prevent smallpox. Vaccination will not prevent the disease once a patient has developed symptoms.
- C. Vaccinating healthcare workers. This should be a top priority.

**2. National Smallpox Vaccination Strategies:** All of the countries participating in this summit have national smallpox vaccination plans. Most plans begin with targeted (ring) vaccination of close contacts, healthcare workers, and other high risk personnel. Some plans call for a switch to mass vaccination, generally when the outbreak is too large for ring vaccination. Triggers for vaccination of national command structures and military personnel are not identified in these plans.

**3. International Actions Underway:** The World Health Organization (WHO) has notified members of its Global Outbreak and Alert Network (GOARN). The WHO Emergency Operations Center is activated, but because of the tsunami, the WHO faces competing demands on its finite resources.

- A. The EU has activated its rapid alert system, and response teams are being assembled.
- B. Interpol and Europol are working with national governments.
- C. U.S., UK, French ambassadors are preparing a draft UN Security Council Resolution condemning attacks
- D. NATO permanent representatives are now meeting in Brussels.

#### 4. International Strategic Issues

The Summit staff recommends that leaders focus on the following strategic issues:

- A. Apprehending perpetrators and protecting against further attacks
- B. Using limited vaccine supplies strategically
- C. Stopping the spread of smallpox
- D. Communicating with the public

#### Situation Update, 10:00 a.m. EST:

##### 1. National Smallpox Vaccine Stockpiles

Table 1 compiles the most recent information provided by each country; some countries were reluctant to disclose vaccine stockpile data. The total global inventory of smallpox vaccine is just over 700 million doses, which is enough to vaccinate a little more than 10% of the world's population:

- 1. 40 countries have some smallpox vaccine supply.
- 2. Many countries have little or no vaccine.
- 3. Some countries have enough vaccine to cover their entire population
- 4. No country has extra vaccine.

##### 2. Methods Used to Determine National Smallpox Vaccine Stockpiles

Vaccine stocks for countries were determined in the following manner:

- 1. First, a search of open source literature was performed by the *Atlantic Storm* team to determine current country stockpiles. Members of the *Atlantic Storm* team then communicated with officials

from the World Health Organization, commercial sources, and other knowledgeable experts to assess the status of global national vaccine stocks.

2. Population figures were gathered from the CIA World Factbook. Available at <http://www.cia.gov/cia/publications/factbook/index.html>. Accessed December 2004.

3. Countries that specifically stated they had sufficient vaccine supplies to vaccinate their populations were assumed to have a number of vaccine doses equal to or greater than their country's population.

4. Reports of vaccine orders were assumed to be filled unless there was specific information to the contrary.

5. For this exercise, we assumed that nations have sufficient bifurcated needles to administer vaccine, regardless of how much the vaccine was diluted.

### 3. Smallpox Vaccine Production Capacity

Table 2 summarizes currently available information about the world's annual smallpox vaccine production capacity. Smallpox vaccine must be made in dedicated facilities, and other vaccine production facilities cannot be easily converted to make smallpox vaccine.

1. Four companies make smallpox vaccine.

2. Total global production capacity is 274 million doses per year, or 23 million doses per month.

3. Under emergency conditions, production could be ramped up to produce 480 million doses per year. Even with ramped up production capacity, it would take 10 years to produce enough vaccine for the entire planet.

4. Russia is thought to have production capacity of 25 million doses per year, but this data is not yet confirmed.

### 4. Smallpox Vaccine Dilution

Several U.S. studies<sup>1</sup> have suggested that the U.S. vaccine can be safely diluted 5-to-1, and health officials have stated publicly that in the event of a crisis, the U.S. could dilute its vaccine supply. This type of dilution has never been used in an actual emergency.

1. The European Commission<sup>2</sup> has reviewed the two U.S. dilution studies and concluded that diluting vaccine would be inadvisable. The EC believes that dilution would increase the risk of ineffective inoculations.

2. WHO has decided that there will be no diluted vaccine in the WHO stockpile because of the risks associated with dilution.

### 5. National Smallpox Vaccination Strategies

**Rationale for Ring Vaccination:** Ring (targeted) vaccination is the preferred strategy for all countries, and is the strategy advised by the WHO. Targeted vaccination will ensure that vaccine is used where it is most needed. If countries use targeted vaccination, there will be more vaccine available to share with other nations.

**Rationale for Mass Vaccination:** Mass vaccination will provide immediate protection for all persons who are vaccinated. Mass vaccination will protect against future or ongoing smallpox attacks. Political pressure and public demand for mass vaccination will be extreme. Mass vaccination will be difficult because there is no existing international framework to plan or implement vaccine sharing between nations. Many nations do not have enough vaccine for all of their citizens. No nations have implemented such a mass vaccination campaign in decades.

## **6. International Vaccine Sharing**

Summit participants must decide whether or not to share national vaccine supplies. Vaccine can be shared through bilateral and/or multilateral arrangements. There are no existing multilateral arrangements for international vaccine sharing. The WHO, NATO, the EU, the UN, or an ad hoc sharing coalition are all international entities that might be used to share national vaccine stockpiles. While some of these entities have worked on developing virtual stockpiles that could be used in a crisis, none have been used in an actual crisis situation. Also, it is important to note the EU explicitly decided not to have a smallpox vaccine stockpile because of the challenge of implementing a stockpile during a crisis.

### **Situation Update, 11:35 a.m. EST:**

#### **Controlling Smallpox Spread**

Countries need to control the spread of the smallpox outbreak while minimizing social and economic disruption. Imposition of major quarantine, border closures, and travel bans are national actions that would have significant international implications. Because quarantine and border closures may have great international consequence, they should be addressed as international issues.

#### **Historical methods of intervention to prevent the spread of smallpox include:**

1. Early detection and isolation of cases
2. School closures during epidemic
3. Cancellation of big public gatherings
4. Mandatory vaccination
5. Travel advisories
6. National conditions for entry (e.g. vaccination certificates, health screenings at border)
7. Large-scale quarantine
8. Closure of borders

#### **2. Large-scale Quarantine**

##### **Arguments for quarantine:**

1. May stop or limit smallpox spread within and between countries
2. May make response measures easier to execute
3. May be the only way for countries without vaccine to stop smallpox spread
4. Sends a strong signal to the public that the government is taking action
5. May forestall more extensive quarantine and/or draconian action later

##### **Arguments against quarantine:**

1. Its effectiveness has not been clearly demonstrated
2. Foreign nationals will be trapped inside quarantine zones
3. Has major economic consequences, including disruption of global trade flow
4. May provoke the public to flee
5. Enforcement requires resources and management of complex logistics
6. It is unclear when it is safe to end quarantine

#### **3. Border Control**

The WHO or independent national travel advisories are one border control option. This approach was used during the SARS epidemic, and in the past, some countries have used travel advisories to wage economic warfare. For example: economic competitors used travel advisories in an attempt to harm India during a plague outbreak in 1994.

Another border control measure is to set national conditions for entry from smallpox infected countries. During the SARS epidemic, temperature screenings were conducted at borders in Canada, China, and Singapore. However, it is not clear how cost-effective this measure was: 13 million people were screened, and only 12 people were found to have SARS.

Total border closure is the most severe method, and has been instituted only once in the past 50 years after a traveler returning home to Yugoslavia from the Middle East became ill with smallpox in 1972. All countries surrounding Yugoslavia closed their borders to prevent the spread of smallpox. Borders were kept closed for 2 months while the entire population of 20 million people was vaccinated by the communist Yugoslavian government. It is not clear to what extent border closures helped to end this smallpox outbreak.

If countries decide to close their borders, shortages of food, oil, and other goods will develop rapidly, and the economic impact will be great. For example, the value of the import/export business into the EU alone is 28 billion euros per day. If the Ambassador Bridge spanning the US-Canadian border were closed for just two weeks, it would cost \$2 billion in losses to the American and Canadian economies.

**Bulletin 1, 9:40 a.m. EST:**

**Turkey Requests Invocation Of Nato Article 5 and requests vaccine**

**TO:** Members of the North Atlantic Council (Canada, France, Germany, Italy, the Netherlands, Poland, United Kingdom, United States)

**FROM:** Recep Tayyip Erdogan, Prime Minister of the Republic of Turkey

The Republic of Turkey formally requests that the North Atlantic Council immediately invoke Article Five of the North Atlantic Treaty. The Republic of Turkey and other NATO members have been attacked with smallpox.

Under Article 5, the Republic of Turkey requests immediate assistance from its NATO allies. The Republic of Turkey has minimal stocks of vaccine, and this request would cover its entire population of 70 million persons.

**Note from Staff:** This bulletin was presented at the North Atlantic Council meeting in Brussels at 9:15 am EDT. The NAC is in recess pending instructions from member governments.

**ARTICLE 5 OF THE NORTH ATLANTIC TREATY**

*The Parties agree that an armed attack against one or more of them in Europe or North America shall be considered an attack against them all and consequently they agree that, if such an armed attack occurs, each of them, in exercise of the right of individual or collective self-defence recognised by Article 51 of the Charter of the United Nations, will assist the Party or Parties so attacked by taking forthwith, individually and in concert with the other Parties, such action as it deems necessary, including the use of armed force, to restore and maintain the security of the North Atlantic area.*

**Bulletin 2, 10:30 a.m. EST:**

**SPAIN REQUESTS VACCINE**

**TO:** Members of the North Atlantic Council (Canada, France, Germany, Italy, the Netherlands, Poland, United Kingdom, United States)

**FROM:** José Luis Rodríguez Zapatero, Prime Minister of Spain



Spain does not yet have confirmed cases of smallpox, but cases are likely to emerge given Spain's proximity to affected countries. The Government of Spain respectfully but urgently requests that the North Atlantic Council guarantee an immediate donation of 34 million doses of smallpox vaccine to Spain. Spain has 6 million doses of vaccine and a population of 40 million.

**Bulletin 3, 10:30 a.m. EST:**

**POSSIBILITY OF CASES IN U.S.**

**TO:** President of the United States

**FROM:** Your Chief of Staff

CDC is investigating 33 suspected cases of smallpox in LA, NYC area, Denver, and Salt Lake City. No cases confirmed by laboratory testing yet; definitive scientific results expected within the hour.

**Bulletin 4, 10:30 a.m. EST:**

**MULTIPLE REQUESTS FOR VACCINE**

**TO:** Director General of the WHO

**FROM:** Your Chief of Staff

WHO has received urgent formal requests for smallpox vaccine from the following governments:

Spain requests 34 million doses of smallpox vaccine. Spain has 6 million doses and a population of 40 million.

Serbia and Montenegro request 11 million doses of smallpox vaccine. Serbia and Montenegro have no vaccine and a population of 11 million.

Croatia requests 4.3 million doses of vaccine. Croatia has 200,000 doses of vaccine and a population of 4.5 million.

Egypt requests 76 million doses of vaccine. Egypt has no vaccine and a population of 76 million.

Total doses requested: 125 million

**TO:** President of France

**FROM:** Your Chief of Staff

The Government has received formal requests for urgent donations of smallpox vaccine from the following francophone Africa national governments:

Algeria requests 32 million doses of vaccine. Algeria has no vaccine and a population of 32 million. Democratic Republic of Congo requests 58 million doses of vaccine. The nation has no vaccine and a population of 58 million.

Niger requests 11 million doses of vaccine. Niger has no vaccine and a population of 11 million. Total doses requested: 101 million

**TO:** President of the European Commission  
**FROM:** Your Chief of Staff

The following EU governments have asked for your assistance in securing the following amounts of smallpox vaccine:

Belgium requests 9 million doses of vaccine. Belgium has 1 million doses of vaccine and a population of 10 million.

Ireland requests 3 million doses of vaccine. Ireland has less than 1 million doses of vaccine and a population of 4 million.

Spain requests 34 million doses of vaccine. Spain has 6 million doses of vaccine and a population of 40 million.

Non-EU member Switzerland has formally requested that the EU provide an urgent donation of 5 million doses of smallpox vaccine. Switzerland has 3 million doses of vaccine and a population of 8 million.

**Bulletin 5, 12:35 p.m. EST:**

**SUSPECTED CASES IN MONTREAL AND PARIS; RUMORS OF CASES IN WASHINGTON, DC**

**TO:** The Prime Minister of Canada  
**FROM:** Your Chief of Staff

Three Canadian citizens have been admitted to a Montreal hospital and are suspected of having smallpox. One of these patients had recently traveled to Frankfurt, Germany, and the other two had recently been in New York City. None of these cases has yet been confirmed.

**TO:** The President of France  
**FROM:** Your Chief of Staff

Four suspected smallpox victims have been hospitalized in Paris. These people have recently returned from Frankfurt.

**TO:** The President of the United States  
**FROM:** Your Chief of Staff

The media is reporting rumors of smallpox cases in Washington, DC. CDC cannot confirm these rumors at this time, but is actively investigating.

**Draft Press Points Prepared by Summit Staff in Consultation with Leaders:**

We are united in our determination to defeat those responsible for this attack and call on all other countries to work with us.

We ask our publics to remain calm and resolute. We are working quickly and effectively to help the sick and care for those afflicted.

We have initiated actions for immediate production of additional vaccine.

We will work together to stop the spread of the disease. Already some are in the process of ring vaccination, as recommended by the WHO. We are considering how available stockpiles should be used for our common purpose in this emergency.

We will work to establish a joint EU-NATO task force based in an operations center in Brussels with European, American, Canadian, and WHO representatives. This working group will enhance cooperation among our security, political, economic, health, and intelligence resources. We encourage Russia and other nations to contribute to this effort. We understand this task force to be just the beginning of what must be a global effort.

The United States, the United Kingdom, and France have submitted a Security Council Resolution condemning the attack and invoking Chapter VII. The UN Security Council is deliberating on this resolution now.

The NATO members participating in our meeting support invocation of Article 5 of the North Atlantic Treaty.

We will work to strengthen the regime prohibiting and preventing chemical and biological weapons.

We will work closely with our Muslim allies. Governments must take strong action against violence toward Muslims. We are all vulnerable. We are united. This is a fight we will win.

### **Statement to the Press:**

#### **President of the U.S.:**

We bring together leaders from Canada, France, Italy, Germany, the Netherlands, Poland, Sweden, the United Kingdom, the United States, the EU, and the World Health Organization, to discuss what appears to be both a global health and security challenge. We showed our determination to remain united in protecting our people in defeating those responsible for the this attack, and call on all other countries to work with us.

We ask our publics to remain calm and resolute. We are working quickly and effectively to help the sick and care for those afflicted, as well as avoiding the continued spread. We have initiated immunization of our people and immediate additional production of vaccine.

We will use all available means in our countries and in the United Nations, NATO and the EU, and our partners in Muslim countries, to pursue the perpetrators and halt the spread of disease. And we will work closely with our Muslim allies, and governments must take strong action against violence towards Muslims. We are united, and this is a fight we will win. That is our declaration.

I wanted to just give you an outline of our discussions, because it is true, we have spent a lot of time together and there is a crisis. But I think that our discussions have really been very useful, because they point the way towards continued cooperation and some ideas that have to be followed out, if we are going to be able to deal with this crisis appropriately.

So, let me just give you a brief summary, and then I will open this up. Already, some are in the process of ring vaccination, as recommended by the WHO. We're considering how available stockpiles can be used for our common purpose in this emergency, and some countries have already offered vaccine supplies.

We're working towards establishing a joint taskforce to tackle this global issue. And the taskforce will be based in an operation center in Brussels, with European, American and Canadian, and WHO, and NATO, and EU representatives. And the working group has cooperation among our security, political, economic, health, and intelligence resources. And we encourage other countries to contribute to this effort. We understand that this is a beginning and that the taskforce must end up really turning into a global effort.

The United States, the United Kingdom and France have submitted a Security Council Resolution condemning the attack and invoking Chapter 7 and the Security Council is deliberating that resolution now. The NATO members are participating in our meeting—the NATO members in this meeting are supporting invoking Article 5 of the North Atlantic Treaty. We are looking at that.

The NATO Council is meeting also. We will work to strengthen the regime, preventing chemical and biological weapons. So we are looking at various paths.

I think we have found this to be a very productive few hours, because it has shown our unity. We will all be—I will, after our press conference, be going to the Oval Office to address the people of America, and I think that my colleagues, as they return, will be doing the same thing.

We are now open to your questions, and I hope that you will address them to my colleagues, because this is a truly united effort. We have shown our determination to work together in dealing with this huge crisis to us.

Thank you.

### **Atlantic Storm Lessons & Conclusions:**

**Preparation will matter:** Nations must begin working together now to prepare systems that will support a collaborative international response to destabilizing epidemics, whether of natural cause or the result of bioterrorism. National leaders will not be able to create such systems in the midst of a crisis. Furthermore, diplomatic and political preparation, while critical, will not matter if appropriate medicines, vaccines, and medical and public health capacity are lacking, so systems must be comprehensive in scope.

**Increased knowledge and awareness are essential:** National leaders must become as knowledgeable of the unique challenges posed by destabilizing epidemics as they are of “traditional” terrorism and national security threats. As they do for all other security threats, leaders should have on hand a “check-list” of immediate actions they must take in response to bioterrorism.

**“Homeland” security must look abroad:** Homeland security cannot be achieved without attention to the abilities of neighboring states and allies in preventing and responding to large epidemics. Uncontrolled epidemics will spread across borders, threatening illness, death, societal disruption, and economic and political destabilization. Biosecurity will only be achieved through a holistic approach to homeland security—one that looks beyond each country’s geographical boundaries.

**The World Health Organization’s authority must be aligned with expectations:** World leaders should provide the WHO with resources and authority commensurate with the broad and serious expectations they have of the organization’s role in responding to international epidemics of infectious diseases. Today, in spite of all expectations, the WHO has concrete and serious budgetary, political, and organizational limits which will only be overcome through concerted action by the WHO’s member states.

**Effective communication between nations and with the public is critical:** National leaders must be able to establish effective and accurate lines of communication with other world leaders and with the public. Otherwise, time, which is always critical in responding to an epidemic, may be wasted, and leaders may lose the public’s acceptance and trust when they need it most. Communication plans that seek to engage citizens constructively in emergency response should be established and tested well in advance.

**Adequate medical countermeasures must be developed:** World leaders should work together to make significant investments in biomedical research and development of medicines and vaccines, as well as to under gird and strengthen hospitals and public health systems, all of which are essential to biosecurity.

The current lack of medical countermeasures to infectious diseases and the inability to quickly increase global production of those that do exist may force leaders to employ disease control options such as border closures that could be socially, politically, and economically destabilizing and serve to turn a crisis into a catastrophe.

**Biosecurity is one of the great global security challenges of the 21st century:** One of the great challenges of our century is preventing the deliberate use of disease as a weapon for killing millions, destabilizing economies, and disrupting societies. One of our great opportunities is to take steps that will make us both strong and resilient in the face of destabilizing epidemics – be they natural or intentional. Our biosecurity measures must always be more potent than any bioweapon used against us or any novel infectious diseases that emerges to threaten our health and well being ([UPMC, 2005](#)).

**Title:** Exercise Illuminates Transatlantic Leaders' Reactions To Bioterror Attack: Atlantic Storm Spotlights Need for Preparedness At International Level

**Date:** January 17, 2005

**Source:** [UPMC](#)

**Abstract:** What would world leaders do if they were faced with a bioterrorist attack on cities around the world? How would they react to a fast-moving and deliberately caused epidemic?

These questions were raised Friday at Atlantic Storm, a table-top exercise that simulated a smallpox attack on the nations of the transatlantic community. The ministerial bioterrorism exercise was presented by the Center for Biosecurity of the University of Pittsburgh Medical Center, the Center for Transatlantic Relations of Johns Hopkins University, and the Transatlantic Biosecurity Network.

During the exercise, which was held in Washington, DC, former prime ministers and other senior government officials from nations on both sides of the Atlantic played the roles of the heads of government of their respective nations in a mock summit.

The scenario presented to the participants was the simultaneous outbreak of smallpox in several cities: Istanbul, Frankfurt, and Rotterdam, with attacks in the U.S. surfacing later in the day. It was made clear early on that the disease had been spread deliberately, and a terrorist group claimed responsibility for the action.

The assembled world leaders debated the availability of vaccine in their countries and were surprised to learn that although some countries—including the U.S., the UK, France, Germany, and the Netherlands—had enough to vaccinate their entire populations, many countries do not. Italy and Sweden, for example, have enough vaccine for only 10% of their populations.

The issue of whether to use "ring" vaccination—that is, vaccinating those who have been in contact with patients, and health-care workers—or to opt for mass vaccination of the whole population led to discussions of which countries would be willing or politically able to share vaccine, pitting the "haves" against the "have-nots."

Acting as the U.S. President, Madeleine Albright expressed doubts as to whether the American people would be willing to give away a portion of the U.S. stockpile to European countries whose governments had been less than supportive of U.S. policies in the recent past.

"It was clear that this group of leaders all wanted to do the right thing, and they largely agreed on what that was," noted Tara O'Toole, CEO of the Center for Biosecurity. "But they were worried that their people were not prepared to accept the necessary decisions (sharing), and they at times felt compelled to take actions that might have bad implications for world."

As the day went on, the number of reported smallpox cases grew rapidly, and the number of countries whose populations were affected also increased. Cases were reported in the U.S., in Canada, and in Mexico, as well as in countries throughout Europe.

When the participants were told that dock workers in Rotterdam were infected and that the port had been closed, and that Polish citizens were streaming into Germany to try to obtain vaccine that was not available in their country, the assembled leaders were forced to confront the economic and political consequences of the crisis. A debate ensued about the advisability of closing borders, quarantining cities, and limiting the movement of people and goods.

In a discussion after the exercise had concluded, many of the players expressed surprise that their countries had not stockpiled enough vaccine. Several agreed that there was not sufficient awareness at the highest levels of governments on both sides of the Atlantic of the possibility and consequences of such a bioterrorist act.

It was also clear to the participants that no organization or structure, including NATO, the EU, and the UN, is now agile enough to respond to the challenges posed by a bioterrorist attack of this scope and complexity. The participants wanted the WHO to manage the distribution of vaccine, but former WHO Director-General Gro Harlem Brundtland admitted that its resources were limited and were already stretched by the tsunami relief response. She reminded the others that the annual WHO budget is "about as big as that of a middle-sized English hospital."

"A bioterrorist attack will immediately be an international crisis," said O'Toole, "and countries must be able to communicate and coordinate response in near-real time. Atlantic Storm has shown how critical it is for leaders to be prepared to respond to bioterrorist attacks of international dimensions requiring stark and extraordinary decisions."

#### **The participants in the mock summit included:**

1. [Madeleine Albright](#), former U.S. Secretary of State, playing the part of the President of the United States
2. [Sir Nigel Broomfield](#), former Ambassador of the UK to Germany, playing the Prime Minister of the United Kingdom
3. [Gro Harlem Brundtland](#), former Prime Minister of Norway and former Director-General of the World Health Organization, playing the Director-General of WHO;
4. [Jerzy Buzek](#), former Prime Minister of Poland, playing the Prime Minister of Poland
5. [Klaas de Vries](#), former Minister of the Interior of the Netherlands, playing the Prime Minister of the Netherlands
6. [Jan Eliasson](#), Ambassador of Sweden to the U.S., playing the Prime Minister of Sweden
7. [Werner Hoyer](#), member of the German Bundestag and former German Deputy Minister of Foreign Affairs, playing the Chancellor of the Federal Republic of Germany
8. [Bernard Kouchner](#), former Minister of Health of France, playing the President of France
9. [Erika Mann](#), member of the European Parliament, playing the President of the European Commission
10. [Barabra McDougall](#), former Foreign Minister of Canada, playing the Prime Minister of Canada
11. [Stefano Silvestri](#), former Italian Deputy Minister for Defense, playing the Prime Minister of Italy
12. [Eric Chevallier](#), Associate Professor, Institut d'Etudes Politiques de Paris and the French Ecole Nationale d'Administration, playing the Executive Secretary of the Summit ([UPMC, 2005](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The bio-terror grenade has been invented and may be used in a future false-flag bio-terror attack. In the confusion of a riot or political demonstration, a government terrorist could easily roll or throw a bio-terror grenade into an unsuspecting crowd and start a chain reaction of infection that could ultimately affect an entire nation or the world. Ultimately, the blame for the ensuing pandemic would be placed on the demonstration rather than the nation states capable of developing and using modern bio-terror weapons and techniques.

**Title:** Fuss Over Army Plan For Gas Grenade Patent Says It Can Deliver Chemical, Biological Agents

**Date:** June 9, 2003

**Source:** [SF Gate](#)

**Abstract:** A new rifle-launched gas grenade, invented by the U.S. Army ostensibly for nonlethal crowd control, has created a stir because the patent filed on the technology claims that it can deliver chemical and biological agents, two payloads forbidden by international treaty and U.S. law.

Greg Aharonian, editor of the Internet Patent News Service in San Francisco,

helped stir the tempest last week by e-mailing selected portions of patent number 6,523,478, filed by the Army on Sept. 10, 2001, and granted by the Patent Office in February.

The patent describes how to create a "rifle-launched non-lethal" projectile to release aerosols "selected from the group consisting of smoke, crowd control agents, biological agents, chemical agents, obscurants, marking agents,

dyes and inks, chaffs and flakes."

A spokesman for the Edgewood Chemical Biological Center in Aberdeen, Md., which oversaw development of the gas projectile, characterized the affair as a misunderstanding caused by an overly aggressive patent attorney who added a few poorly chosen words.

"There was never any intent to use this for chemical or biological warfare agents," wrote public affairs officer Miguel Morales.

"The attorney and the inventors were simply trying to claim their invention as broadly as legally entitled," Morales wrote, adding, "It is clear now, in hindsight, that inserting the term chemical or biological 'agents' was unfortunate."

He said the Army is planning to change the patent language to delete any reference to chemical and biological material.

But UC Davis microbiologist Mark Wheelis, an arms control expert with the Federation of American Scientists, said he was not entirely satisfied with the Army's explanation.



Wheelis cited provisions in federal law, written to enforce international treaties signed and ratified by the United States, that make it a crime to "knowingly develop" a "delivery system for use as a weapon" that contains "biological agents."

"The DOD has a job to do here, not just reassuring the U.S. public but the international community, that it is not in fact trying to develop biological weapons," Wheelis said.

Department of Defense spokesman Lt. Cmdr. Don Sewell said via e-mail, "The Army and all other components of DOD have no plans, programs, or intentions to develop chemical or biological weapons prohibited by statute or treaty."

Sewell wrote that the patented technology was intended to give U.S. troops a way to create smoke screens to mask their positions "in dangerous, hostile urban settings."

Morales, the Army spokesman, said in addition to its combat uses, the rifle- fired gas projectile could have "wide potential applications" in hostage rescues and other situations in which law enforcement officials wish to avoid "permanent damage to individuals . . . (and) little or no collateral damage to structures, the environment and bystanders."

But Edward Hammond, a bioweapons watchdog with the nonprofit Sunshine Project in Austin, Texas, said the wording of the patent represents more than a semantic error.

Hammond said the Sunshine Project Web site lists a series of government- sponsored inventions that outline ways to solve the technical challenges of delivering a gas or aerosol payload in such a way that detonation of the warhead doesn't disperse the active ingredient.

He said that while he isn't sure the new patent contains enough detail to teach a terrorist how to build a biogrenade, he said that the mere use of words like "biological and chemical agents" in the application suggests Army scientists are unaware of treaty obligations.

"What's shocking here is that the claim went through," Hammond said, asking "What does that say to you if you're the Chinese or any of a number of other countries around the world?" ([SF Gate, 2003](#)).

**Title:** US Retains Illegal Patent On Treaty-Violating Bioweapons Grenade

**Date:** November 30, 2004

**Source:** [Sunshine Project](#)

**Abstract:** The United States has not relinquished an illegal patent, granted in February 2003, on a long-range biological weapons grenade. In May of last year, the Sunshine Project revealed the patent (6,523,478), held by the US Army, and charged that the grenade violates the Biological Weapons Convention (BWC). The BWC, which meets next week at the United Nations in Geneva, prohibits development of bioweapons delivery devices "*in any circumstance*".

In the May 2003 uproar, covered in the scientific and mainstream press (see below), US officials suggested that they would alter the patent and claimed that they never intended to use the grenade for the purpose described in the patent document.

A year and half later, the biogrenade patent stands unaltered and no move has been made to withdraw it. The grenade and patent thus continue to violate US legal obligations under the Biological Weapons Convention (BWC) which forbid, in very strong terms, any development of delivery devices for biological weapons.

The Sunshine Project returned to review the biogrenade case in preparation for next week's meeting of the Biological Weapons Convention. According to Sunshine Project US Director Edward Hammond, who reviewed US Patent and Trademark Office records, "*We were appalled to discover that the US has done nothing to correct this unequivocal violation of its obligations under the*

*Biological Weapons Convention. It seems that the US wants this bioweapons grenade, after all, despite what it says to the public."*

In recent years, US compliance with the bioweapons treaty has repeatedly come into question, particularly in reference to US 'non-lethal' weapons and biodefense programs. *"The Pentagon's refusal to terminate the biogrenade program is emblematic of the Bush administration's arrogant disregard for the BWC."* says Hammond, *"Here you have an indisputable violation that is public knowledge, yet the US has done nothing to bring itself into compliance. The US invaded Iraq in pursuit of phantom bioweapons yet, here at home, it brazenly develops them."*

**Action Demanded:** In accordance with the BWC, the Sunshine Project calls upon the US government to immediately abandon all patents and patent applications related to this rifle grenade, to terminate all research and development of this rifle grenade, and to destroy any grenades that have been produced. A public commitment to quickly take these actions should be made prior to the commencement of the Meeting of States Parties to the Biological Weapons Convention on December 6<sup>th</sup>.

**The Biogrenade:** US patent 6,523,478 is titled Rifle-Launched Non-Lethal Cargo Dispenser. Somewhat similar to a rocket-propelled grenade, except lacking its own propulsion, the rifle grenade is attached to the end of an assault rifle, such as an M-16, and launched by the force of firing a bullet. It has a range of approximately 150 meters. In claim five of the patent, and in the patent text, the development of the grenade for bioweapons is described and claimed. The patent be viewed here: <http://patft.uspto.gov/netacgi/nph-Parser?patentnumber=6523478> Images of a smoke variant of the rifle grenade may be viewed at: <http://www.sunshine-project.org/incapacitants/>

**Link to Other Weapons Programs:** While the biogrenade may deliver biological agents of any lethality, it is one of many so-called non-lethal weapons designed for chemical and/or biological agents that are being developed by the US. These include a "non-lethal" (bio)chemical mortar round with a range of 2.5 kilometers, a 155mm "non-lethal" anti-personnel chemical round (designated the XM1063) with a 15km range, and the smaller "Airburst Non-Lethal Munition" (ANLM), designed for grenade launchers. For more information on these and other US "non-lethal" weapons, see: <http://www.sunshine-project.org/incapacitants/jnlwdpdf/> ([Sunshine Project, 2004](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** Genetically engineered bio-weapons are a reality and may be coming to a theater of war sometime soon. Although some would argue that genetically modified food itself is a bio-weapon, these particular weapons are essentially bio-terror agents which have been genetically modified to cause the most amount of damage possible.

**Title:** Tinkering With The Genes Of Biological Weapons: Genetic Engineering Is Regularly Used To Produce Lethal Bacteria

**Date:** July 13, 2000

**Source:** [Sunshine Project](#)

**Abstract:** Investigations by the Sunshine Project show that genetic engineering has been used in the past decade to tinker with the genes of biological weapon agents. Researchers in the USA, UK, Russia, Germany and other countries introduced genes into hazardous bacteria that are likely to enhance the biowarfare possibilities of these microbes. Strains have been designed that can withstand antibiotics, are undetectable by traditional equipment, can overcome vaccines, or that cause unusual symptoms, thereby hampering diagnosis. In general, gene transfer can be used to build more effective biological weapons, it could be used to broaden the military biological warfare spectrum, making it more difficult to fight and control bioweapons.

*"Military research seems to be out of control", says Jan van Aken, genetic engineering expert of the Sunshine Project. "Many research projects have a clear offensive potential. To just stick the label 'defense' on it is not enough. We urgently have to draw clear lines and prohibit genetic engineering with biological weapon agents."*

At the same time, it is very unclear that efforts to strengthen the Biological Weapons Convention will succeed in the round of negotiations currently underway in Geneva. In light of the increasing biowarfare threat, the international community decided in 1994 to negotiate a Protocol to strengthen the Biological and Toxin Weapons Convention (BTWC). (1)

Considering that the biowarfare threat is dramatically increasing due to the speedy development of genetic engineering, a Bioweapons Convention that it not updated to reflect new technological realities will not create global security. *"In light of recent advancements in genetic engineering, updating and reinforcement of international law that outlaws bioweapons is urgently needed."* says Edward Hammond of the Sunshine Project's Seattle office. A strong Protocol will be a first step, that enhances transparency, making it more difficult for countries to conceal a bioweapons program, for example, in the guise of pharmaceutical research.

### **Genetic Engineering: A New Class Of Biological Weapons**

It sounds like science fiction, but it is a deadly reality: lethal microbes, with no cure, invisible to detection systems, and able to overcome vaccines. In 'defensive' programs, researchers in the USA, UK, Russia and Germany have genetically engineered biological weapons agents, building new deadly strains. And this is probably only the tip of the iceberg.

Genetic engineering can be used to broaden the classical bioweapons arsenal. Through genetic engineering, bacteria can not only be made resistant to antibiotics or vaccines, they can also be made even more toxic, harder to detect, or more stable in the environment. By using genetic methods that are standard procedures in thousands of labs worldwide, bioweapons can be made more virulent, easier to handle, and harder to fight. In short, more effective.

Military experts are perfectly aware of the danger of genetically engineered bioweapons, as their traditional defense measures - e.g. detection methods or vaccines - are easily sidestepped by the artificial microbes. The speedy development of genetic engineering is one driving force to strengthen the Bioweapons Convention and establish a verification system.

### **Example 1: Bacteria Causing Unusual Symptoms**

Researchers from Obolensk near Moscow inserted a gene into *Francisella tularensis*, the causative agent of tularemia and a well known biological weapon agent. The gene made the bacteria produce beta-endorphin, an endogenous human drug, which caused changes in the behaviour of mice when infected with the transgenic bacteria. (2) According to the published results, the endorphin gene was not introduced into a fully virulent strain, but only into a vaccine strain.

If inserted into virulent *F. tularensis*, the victims would not show the usual symptoms of tularemia, but instead unusual symptoms that would obscure the diagnosis and delay therapy. Development of symptom-altered BW-agents has been identified as one possible application of genetic engineering for BW purposes by the US Department of Defense. (3)

### **Example 2: Transferring A Lethal Factor To Harmless Human Gut Bacteria**

Genetic engineering could make previously harmless bacteria lethal biological weapons by introducing deadly genes from a highly pathogenic organism. This was done by US researchers as early as 1986. They isolated the gene for the lethal factor of *Bacillus anthracis*, the causative agent of anthrax, and introduced into *Escherichia coli*, a normally harmless gut bacteria. The US team reported that the lethal factor protein was active in *E. coli* and displayed the same deadly effects as it did when in its native *B. anthracis*. (4)

### **Example 3: Antibiotic Resistant Anthrax And Tularemia**

Antibiotic resistance is often used as a marker gene in genetic engineering experiments. However, the very same genes could render biological weapons more dangerous by making agents less treatable. Any experiment with biological weapons agents using antibiotic resistance genes has a strong offensive potential, even if in the context of "defensive" research. Despite this obvious problem, there is a long list of questionable experiments:

German military researchers at the *Santitaetsakademie der Bundeswehr* in Munich, the main BW research facility of the German army, cultured genetically engineered *Francisella tularensis* subsp. *holarctica* bacteria (5), a close relative of the causative agent of tularemia. An antibiotic resistance marker gene (tetracyclin) was been inserted into these bacteria.

Recently, researchers from Porton Down in the UK used genes conferring resistance to antibiotics for genetic studies in fully virulent strains of anthrax. (6) In the late 1980s, a researcher at the University of Massachusetts in Amherst also introduced antibiotic resistance genes into anthrax, making it less treatable with antibiotics. (7)

There are even more cases: Researchers from the Institut Pasteur in Paris (8) and from a Russian laboratory in Obolensk (near Moscow) (9) introduced antibiotic resistance genes into anthrax bacteria.

All these studies are allegedly "basic research", where antibiotic resistance is used as a marker gene. But it is obvious that the very same genetically engineered bacteria can be used to design more effective bioweapons compared to the natural anthrax strains.

### **Example 4: Invisible Anthrax**

In December 1997, the same Russian research group from Obolensk published a paper in a British scientific journal on another effort to genetically engineer anthrax. (10) By putting new genes into fully pathogenic strains of anthrax, the scientists altered anthrax's immunopathogenic properties, making existing anthrax vaccines ineffective against the new genetically-engineered types.

In most cases, detection of bioweapons relies on molecular recognition of the microbe using antibodies similar to the human immune system. Altering the immunogenicity not only overcomes vaccinations; but also the detection systems.

Western military experts were alarmed by this work. The chief of the bacteriology division at the US Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Md, Col. Arthur Friedlander, commented: "*This is the first indication we're aware of in which genes are being put into a fully virulent strain. They genetically engineered a strain that's resistant to their own vaccine, and one has to question why that was done*". (11)

The Russian researchers also constructed a new vaccine against the new strain. This is of particular importance, as it could enable an army to use such a bioweapon by vaccinating their soldiers against a specific strain, while the enemy remains vulnerable. The case is an example of the frightening potential of genetic engineering applied to biological weapons research ([Sunshine Project, 2000](#)).

**Title:** A Continental Step Forward For Biosecurity: African Law Criminalizes Genetic Engineering For Hostile Purposes

**Date:** August 30, 2001

**Source:** [Sunshine Project](#)

**Abstract:** The legal penalties for using genetic engineering to cause harm are on the rise in Africa. African leaders made the move in July at their Lusaka, Zambia summit, where they endorsed the African Model Law on Biosafety. At the same meeting, the Organization of African Unity (OAU) began its transformation into the African Union (AU).

The new Model Law specifically criminalizes use of genetic engineering for hostile purposes with penalties including incarceration and fines. These apply to persons, organizations, and corporations. If a corporation is responsible, its chief executive officer may be held accountable. In addition, African courts may prohibit anyone convicted of violating the law from conducting future biotechnology research.

The Model Law is designed to implement provisions of the UN's Biosafety Protocol and is a fully-developed legislative "template" that the AU recommends its members adapt and enact into national law. Penalty specifics, such as the size of fines and length of jail sentences, are determined according to national standards by the former OAU's fifty three member countries.

The Sunshine Project and other non-profits have congratulated the African Union on its decision, citing it as exemplary of the robust and comprehensive law needed internationally to avert the hostile use of biotechnology. Africa led the world in the successful negotiation of the Cartagena Biosafety Protocol and is doing so again in criminalizing hostile use of genetic engineering. Because of the immense dangers posed by abuse of biotechnology, AU member states should implement stiff criminal penalties and continue their innovative work to make biosafety laws and biological weapons control mutually supportive.

The criminal sanctions in the Model Law are applicable to persons who create or use GMOs that damage "*human health, biological diversity, the environment, or property*". This means that protection is provided for people, plants, crops, soils, and the natural and built environment, including items such as foodstuffs, vehicles, shelter, buildings, and other property and infrastructure.

The latter items, some not traditionally considered biological weapons targets, have emerged as an area of increased concern. Earlier this year, US military officers called for the Biological and Toxin Weapons Convention to be changed to permit GMO microbes that destroy inanimate property. In recent years, government funded biodefense researchers in at least 4 countries have used genetic engineering to create biological agents that are more pathogenic or difficult to stop. The US has gone a step further: US Navy researchers have developed GMO bacteria that destroy plastics. As a former senior US Marine Corps scientist told US defense researchers last year, "*There is almost nothing that some bug won't eat*."

Africa's Model Law is proactive and does not only apply after damage is done. It covers multiple phases of biological weapons research and use by prohibiting "*development, acquisition, application, or deliberate release*" of a GMO – or a product thereof - with the intention of causing harm. Coupled

with the import regulations of the Model Law, enacting the provisions on hostile use will also give African countries an important tool to detect, prevent, and punish the entry of biological weapons.

In the area of genetic engineering, the African Model Law echoes the broader prohibitions of the Biological and Toxin Weapons Convention, which covers not only genetically modified biological weapons; but development of all biological agents and toxins for hostile purposes. More than 140 countries are parties to the BTWC and many have enacted national implementing legislation that laws such as the Model Law complement. The Cartagena Biosafety Protocol was adopted in January 2000 and opened for signing in May of last year ([Sunshine Project, 2001](#)).

**Title:** US Special Forces Seek Genetically Engineered Bioweapons

**Date:** August 12, 2002

**Source:** [Sunshine Project](#)

**Abstract:** The US Special Forces have issued a brief but explicit request for US scientists to make proposals to create genetically engineered offensive biological weapons. This is the fourth US government proposal for anti-material biological weapons uncovered by the Sunshine Project this year. All biological weapons are prohibited by the Biological and Toxin Weapons Convention (BTWC), which the United States is legally obliged to obey.

Despite last year's anthrax attacks and US pledges of robust retaliation against bioweapons violators, in 2002, the US Special Forces asked US scientists to create bioweapons for use in covert military operations. Like all bioweapons these violate the BTWC, and because the Special Forces are requesting US scientists to make them, the elite military group is flirting dangerously with the Biological Weapons Anti-Terrorism Act, a US law that makes solicitation of bioweaponing a criminal act.

### **The Special Forces Request**

The US Special Forces' solicitation came in January 2002 as part of "Scientists Helping America", a cooperative effort between the Special Forces, the Defense Advanced Research Projects Agency (DARPA), and the US Naval Research Laboratory (NRL). Playing heavily on the US reaction to the September 11th attacks, "Scientists Helping America" asked researchers to show their patriotism by turning their talents to weapons, including bioweapons, specifically, genetically engineered bugs that eat materials and stealthy modified organisms (called "taggants") that can be used to invisibly "paint" a target so that it can be destroyed with other weapons later.

The Special Forces desire was initially identified in a short May 1999 document by its Future Technology Working Group. The document identifies the military appeal of "*a bio-engineered organism [that] can become a weapon by acting as a corrosive agent after a certain period of time or by a remote command*". The same document sets out the uses of a "*bio-organism that can be placed on a building and then grow across that building to act as an illuminator for target identification, or precision attacks*" (taggants). The document indicates that these bioweapons would be used covertly, stipulating that they "*should be innocuous in appearance so that they can be carried and placed by Special Operations Forces without detection.*"

Following the May 1999 paper, the March 2001 report Special Operations Technology Objectives provided an overview of the wide range of military technologies required by the Special Forces. This report includes descriptions of many military technologies and reiterates the request for genetically modified anti-material bioweapons and taggant bioweapons. In January 2002, as part of "Scientists Helping America", the Special Forces posted the March 2001 report on the internet and requested US scientists to forward proposals to DARPA. In early 2002 DARPA vetted the ideas and invited the authors of promising proposals to come to Washington and present them to military officials. On 25 January 2002, the Sunshine Project requested these proposals from DARPA under the Freedom of Information Act. DARPA has not responded to the request.

### **Undermining Biosafety**

Preventing genetically engineered disasters is a common concern of arms control and biosafety. The Special Forces propose to covertly introduce difficult to detect genetically modified organisms (GMOs)



into third countries. The nascent international safety system for transboundary movement of GMOs (the Cartagena Biosafety Protocol) creates the fundamental requirement of consent. That is, deliberate introduction of GMOs into the environment must have the advanced informed agreement of a competent government agency in the receiving country which reviews the safety and desirability each new introduction on its soil. The Special Forces obviously will not seek permission from a country they are attacking. Moreover, the Special Forces have virtually no knowledge or ability to predict the ecological impacts of use of such environment modifying weapons. As such, the proposed weapons not only pose arms control problems; but are a direct affront to international biosafety efforts.

### **More US Bioweapons Proposals**

The Special Forces are not the only US government agency playing with biological fire - several US Department of Defense agencies are failing to obey the Biological and Toxin Weapons Convention (BTWC). The Special Forces join the Naval Research Laboratory (Washington, DC), Brooks Air Force Base (San Antonio, TX), and the US Department of Energy's Idaho National Engineering Laboratory as proponents of US bioweapons production. In addition, the Joint Non-Lethal Weapons Directorate (JNLWD), run by the US Marine Corps, has requested the US National Academies of Science to assess proposals for anti-material biological weapons. Other JNLWD documents describe "calmative" drug weapons for crowd control that would also violate biological and chemical weapons law. The Sunshine Project has submitted these documents to the US Department of Justice and requested an investigation. To date, there has been no response. (See the Sunshine Project website, [www.sunshine-project.org](http://www.sunshine-project.org), for more information on the other cases.)

### **About Anti-Material Bioweapons**

Anti-material bioweapons are those that degrade or destroy military materials or infrastructure, such as plastics, rubber, or petroleum products. Generally, they are microorganisms genetically modified to enhance digestion of targeted materials. For more information on anti-material bioweapons, please refer to reports on the Sunshine Project website.

### **About Taggant Bioweapons**

Taggant bioweapons have been discussed as a theoretical possibility for a number of years; but (to the Sunshine Project's knowledge) never actually developed. The concept is simple, although there are many possible variations. In essence, a microorganism modified to exhibit an unusual behavior (for example, "glowing" genes, although in practice the trait would be far less detectable). A building, vehicle, or other object to be tracked and/or identified is then (secretly) inoculated with the bioweapon. The organism, which may or may not be deliberately destructive, is allowed to grow undetected. Because the organism exhibits an unusual trait, it can (theoretically) be detected by remote means, even if the object moves or is small and/or difficult to identify from a distance. The object's precise location can thereby be secretly tracked, facilitating surveillance and/or the targeting of a weapon to destroy it. In the Special Forces conception, these taggant weapons might also be engineered to be destructive upon command, for example, by triggering an inducible promoter system (popularly known as "terminator technology") that stimulates production of a corrosive agent ([Sunshine Project, 2002](#)).

**Title:** Ricin Breeding And Production Projects At Texas Tech University Raise Questions

**Date:** October 23, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Since the mid-1990s, researchers at Texas Tech University (TTU) in Lubbock have conducted several projects to produce ricin, a toxin found in the seeds of the castor bean plant. Ricin is deadly in very small quantities and is subject to tight restrictions under both the Chemical and the Biological Weapons Conventions. At TTU, agriculture researchers bred castor to create high-ricin yielding plants specifically adapted for toxin production. TTU chemical engineers also built a machine to extract the highly potent toxin. The peaceful biomedical demand for ricin is extremely limited, and TTU's efforts far outstrip it in many aspects. TTU's public explanation of all its ricin projects is required. The activities are of particular concern because of TTU's quiet but intense involvement in Pentagon biodefense programs.

### **The Breeding Project**

TTU's castor breeding project, which began in 1995, has two aims - producing a variety of castor with



low ricin content, and one with high content. A low ricin variety, called "TTU-LRC", is the one that the University likes to talk about. But the project also aimed to create a castor variety specifically adapted for ricin production, with the characteristics of being machine-harvestable, having high toxin content, and a low level of *Ricinus communis* agglutinin (RCA). RCA is a product of the seed that is harmful; but that is difficult to separate from ricin. By breeding for lowered RCA and the other characteristics, TTU sought a new variety of castor fine-tuned for manufacturing ricin.

### **The Ricin Extraction Unit**

Parallel to the castor breeding effort, beginning in 1996, TTU's chemical engineering department designed and built a machine to automate the process of extracting purified ricin from seeds grown on the university's 2 acre (.81 hectare) experimental castor plot. According to recent statements by TTU, this machine ran test batches of 'denatured' castor beans that did not contain ricin; but was never used to actually produce toxin. Like the castor breeding, the construction of this machine has been justified by TTU with the explanation that ricin might be used in pharmaceutical products. Yet there are no approved pharmaceutical uses of the toxin. Medical experiments have utilized very small quantities of ricin for years; but no viable products have resulted. And biomedical researchers are able to produce the tiny quantities of ricin that they need on-site - without a castor field, without a ricin 'extraction unit', and without any need to produce, store, and ship large quantities of toxin.

### **Scale & Purpose**

In many countries, castor is grown for its oil, which has many uses. In commercial castor production, ricin is a dangerous nuisance, and it is systematically eliminated from the oil and byproducts. TTU efforts work in the opposite direction - they relate to producing the toxin at a scale for which there is absolutely no legitimate use. A small plot of many existing types of castor will produce many times more toxin than is needed for legitimate biomedical purposes. With TTU's ricin extraction technology, even its small test plot is capable of producing enormous amounts of toxin. With normal harvests and farming practices, TTU's two acre (.81 hectare) plot, sown with an average ricin-level variety, can yield in excess of 150 kilograms of toxin if it is efficiently extracted. By way of comparison, the international terrorism scare prompted by last year's discovery of ricin in Europe was provoked by a few grams of the substance.

### **GMOs with Ricin**

TTU scientists also developed ways to move the genetic code for ricin from the castor bean into other plants, such as cotton. Comparatively little is publicly available about this research although a notice on TTU's website indicates that TTU has developed transgenic ricin technology that is for sale. According to the notice, ricin production can be limited to parts of the plant that are not typically harvested. In this particular area, TTU's work follows that of others - University of Florida researchers produced ricin in tobacco as early as 1994, and have followed with work to produce ricin in laboratory cell cultures.

### **Conclusion**

The effort at TTU to develop ways to produce and use ricin involved a coordinated effort across several academic departments and activities that, if conducted in many countries, the US would consider proof of a weapons program. While TTU is not the only university to experiment with transgenic ricin, the creation, much less release, of genetically-modified ricin-producing species is an extraordinarily bad idea. Either through accidents or abuse, such plants could result in widespread problems from ricin toxin. TTU's work to breed a ricin production variety of castor is completely unwarranted. Selection for ricin production characteristics should never have been performed, and the germplasm should not be released. TTU's construction of a ricin extraction unit in the absence of any legitimate demand for the weapons agent product was sheer folly.

Because TTU ricin activities relate to production of a toxin subject to severe restrictions under the Chemical and Biological Weapons Conventions, TTU should provide a detailed public explanation of all of its ricin projects. Ricin production has little to no reasonable peaceful application, but it could be appropriated for military purposes. So, TTU should wish to avoid suspicion by clarifying that its ricin production projects have no relationship to any Army, Air Force, or other Pentagon biodefense research that is being conducted at the University. TTU's explanation should account for all the castor and any toxin that TTU has produced and fully describe the present status of all TTU ricin-related projects, including any at its Health Science Center or other affiliated environmental and health

institutions. It should fully explain TTU's motives in the ricin work and every application to which the knowledge, plants, equipment, and toxin that it has produced have been applied ([Sunshine Project, 2003](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** Herbicidal bio-weapons are essentially undercover bio-weapons that are used on an unsuspecting population. In the Vietnam War, "Agent Orange" was used as an alleged defoliant that was used to allegedly break down the jungle thereby making it easier for U.S. troop operation. In reality, "Agent Orange" killed countless (likely millions) of Vietnamese as well as tens of thousands of U.S. soldiers. Herbicidal bio-weapons get into the water table, the food chain, and kill off people, plants and animals for generations. While normal bio-weapons are bad enough, herbicidal bio-weapons are a direct attack on nature and should be immediately banned. Any nation that supports global warming legislation but is silent on the real environmental threat of herbicidal bio-weapons has no genuine concern for the environment.

**Title:** Herbicidal Warfare

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** Herbicidal warfare is a form of [chemical warfare](#) in which the objective is to destroy the plant-based ecosystem of an area. In contrast to other forms, its use is not prohibited by international agreement. Its purpose is to disrupt agricultural food production and/or to destroy plants which provide cover or concealment to an enemy.

### History

Modern day herbicidal warfare resulted from [military research](#) discoveries of [plant growth regulators](#) in the [Second World War](#), and is therefore a technological advance on the [scorched earth](#) practices by armies throughout history to deprive an enemy of food and cover.

Work on military herbicides began in [England](#) in 1940, and by 1944 the [United States](#) joined in the effort. Even though herbicides are chemicals, due to their mechanism of action (growth regulators) they are often considered a means of [biological warfare](#). Over 1,000 substances were investigated by wars end for phytotoxic properties, and the Allies envisioned using herbicides to destroy [Axis](#) crops. British planners did not believe herbicides were logistically feasible against [Germany](#), and United States' plans for reducing [Japanese rice](#) crops for the invasion of [Japan](#) were rejected due to the similarity of the herbicide's name to the poison [cyanide](#).

The British first used herbicides against [Malaya](#)'s insurgency in 1953 by using [2,4,5-T](#) that was intended to control rubber tree parasites. It was used to thin jungle trails to limit ambushes, and destruction of native [agriculture](#). The denial of food was considered a decisive weapon in countering the [insurgency](#), but was later judged to be ineffectual and contrary to other goals.

### Vietnam War

The first major use of herbicides against people in a conflict was by the [United States](#) in [Southeast Asia](#) during the [Vietnam War](#). Success with [Project AGILE](#) field tests with herbicides in South Vietnam in 1961 led to the formal herbicidal program [Trail Dust](#) (1961–1971). [Operation Ranch Hand](#), an [Air Force](#) program to use [C-123K](#) aircraft to spray herbicides over large areas was one of many programs under Operation Trail Dust. The aircrews charged with spraying the defoliant used a sardonic motto- "Only you can prevent forests"-a shortening of the U.S. Forest Services famous warning to the general public "Only you can prevent forest fires".

Initial operations from 1961-1962 were disguised as being under [South Vietnamese](#) command, to avoid conflicts with the [Geneva Accord](#) of 1954, which prohibited [chemical weapons](#). (The United States officially claims that herbicidal weapons and [incendiary](#) agents like [napalm](#) fall outside the Geneva definition of "chemical weapons"). Ranch Hand started as a limited program of defoliation of

border areas, security perimeters, and crop destruction. As the conflict continued, the anti-crop mission took on more prominence, and (along with other agents) defoliants became used to compel civilians to leave [Viet Cong](#)-controlled territories for government-controlled areas. It was also used experimentally for large area forest burning operations that failed to produce the desired results.

Defoliation was judged in 1963 as improving visibility in jungles by 30 - 75% horizontally, and 40 - 80% vertically. Improvements in delivery systems by 1968 increased this to 50 - 70% horizontally, and 60 - 90% vertically. Ranch Hand pilots were the first to make an accurate 1:125,000 scale map of the [Ho Chi Minh trail](#) south of Tchpone, [Laos](#) by defoliating swaths perpendicular to the trail every half mile or so.

Use of herbicides in Vietnam caused a shortage of commercial pesticides in mid-1966 when the [Defense Department](#) had to use powers under the [Defense Production Act of 1950](#) to secure supplies.

## Types of Herbicides

**Main article:** [Agent Orange](#)

The United States had technical military symbols for herbicides that have since been replaced by the more common color code names derived from the banding on shipping drums.

In 1966 the [United States Defense Department](#) claimed that herbicides used in Vietnam were not harmful to people or the environment. In 1972 it was advised that a known impurity precluded the use of these herbicides in Vietnam and all remaining stocks should be returned home. In 1977 the [United States Air Force](#) destroyed its stocks of [Agent Orange](#) 200 miles west of [Johnston Island](#) on the incinerator ship [M/T Vulcanus](#). The impurity, [2,3,7,8-tetrachlorodibenzo-p-dioxin](#) (TCDD) was a suspected [carcinogen](#) that may have affected the health of over 17,000 [United States](#) servicemen, 4,000 [Australians](#), 1,700 [New Zealanders](#), [Koreans](#), countless [Vietnamese](#) soldiers and civilians, and with over 40,000 children of veterans possibly suffering birth defects from herbicidal warfare.

Decades later the lingering problem of herbicidal warfare remains as a dominant issue of [United States-Vietnam relations](#). In 2003, a coalition of Vietnamese survivors and long-term victims of Agent Orange [sued](#) a number of American-based and multinational chemical corporations for damages related to the manufacture and use of the chemical. A federal judge rejected the suit, claiming that the plaintiff's claim of direct responsibility was invalid ([Wikipedia, 2012](#)).

**Title:** Rainbow Herbicides

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The Rainbow Herbicides are a group of chemicals used by the [United States military](#) in [Southeast Asia](#) during the [Vietnam War](#). Success with [Project AGILE](#) field tests with herbicides in South Vietnam in 1961 led to the formal herbicidal program [Trail Dust](#) (1961 - 1971). [Herbicidal warfare](#) is a form of [chemical warfare](#), in which the objective is to destroy the plant-based ecosystem of an agricultural food production and/or destroying plants which provide cover to an enemy.

**The Agents used in southeast Asia, their active ingredients and years used were as follow:**

1. [Agent Pink](#) (60% - 40% [n-Butyl](#): isobutyl [ester](#) of 2,4,5-T) used in 1961, 1965
2. [Agent Green](#) (n-Butyl ester 2,4,5-T) unclear when used but believed to be at the same time as Pink
3. [Agent Purple](#) (50% n-Butyl ester 2,4-D, 30% n-Butyl ester 2,4,5-T, 20% isobutyl ester 2,4,5-T) used from 1962 - 1965
4. [Agent Blue](#) (Cacodylic acid and sodium Cacodylate) used from 1962 - 1971 (in powder and water solution)
5. [Agent White](#) (acid weight basis:21.2% tri-isopropanolamine salts of 2,4-D and 5.7% picloram) used from 1966 - 1971
6. [Agent Orange](#) (50% n-Butyl ester 2,4-D and 50% n-Butyl ester 2,4,5-T) used from 1965 - 1970
7. Agent Orange II (50% butyl ester 2,4-D and 50% isooctyl ester 2,4,5-T) after 1969

In addition to testing and using the herbicides in Vietnam, Laos and Cambodia, the US military also tested the "Rainbow Herbicides" and many other chemical defoliants and herbicides in the US, Canada, Puerto Rico, Korea, India, Okinawa, and Thailand from the mid 1940s to the late 1960s ([Wikipedia, 2012](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIO****TERROR****BIBLE.COM:** The terminology of "non-lethal bio-weapons" is essentially a psyop in that just because bio-weapons don't kill people on the spot does not mean that it does not have deadly or debilitating effects in the long-term. Under the guise of being "non-legal", a number of bio-weapons have already been developed and deployed on an unsuspecting population via food, water, clothing, cleaners and a host of other methods. History shows that lead in the gasoline, lead in the paint, lead pencils, mercury in tooth fillings, mercury in vaccines, and pesticide in Coke and Pepsi are also dubbed as "non-lethal" but ultimately ruin the lives of millions. More appropriately, "non-lethal bio-weapons" should be called "slow-kill" or "soft-kill" bio-weapons.

**Title:** Pentagon Initiates New Research Into Prohibited Chemical Weapons

**Date:** September 8, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Recently unearthed US government documents reveal new information on illicit US chemical weapons research. The US Marine Corps program on so-called "non-lethal" chemicals has inked new deals for prohibited weapons. The contracts include development of a new kind of rocket propelled grenade that began at the end of 2002, only weeks after the Moscow Theater disaster. Also last year, a senior US Army toxicologist investigated tacrine, a close cousin of several nerve gases, as a candidate "non-lethal" chemical weapons payload.

The Marine Corps contracts were granted by the Joint Non-Lethal Weapons Directorate (JNLWD) in November and December 2002. Both are with AgentAI, a small company based in Victorville, California. One contract is for development of a new kind of rocket propelled grenade (RPG) to be fired from the US Army's standard M-203 grenade launcher. The chemical grenade is being designed for a 500 meter range. The RPG is designed to strike a person (or perhaps near a person) and then to disperse "*chemical agents that can further incapacitate or maintain the incapacitation of the targeted individual*". The company plans testing on a "*simulated human target*" under the current contract. The second JNLWD contract with AgentAI calls for development of "non-lethal" bullets that release a chemical payload upon striking a target. (Summaries of these contracts are [available here](#).)

Another document ([available here](#)) reveals the interest of a senior US Army toxicologist in tacrine, a drug used to treat Alzheimer's Disease. The Army is not interested in the drug, however, for helping disease victims. Rather, it is assessing use of tacrine as a weapon. In February 2002, at Aberdeen Proving Ground in Maryland, the toxicologist ordered a literature review on its potential for weaponization. Chemically, tacrine is an acetylcholinesterase inhibitor, a first cousin of the nerve gases sarin, tabun, and VX (among others).

The discovery that the Army is investigating close relatives of extremely lethal nerve gases as "non-lethal" weapons heightens concerns previously raised that the Army's "non-lethal" chemical weapons program is practically indistinguishable from one with a fully lethal intent. The Army's interest in tacrine should draw particular scrutiny from the Organization for the Prohibition of Chemical Weapons and governments who are members of the Chemical Weapons Convention.

In September 2002, the Sunshine Project presented extensive documentation proving the illicit US chemical warfare program ([US Operates Secret Chemical Weapons Program](#)). Since then, a variety of additional details about the program have been unravelled, most recently a US patent on a grenade designed to deliver biological weapons ([US Army Patents Biological Weapons Delivery System](#)) and a 1997 research paper from Lawrence Livermore National Laboratory (Livermore, CA) on the use of

chemical incapacitants, including use of opiates in scenarios similar to that which resulted in the Moscow Theater tragedy (See the Sunshine Project's [JNLWD Document Clearinghouse](#)).

The Sunshine Project's Freedom of Information Fund is filing a series of requests with the Pentagon to bring further information about this research into public view ([Sunshine Project, 2003](#)).

**Title:** The Destabilizing Danger Of "Non-Lethal" Chemical And Biological Weapons In The War On Terrorism

**Date:** September 19, 2001

**Source:** [Sunshine Project](#)

**Abstract:** The US must not succumb to the temptation to use less lethal chemical and biological weapons - such as calmatives and other riot control agents - in the war it has declared on terrorism. Failure to take these steps may worsen conditions conducive to terrorist use of weapons of mass destruction and trigger chemical and biological war.

(Please also see the News Release "[Avoiding Bioterrorism Starts with US](#)", also issued today, for more information on other urgent changes needed in US policy.)

### **The Danger of Non-Lethal Chemical and Biological Weapons**

A major destabilization risk of the US war scenario is the possible use of a new and dangerous class of weapons. US strategy will require it to attempt to separate large numbers of civilians from a handful of targeted terrorists in remote and rough terrain and in densely populated cities. Suppression of civil unrest abroad - or in the US itself - is possible. Public image demands that this dissent be quashed in a television-friendly way.

Since the US military's last major attempt to impose order in a developing country with a hostile population - its disaster in Mogadishu, Somalia - the US armed forces have turned to a new class of so-called "non-lethal weapons" to exert control while minimizing unsightly and inhumane casualties. "Non-Lethal" should not be understood as benign. In fact, non-lethals are powerful weapons designed to kill less often - as opposed to not killing at all. Non-lethal weapons are to control rioters (such as the Somalis who killed US Marines) and to incapacitate persons in a specific area in order to identify and capture targets (such as Somali "warlords" surrounded by noncombatants).

The pursuit of these weapons has led the Pentagon's Joint Non-Lethal Weapons Program to investigate a dazzling array of technologies to control civilians and to kill fewer noncombatants who get in the way or who choose to resist. The weapons include publicized items such as microwaves to heat the skin, sound generators to vibrate human internal organs, and lasers to overwhelm the senses.

Cloaked in greater secrecy are investigations into chemical and biological weapons. The Joint Non-Lethal Weapons Program (JNLWP) has entertained proposals to use sedatives, calmatives, opioids (the class of chemicals in heroin), foul smelling substances, muscle relaxants, and other drugs on "potentially hostile civilians" (and combatants). JNLWP has weighed genetically engineered microbes to disable enemy vehicles and machinery or to destroy supplies. Delivery mechanisms studied include backpack sprayers, land mines and binary weapons, mid-air exploding mortar shells for riot control, and as payloads in unmanned aerial vehicles.

Beyond simply studying possibilities, the JNLWP has assembled information on these weapons and distributed it to other US government officials. JNLWP is known to have planned computerized simulations of the offensive use of calmative agents, signed a contract with a major US military contractor to develop an overhead-exploding chemical mortar round, and field tested new non-lethal weapons (but not biological ones) on humans in Kosovo.

Indeed, JNLWP has been gearing up specifically for the type of "unconventional" and/or "special forces" mission cited as a possibility by senior US officials. The calmatives wargame was planned by the JNLWP to "identify alternative means of offensive operations that will provide the National Command Authority and Joint Force commanders additional operational options when executing a



coercive campaign." A coercive campaign is being planned, one that involves military scenarios suited to US non-lethal weapons.

In a war of retaliatory cycles, the consequences of using chemical or biological non-lethals could be catastrophic for the US and its allies. The victims are exceedingly unlikely to interpret being gassed with chemicals as a humane act. Further alienated civilian victims will be justifiably enraged at the forcible violation of their thoughts and bodies and ignore protestations of more benign intent as the excuse making of an repressive aggressor. It is far more probable that chemical and biological non-lethal weapons would be seen by civilians and terrorists alike as repressing freedom of thought and expression and, ominously, as first use of chemical or biological weapons. This interpretation of use of non-lethal chemical or biological weapons as an escalation is in fact supported by international arms control law, which strongly discourages military use of riot control agents in part because of their escalation risks.

These weapons must be rejected for what they are: chemical and biological weapons - not as deadly as a vial of anthrax or bottle of nerve gas; but enormously provocative and pertaining to same class of arms. It is therefore imperative that the US military not be allowed to use these weapons. Allies of the US must insist on this point. The potential consequences of failure to do so will enable conditions conducive to the use of weapons of mass destruction and heighten the possibility of chemical and biological war ([Sunshine Project, 2001](#)).

**Title:** US Department Of Justice Receives "Non-Lethal" Biological Weapons Documents

**Date:** May 24, 2002

**Source:** [Sunshine Project](#)

**Abstract:** Three Pentagon documents proposing development of offensive biological weapons have been turned over to the US Department of Justice, the US government law enforcement agency.

Two of the documents are from the US Naval Research Laboratory and the US Air Force's Armstrong Laboratory. These two documents propose anti-materiel biological weapons and were described in the [Sunshine Project's news release of May 8](#). On May 10th, in response to a Sunshine Project request, the National Academies of Science (NAS) released another US government proposal for offensive anti-materiel biological weapons. The third proposal is from the Idaho National Engineering Laboratory (INEL). The three documents have been turned over to the US Department of Justice (DOJ) accompanied by letters from the Sunshine Project requesting United States Attorney action pursuant to the Biological Weapons Anti-Terrorism Act of 1989.

### **The Third Biological Weapons Proposal**

On May 10th, the National Academies released "Biofouling and Biocorrosion", a 1994 document from the National Security Programs Office of the Idaho National Engineering Laboratory (INEL), a facility of the US Department of Energy. In the paper, INEL proposes US development of offensive biological weapons that destroy materials. Like the Air Force and Navy proposals discussed on May 8th, the INEL document has recently been distributed to government officials by the Marine Corps-directed Joint Non-Lethal Weapons Program (JNLWP) and in 2001 was submitted for consideration by the National Academy of Sciences Panel "An Assessment of Non-lethal Weapons Science and Technology" (NAS Study NSBX-L-00-05-A).

In "Biofouling and Biocorrosion", INEL specifically proposes "*selection of particularly active [microbe] strains*" and "*consideration of genetic techniques for further optimization and control*". INEL also proposes "*investigation of probable scenarios for [microbe] employment*" and development of "*organisms with faster rates of degradation and production of fouling agents, as well as novel methods for introducing the organisms to their targets.*" This proposal is [available on the Sunshine Project website](#) for independent analysis.

### **US Attorney Contacted**

In two letters, one on 16 May and another on 23 May, the Sunshine Project has provided copies of three documents to Mr. Johnny Sutton, the United States Attorney for the Western District of Texas. They are: "[Biofouling and Biocorrosion](#)" (INEL, Idaho Falls, ID), "[Enhanced Degradation of Military](#)

[Materiel](#)" (US Naval Research Laboratory, Washington, DC), and "[Anti-Materiel Biocatalysts and Sensors](#)" (Armstrong Laboratory, Brooks Air Force Base, San Antonio, TX). Letters accompany the documents requesting Department of Justice action pursuant to the Biological Weapons Anti-Terrorism Act of 1989.

The [Biological Weapons Anti-Terrorism Act of 1989](#) is the US law that implements the Biological and Toxin Weapons Convention (BTWC), to which the United States is a contracting party. The Act was passed unanimously by both houses of the US Congress and signed into law by President George Bush, Sr. It creates a general prohibition punishable by imprisonment and/or civil penalties on the development, production, stockpiling, transfer, acquisition, or possession of biological weapons (Section 175), and permits the United States Attorney to seek injunctions against preparation, solicitation, attempt, or conspiracy to engage in prohibited conduct (Section 177). The Act defines biological agents to include anti-material agents, specifically including those that cause deterioration of food, water, equipment, supplies, or material of any kind (Section 178) ([Sunshine Project, 2002](#)).

**Title:** Pentagon Program Promotes Psychopharmacological Warfare

**Date:** July 1, 2002

**Source:** [Sunshine Project](#)

**Abstract:** *The Advantages and Limitations of Calmatives for Use as a Non-Lethal Technique*, a 49 page report obtained last week by the Sunshine Project under US information freedom law, has revealed a shocking Pentagon program that is researching psychopharmacological weapons. Based on "*extensive review conducted on the medical literature and new developments in the pharmaceutical industry*", the report concludes that "*the development and use of [psychopharmacological weapons] is achievable and desirable.*" These mind-altering weapons violate international agreements on chemical and biological warfare as well as human rights. Some of the techniques discussed in the report have already been used by the US in the "War on Terrorism".

**In *The Futurological Congress* (1971), Polish writer Stanislaw Lem portrayed a future in which disobedience is controlled with hypothetical mind-altering chemicals dubbed "benignimizers". Lem's fictional work opens with the frightening story of a police and military biochemical attack on protesters outside of an international scientific convention. As the environment becomes saturated with hallucinogenic agents, in Lem's tale the protesters (and bystanders) descend into chaos, overcome by delusions and feelings of complacency, self-doubt, and even love. If the Pentagon's Joint Non-Lethal Weapons Directorate (JNLWD) has its way, Lem may be remembered as a prophet.**

The team, which is based at the [Applied Research Laboratory of Pennsylvania State University](#), is assessing weaponization of a number of psychiatric and anesthetic pharmaceuticals as well as "club drugs" (such as the "date rape drug" GHB). According to the report, "*the choice administration route, whether application to drinking water, topical administration to the skin, an aerosol spray inhalation route, or a drug filled rubber bullet, among others, will depend on the environment.*" The environments identified are specific military and civil situations, including "*hungry refugees that are excited over the distribution of food*", "*a prison setting*", an "*agitated population*" and "*hostage situations*". At times, the JNLWD team's report veers very close to defining dissent as a psychological disorder.

The drugs that Lem called "benignimizers" are called "calmatives" by the military. Some calmatives were weaponized by the Cold War adversaries, including BZ, described by those who have used it as "the ultimate bad trip". Calmatives were supposed to have been deleted from military stockpiles following the adoption of the Chemical Weapons Convention in 1993, which bans any chemical weapon that can cause death, temporary incapacitation, or permanent harm to humans or animals.

Calmatives is military, not medical, terminology. In more familiar medical language, most of the drugs under consideration are central nervous system depressants. Most are synthetic, some are natural. They include opiates (morphine-type drugs) and benzodiazepines, such as Valium (diazepam). Antidepressants are also of great interest to the research team, which is looking for drugs like Prozac (fluoxetine) and Zoloft (sertraline) that are faster acting.

## Biochemicals and Treaties

Many of the proposed drugs can be considered both chemical and biological weapons banned by the Biological and Toxin Weapons Convention (BTWC), and the Chemical Weapons Convention (CWC). As a practical matter, biological and chemical "calmatives" must be addressed together. As the agents are explicitly intended for military use, and are intended to incapacitate their victims, they do not fall under the CWC's domestic riot control agent exemption. Toxic products of living agents – such as the neurotoxin botulinum – are considered both chemical and biological agents. Any weapons use of neurotransmitters or substances mimicking their action is similarly covered by both arms control treaties. The researchers have developed a massive calmatives database and are following biomedical research on mechanisms of drug addiction, pain relief, and other areas of research on cognition-altering biochemicals. For example, the JNLWD team is tracking research on cholecystikinin, a neurotransmitter that causes panic attacks in healthy people and is linked to psychiatric disorders.

## Powerful Drugs

The drugs have hallucinogenic and other effects, including apnea (stopped breathing), coma, and death. One class of drugs under consideration are fentanyl. The report's cover features a diagram of fentanyl. According to the US Drug Enforcement Administration (DEA), the biological effects of fentanyl *"are indistinguishable from those of heroin, with the exception that the fentanyls may be hundreds of times more potent."* The report says that the drugs' profound effects may make it necessary to *"check for the occasional person who may stop breathing (many medical reasons in the unhealthy, the elderly, and very young..."*, as well as victims who *"'go to sleep' in positions that obstruct their airway"*.

## Failed Drugs

The report also points out that pharmaceutical candidates that fail because of excessive side-effects might be desirable for use as weapons: *"Often, an unwanted side-effect... will terminate the development of a promising new pharmaceutical compound. However, in the variety of situations in which non-lethal techniques are used, there may be less need to be concerned with unattractive side-effects... Perhaps, the ideal calmative has already been synthesized and is awaiting renewed interest from its manufacturer."*

## Chemical Cocktails

As of March 2002, the team was researching a mix of pepper spray ("OC") and an unidentified calmative agent. Pepper spray is the most powerful chemical crowd control agent in use, and has been associated with numerous deaths. Adding a pharmacological "calmative" to OC would create a hideous concoction. The report prioritizes Valium and Precedex (dexmedetomidine) for weaponization, and it is possible that these are the agents that could be mixed with OC. The researchers also suggest mixing ketamine with other drugs (see below). The chemical cocktail proposals bear a resemblance to South Africa's apartheid-era weapons research, whose director claimed under oath to have attempted to develop a BZ and cocaine mixture for use on government enemies.

## Torture

Precedex is a sedative approved for use in the US on patients hospitalized in intensive care units. The report draws attention to an *"interesting phenomenon"* related to Precedex use - the drug increases patients' reaction to electrical shock. The researchers suggest sensitizing people by using Precedex on them, followed by use of electromagnetic weapons to *"address effects on the few individuals where an average dose of the pharmacological agent did not have the desired effect."* Obviously, such a technique might be considered torture, and certainly could be used to torture. To add to hypnotic and delusional properties, the researchers suggest that psychopharmaceutical agents could be designed to have physical effects including headache and nausea, adding to their torture potential.

The researchers suggest that transdermal patches and transmucosal (through mucous membranes) formulations of Buspar (buspirone) under development by Bristol-Myers Squibb and TheraTech, Inc. *"may be effective in a prison setting where there may have been a recent anxiety-provoking incident or confrontation."*

## Use in the War on Terrorism

Of course, uncooperative or rioting prisoners would be extraordinarily unlikely to accept being drugged with a transdermal patch or most conventional means. Any such application of a "calmative" would likely be on individuals in shackles or a straightjacket. The US has admitted that it forcibly sedates Al-Qaida "detainees" held at the US base in Guantanamo, Cuba. Former JNLWD commander and retired Col. Andy Mazzara, who directs the Penn State team, says he has sent a "Science Advisor" to the US Navy to assist the War on Terrorism.

## Modes of Delivery

A number of weaponization modes are discussed in the report. These include aerosol sprays, microencapsulation, and insidious methods such as introduction into potable water supplies and psychoactive chewing gum. JNLWD is investing in the development of microencapsulation technology, which involves creating granules of a minute quantity of agent coated with a hardened shell. Distributed on the ground, the shell breaks under foot and the agent is released. A new mortar round being developed could deliver thousands of the minute granules per round. The team concludes that new delivery methods under development by the pharmaceutical industry will be of great weapons value. These include new transdermal, transmucosal, and aerosol delivery methods. The report cites the relevance of a lollipop containing fentanyl used to treat children in severe pain, and notes that *"the development of new pain-relieving opiate drugs capable of being administered via several routes is at the forefront of drug discovery"*, concluding that new weapons could be developed from this pharmaceutical research.

## Dart Guns

The researchers express specific interest shooting humans with guns loaded with carfentanil darts. Carfentanil is a veterinary narcotic used to tranquilize large, dangerous animals such as bears and tigers. Anyone who has watched wildlife shows on television is familiar with the procedure. In the US, carfentanil is not approved for any use on human beings. It is an abused drug and a controlled substance. Under US law, first time offenders convicted of unlicensed possession of carfentanil can be punished by up to 20 years in prison and a \$1 million fine.

## Club Drugs

Most of the JNLWD team's weapon candidates are controlled substances in most countries. Some are widely used legitimate pharmaceuticals that are also drugs of abuse, such as Valium and opiates. The Pentagon team advocates more research into the weapons potential of convulsants (which provoke seizures) and "club drugs", the generally illegal substances used by some at "rave" and dance clubs. Among those in the military spotlight are ketamine ("Special K"), GHB (Gamma-hydroxybutyrate, "liquid ecstasy"), and rohypnol ("Roofies"). The latter two in particular are called "date rape drugs" because of incidences of their use on victims of sexual and other crimes. Most are DEA Schedule I or II narcotics that provoke hallucinations and can carry a sentence of life imprisonment. For example, according to the DEA, *"Use of ketamine as a general anesthetic for humans has been limited due to adverse effects including delirium and hallucinations... Low doses produce vertigo, ataxia, slurred speech, slow reaction time, and euphoria. Intermediate doses produce disorganized thinking, altered body image, and a feeling of unreality with vivid visual hallucinations. High doses produce analgesia, amnesia, and coma."*

## Action

The Sunshine Project is calling for immediate termination of this research and urges Parties to both the Chemical Weapons Convention (CWC) and the Biological and Toxin Weapons Convention (BTWC) to quickly condemn this research and to approve decisions reiterating the ban on these weapons. For the CWC, opportunities to act will arise at the Conference of the States Parties, to be held in The Hague beginning on October 7th of this year, and the 1st Review Conference of the CWC, to begin on April 28th 2003. For the BTWC, Parties should make proposals at the 5th Review Conference, to begin in Geneva this November, and place biological and toxin "calmatives" on the agenda of the next Conference of States Parties or other multilateral group(s) created at the Conference.

This news release is a first report on this disturbing research program. Additional information, on relationships between these weapons and protection of human rights, medical ethics, and drug research is forthcoming ([Sunshine Project, 2002](#)).

**Title:** An Outline Of The Case Against The Joint Non-Lethal Weapons Directorate

**Date:** September 24, 2002

**Source:** [Sunshine Project](#)

**Abstract:** The charges made by the Sunshine Project are supported by thousands of pages of US government documents, many obtained under the US Freedom of Information Act, and many of which are available on our website. This news release and annex are accompanied by a map and fact sheet on JNLWD's program. This is available for download from our website. The charges against JNLWD will be further detailed in a briefing for the Organization for the Prohibition of Chemical Weapons and diplomats attending the October meeting of the Chemical Weapons Convention. A brief outline is provided here:

**1. JNLWD is conducting a research and development program on toxic chemical agents for use as weapons in violation of the Chemical Weapons Convention.**

JNLWD's desire for chemical weapons is intense and widely documented. JNLWD has explicitly stated that it is operating a program to develop "calmative" chemical weapons (9). In May 1999, its Research Director told Navy News and Undersea Technology *"We need something besides tear gas, like calmatives, anesthetic agents, that would put people to sleep or in a good mood."* In 2000, JNLWD's Commanding Officer told New Scientist *"I would like a magic dust that would put everyone in a building to sleep, combatants and non-combatants."* (10) The Marine Corps Research University (MCRU), a major JNLWD contractor, produced an October 2000 study that concluded "the development and use of calmatives is achievable and desirable" and urged "immediate consideration" of drugs like diazepam (Valium). (11) The unit that produced the study is headed by JNLWD's former commander. JNLWD currently has a secretive technology investment program for incapacitating chemical weapons that is being conducted in cooperation with the US Army's Aberdeen Proving Ground. (12) It is urging academic and private institutions to bring it new proposals for chemical agents (13) and has repeatedly emphasized the need for the US military to develop a calmative capability. In addition, it recently concluded a new request for proposals that includes a call for "advanced riot control agents", (14) a military synonym for drug weapons. In October 2001, it offered to equip US commercial aircraft with calmative-dispensing weapons. (15)

**2. JNLWD is developing long-range military delivery devices for these chemicals that violate the Chemical Weapons Convention and have no law enforcement application.**

JNLWD has been funding the development of chemical weapons delivery devices since the late 1990s. 1999 and 2000 photos of outdoor tests of chemical aerosol equipment and wind tunnel tests at the US Army Soldier Biological Chemical Command are included on the obverse side of the accompanying map. JNLWD has funded a multi-year program to microencapsulate chemical agents, specifically, anesthetics and anesthetics mixed with corrosive chemicals to penetrate thick clothing. (16) In 2001, JNLWD accelerated this effort, developing a specification for an 81mm "non-lethal" mortar round with a 2.5 kilometer range. (17) The round can use chemical payloads and is required to work in standard issue military M252 mortars. (18) Under this program, in September 2001, JNLWD inked a deal with General Dynamics that calls for building a "dispersion gas generator" for this mortar round and to "identify analytical tools that can be used in follow-on design/performance modeling of droplet formation and dynamics" and to perform "preliminary parametric estimates of ground area coverage versus payload volume and height of burst." (19) The JNLWD team which developed chemical microencapsulation methods and the Aberdeen Proving Ground team which is participating in the chemical agents technology investment program are both collaborating with JNLWD in the mortar round design. (20)

**3. JNLWD is pursuing this program despite being fully cognizant that it violates the Chemical Weapons Convention and US Department of Defense regulations.**

The JNLWD program runs afoul of the Chemical Weapons Convention (CWC), the global ban on the development and use of all chemical weapons. And JNLWD is well aware of this fact. JNLWD presentations in 2001 list the Chemical Weapons Convention as a major "challenge" to its calmatives program. (21) In 2000, JNLWD held a series of war games with British military officials. JNLWD's report of the war games concludes *"In all three game scenarios, players espoused calmatives as*



*potentially the most useful anti-personnel non-lethal weapons" but that "the principle concern was about the legality of the weapon and possible arms control violations..." Despite this, it continues "The end result is that calmatives are considered the single most effective anti-personnel option in the non-lethal toolkit." (22)*

At the end of the wargames series, JNLWD held a final, high-level meeting with UK officials. It included the participation of five active duty US Marine Corps and Army generals. British officials objected to the US calmatives program, saying that it is illegal. JNLWD replied by saying but that it would proceed anyway (quoting from the report): *"a research and development program with respect to... chemically based calmatives... [will] be continued as long as it is cost-productive to do so."* In the same report, JNLWD acknowledges that its research and development program violates Department of Defense regulations, declaring its intent to evade the law: *"DOD is prohibited from pursuing [calmative] technology... If there are promising technologies that DOD is prohibited from pursuing, set up MOA with DOJ or DOE."* (DOD is the US Department of Defense. DOJ is the US Department of Justice. DOE is the US Department of Energy. MOA is a Memorandum of Agreement.) (23)

#### **4. JNLWD is seeking to cover up this illicit program by cloaking it behind US secrecy law.**

JNLWD has made a systematic effort hide its program from public view and to impede the Sunshine Project's investigation. JNLWD asked the US Navy Judge Advocate General (JAG) to perform a legal review of its "non-lethal" chemical weapons; but then classified the JAG opinion, preventing its release. (24) JNLWD has placed export control restrictions on its 81mm "non-lethal" mortar specification. (25) In 2002, JNLWD officials trained US Marine Corps officers in its anti-personnel chemical weapons capabilities. It classified the training "secret". (26) Interviewed by news media, JNLWD officials deny developing chemical weapons; but have informed the Sunshine Project in multiple telephone conversations that they will deny release of documents requested under FOIA because of "classified weapons development". With 18 months elapsed since the Sunshine Project's first Freedom of Information Act requests to JNLWD, almost two thirds of the documents requested have not been released. JNLWD has ordered the US National Academies of Science to halt release of documents it deposited in the public record at that institution, (27) despite the fact that the National Academies states that there are no security markings on the documents requested, (28) and in apparent violation of US [\(Sunshine Project, 2002\)](#).

**Title:** Pentagon Perverts Pharma With New Weapons: Liability And Public Image In The Pentagon's Drug Weapons Research

**Date:** February 11, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The conventional view is that pharmaceutical research develops new ways to treat disease and reduce human suffering; but the Pentagon disagrees. Military weapons developers see the pharmaceutical industry as central to a new generation of anti-personnel weapons. Although it denied such research as recently as the aftermath of the October theater tragedy in Moscow, a Pentagon program has recently released more information that confirms that it wants to make pharmaceutical weapons. And on February 5th, US Secretary of Defense Donald Rumsfeld went a big step further. Rumsfeld, himself a former pharmaceutical industry CEO (1), announced that the US is making plans for the use of such incapacitating biochemical weapons in an invasion of Iraq (see [News Release, 7 February 2003](#)).

The Joint Non-Lethal Weapons Directorate (JNLWD) and the US Army's Soldier Biological Chemical Command (SBCCOM) are leading the research. Of interest to the military are drugs that target the brain's regulation of many aspects of cognition, such as sense of pain, consciousness, and emotions like anxiety and fear. JNLWD is preparing a database of pharmaceutical weapons candidates, many of them off-the-shelf products, and indexing them by manufacturer. It will choose drugs from this database for further work and, according to Rumsfeld, if President Bush signs a waiver of existing US policy, they can be used in Iraq. Delivery devices already exist or are in advanced development. These include munitions for an unmanned aerial vehicle or loitering missile, and a new 81mm (bio)chemical mortar round.

Many of the Pentagon's so-called "nonlethal" (bio)chemical weapons candidates are pharmaceuticals. Different names are used for these weapons ("calmatives", "disabling chemicals", "nonlethal chemicals", etc.). Used as weapons, all minimally aim to incapacitate their victims. They belong to the same broad category of agents as the incapacitating chemical that killed more than 120 hostages in the Moscow theater. That agent was reported to be based on fentanyl, an opiate that is also among the weapons being assessed by JNLWD. In the US, pharmaceutical fentanyl is sold by Johnson & Johnson's subsidiary Janssen Pharmaceutica. Remifentanyl, a closely related drug, is a GlaxoSmithKline product.

US military contractors have identified a host of other agents manufactured by a Who's Who list of the pharmaceutical industry. In 2001 weapons researchers at the Applied Research Laboratory of Pennsylvania State University assessed the anesthetic drugs isoflurane and sevoflurane, produced by Syngenta and Abbott Laboratories, respectively. The same Penn State team recommended other drugs for "immediate consideration," some of which are in the chart below. The Pentagon is also interested in industry's new ways to apply (bio)chemicals through the skin and mucous membranes, which could bring previously impractical drug weapons closer to reality by overcoming technical hurdles related to delivery of certain agents.

#### **DRUG / LEGITIMATE / USE COMPANY**

1. **Fentanyl** / Analgesic (Johnson & Johnson) (and others)
2. **Carfentanyl** / Veterinary Anesthetic Wildlife Pharmaceuticals
3. **Dexmedetomidine** / Anesthetic (Abbott Laboratories)
4. **Isoflurane** / Anesthetic (Abbott Laboratories)
5. **Sevoflurane** / Anesthetic (Syngenta)
6. **Pramipexole** / Parkinson's Disease (Pharmacia)
7. **CI-1007** / Experimental (Pfizer)
8. **Lesopitron** / Experimental Anxiolytic (Esteve Pharmaceuticals)
9. **MKC-242** / Experimental Antidepressant (Mitsubishi Chemical Corporation)
10. **Ketamine** / Anesthetic Pfizer (and others)
11. **Diazepam** (Valium) / Anxiolytic (Hoffman-LaRoche) (and others)

**Questioning Industry's Role:** The silence of the Pharmaceutical Manufacturers Association (PhRMA) and its members is becoming increasingly conspicuous. The Pentagon research described here has been underway for more than two years. It's no secret that pharma is queuing up for lucrative biodefense contracts; but does industry's enthusiasm for defense dollars extend to weaponsmaking?

If the pharmaceutical industry assists or accepts weaponization of its products, it will negatively transform the public's view of the nature of pharmaceutical research. Yet PhRMA's silence raises fundamental questions about industry's commitment to peaceful research. Will it work to prevent its drugs from being weaponized? Or are weapons viewed as an emerging new market? Will industry cooperate with the Pentagon to design weapons? Military researchers want such collaborations. What if drug stockpiles are diverted into weapons? Will industry be complicit by continuing to look the other way?

**Liability:** Serious liability questions will be raised if these drugs are used as weapons in Iraq or elsewhere. Scores of innocent hostages died in the Moscow theater. Many survivors are likely suffering lasting, even permanent effects. If the US uses these weapons, more casualties are inevitable.<sup>(3)</sup> So long as the pharmaceutical industry does not make every possible effort to prevent the Pentagon's perversion of its products, manufacturers should be held liable for the damage that weaponized drugs inflict ([Sunshine Project, 2003](#)).

**Title:** The Return Of ARCAD

**Date:** January 6, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Accidentally-released documents reveal links between current 'non-lethal' weapons research and a Cold War chemical weapons program cancelled in 1992 because of its treaty-busting



implications.

Newly-released US government documents indicate that recent Pentagon research on so-called "non-lethal" weapons is a revived version of a weapons program that was cancelled due to the Chemical Weapons Convention. Elements of the decade-old program on incapacitating chemicals, called ARCAD (Advanced Riot Control Agent Device), have been re-initiated by the Pentagon's Joint Non-Lethal Weapons Directorate. The links that Sunshine Project Freedom of Information Act requests have established between ARCAD and recent research underscore how and why the Pentagon's "non-lethal" weapons program threatens treaty controls on chemical and biological weapons.

In 1992, the US Army's ARCAD program was supposed to have been terminated because of prohibitions in the Chemical Weapons Convention, which was then in late stages of negotiation. But it is now clear that elements of the program continued to operate under a new guise. As of 2002, ARCAD's legacy was being pursued with a new institutional base - the US Marine Corps-directed Joint Non-Lethal Weapons Directorate (JNLWD). Weapons development deemed legally unacceptable in 1992 has found new life with the "non-lethal" moniker, despite US ratification of the Chemical Weapons Convention and attacks on states alleged to be developing chemical and biological weapons.

### **The Story: From ARCAD to Front End Analysis (and Beyond?)**

Building on Cold War research, by the early 1990s, US Army weapons developers at Aberdeen Proving Ground (Maryland) were making headway in a quest for new incapacitating chemical weapons. Foreshadowing the Moscow Theater disaster a decade later, they reported in early 1992 that they had weaponized chemical cocktails of powerful opiates, such as fentanyl, mixed with supposedly safety-enhancing chemicals (opiate antagonists, similar to those used to treat heroin overdose). The weapons were designed to knock out groups of people, in battle and in other situations, presumably including "rioting" civilians.

The Army was making headway in weapons design, but the collapse of the Soviet Union had turned political winds toward disarmament and decidedly against new chemical weapons. International momentum was building for a global ban on chemical weapons and, in September 1992, the text of the Chemical Weapons Convention (CWC) was completed. Anticipating the CWC's restrictions, in 1992 the Pentagon cancelled the Advanced Riot Control Agent Device (ARCAD) program. The decision, quoting an Army official in the recently-released papers, "because of multilateral treaty language restricting the use of riot control agents".

But frustrated Army weapons developers were unwilling to let ARCAD die. Spurred on by a dispute that arose between experts about the extent of the CWC's prohibitions on use of incapacitating chemicals, they cited a Vietnam-era policy (Executive Order 11850, still standing) that conflicts with the CWC. They found interest in their chemical weapons research at the Non-Lethal Coordinating Cell, a small new Pentagon office with big plans and influential backers, including US military strategist Paul Wolfowitz. Impelled by the US military's disastrous deployment to Mogadishu, Somalia, the Coordinating Cell was looking for new ways to neutralize crowds of civilians. Later, the Coordinating Cell came under the administration of the US Marine Corps and was renamed the Joint Non-Lethal Weapons Directorate (JNLWD).

When the Coordinating Cell obtained research funding and put out a request for proposals, the Army chemical weaponeers saw their chance. In proposals written in 1994, they not only sought to restart ARCAD, they requested JNLWD support to move into aerosol testing of the opiate cocktails. They also proposed new ideas, such as studying weaponization of an experimental pharmaceutical suggested to the Army by a University of Utah anesthesiologist who had seen it used to tranquilize wild elk (*Cervus elaphus*). Also new were short-acting opiates being developed by Glaxo Pharmaceuticals (now GlaxoSmithKline). In its proposals, the Army group asserted that the military could legally use the chemical as weapons for "peacekeeping missions; crowd control; embassy protection; and counterterrorism."

From here, the story gets murky; but important new detail is available. For five years, there was no public action by JNLWD on the (heretofore confidential) Army proposals. Despite JNLWD's denials that it is engaged in chemical weapons development, a contract released to the Sunshine Project under FOIA in 2002 states that, in 2001, the Directorate trained Marine Corps officers in the use of

classified antipersonnel "non-lethal" chemical weapons.

In light of the newly-released documents, it was in 2000 that the ARCAD program resurfaced publicly in the form of a Pentagon contract awarded to the Optimetrics, Inc. The Optimetrics studies parallel those proposed by the Army to JNLWD in 1994. Not coincidentally, the lead researcher was C. Parker Ferguson, an Aberdeen Proving Ground veteran who pushed JNLWD to revive ARCAD in 1994. By 2000, Ferguson had left for Aberdeen for Optimetric's nearby office in Bel Air, Maryland. Phase One of the Optimetrics contract was a "Front End Analysis" of Chemical Immobilizing Agents, including testing of "promising" chemical cocktails on animals. Phase Two moved into human testing.

Not long after the Optimetrics contract issued, JNLWD launched a two year research program titled "Front End Analysis for Non-Lethal Chemicals" (FY 2001 and 2002). While this JNLWD program was operating (including during the Moscow Theater disaster), the Directorate vociferously, incorrectly denied that it was conducting research on incapacitating chemical weapons. Contradicting its own public relations officers, in early 2003 a short document describing the "Front End Analysis" program was briefly posted on the JNLWD website (and then rather quickly removed). The Optimetrics and JNLWD efforts appear to be linked; but the exact relationships remain unclear because both JNLWD and the Army deny that they are collaborating to develop new chemical weapons.

With the recent release of papers, how JNLWD's research has come from the cancelled ARCAD program can finally be documented. The documents are the set of proposals made in 1994 by the Army and, interestingly, it is in these proposals that the term "Front End Analysis" first appears to describe phase one of ARCAD's revival. The totality of the circumstances, including specific terminology, personnel, preferred chemical formulations, and other materials obtained under FOIA (available on the Sunshine Project website), make clear that, after ARCAD was officially cancelled, at least part of the program was folded into the Joint Non-Lethal Weapons Directorate. (What additional work has been conducted under classification is unknown.)

The significance of the documents is far more than historical. ARCAD was terminated because, in 1992, the Pentagon determined that it would violate the Chemical Weapons Convention. But it is now clear that the weapons research did not end. As of 2002 ARCAD's legacy was being pursued with a new institutional base - the Joint Non-Lethal Weapons Directorate. The research appears to have resulted in classified antipersonnel chemical capabilities, according the JNLWD contract to train Marine Corps officers. US chemical weapons development deemed legally unacceptable in 1992 has found new life with the "non-lethal" moniker.

#### **(Apparently) Accidental Release**

Using the Freedom of Information Act, the Sunshine Project requested the documents from the US Marine Corps in September 2001. After delaying for more than two years, in late 2003 the Marine Corps responded in a letter stating that the documents, titled "Demonstration of Chemical Immobilizers", "Antipersonnel Calmative Agents", and "Antipersonnel Chemical Immobilizers: Synthetic Opioids", required a security review that the Marine Corps Systems Command could not perform. This status strongly suggested that the documents would be severely edited or not released at all.

Inexplicably, in the same envelope as the security review letter, the Marines enclosed a complete set of the documents. The Marines also sent the Sunshine Project versions of the chemical weapons papers with large blocks of text blacked-out. These apparently were the Marines' view of what portions should remain secret. The circumstances suggest that the Marines sent the Sunshine Project the documents that were supposed to go to the Pentagon for security review. After study, the Sunshine Project determined to publicize the documents because they shed light on JNLWD's secretive chemical weapons research program and how it threatens international treaties.

The documents mentioned above, as well as related materials on US research on "non-lethal" chemical and biological weapons may be downloaded [here \(Sunshine Project, 2004\)](#).

**Title:** US Defense Science Board Calls For Strategic Use Of Calmative Chemical Weapons

**Date:** April 16, 2004

**Source:** [Sunshine Project](#)

**Abstract:** The US Defense Science Board, a senior advisory body to the Pentagon, has recommended exploration of the use of calmatives as strategic weapons. Calmatives, such as anesthetic or psychoactive drugs, are the same type of weapon was that tragically used at the end of the Moscow Theater siege in October 2002. The lethality of calmatives is difficult to predict, and will vary by the concentration and circumstances they are used in.

In its recently released report titled *Future Strategic Strike Forces*, the Defense Science Board (DSB) outlines new technologies to increase US long-range strategic capabilities over the next 30 years. The DSB suggests, "*Calmatives might be considered to deal with otherwise difficult situations in which neutralizing individuals could enable ultimate mission success.*" The report names two categories of individuals as possible targets, advocating, "*when striking rogue or terrorist leadership, the mission is to kill the leaders themselves*" and "*to decapitate regimes*".

The 1993 Chemical Weapons Convention (CWC) prohibits all kinds of chemical weapons, lethal and less-lethal. "*If the US government is considering calmatives for strategic leadership targeting, this is going to be a more than a controversial issue,*" says Otfried Nassauer, the director of the Berlin Information-Center for Transatlantic Security (BITS), an independent think tank specializing in military affairs, "*however, the impact on the CWC might become worse, if not a non-proliferation nightmare.*"

The DSB admits that the "*treaty implications are significant*" if the US pursues a new generation of calmative chemical weapons as a strategic asset. Yet the DSB calls on the Joint Non-Lethal Weapons Directorate, the Pentagon office charged with developing so-called non-lethal weapons, including calmatives, to "*broaden [its] tactical and operational focus to consider the strategic applications and associated treaty issues.*"

Thus, after specifically recommending consideration of chemical weapons in attacks to disable, derange, or do worse to US enemies' leaders, the DSB's report appears to encourage the US Department of Defense to engage in political efforts to weaken the CWC. According to Jan van Aken of the Sunshine Project Germany, "*The US government seems to be readying to attack yet another arms control treaty as soon as new technology becomes available that is militarily interesting.*"

The DSB provides further, ambiguously phrased, advice on 'non-lethal' weapons, stating that there is a need for "*Non-lethal effects directed at the physiological or psychological functions of specific individuals or the populace. Applications of biological, chemical, or electromagnetic radiation effects on humans should be pursued.*"

The odd language of the second sentence, referring to applications of effects, is of concern. Since the official end of US offensive chemical weapons research in the early 90s, JNLWD has funded the work of ex-chemical weapons makers and their protégés, who are reviving old programs under the 'non-lethal' name. JNLWD has classified research programs and, for at least two years, has taught Marine Corps officers classified classes on 'non-lethal' anti-personnel chemical weapons. In 2002, it engineered another recommendation for development of calmatives, which turned into an embarrassing situation for the US National Academy of Sciences.

According to Edward Hammond of the Sunshine Project US office, "*The convoluted language of the DSB recommendation is no accident. It is crafted to avoid blatant endorsement of illegal weapons, yet in a manner so that it can also be read to support JNLWD's chemical weapons work, both applied and political. We fear that JNLWD has new chemical weapons that are nearly ready for use, and that the DSB recommendations reflect another attempt to take JNLWD's chemical program out of the closet and put it on the battlefield*" ([Sunshine Project, 2004](#)).

**Title:** German Army To Be Equipped With "Non-Lethal" Chemical Weapons: Cabinet Decision Undermines Chemical Weapons Convention

**Date:** June 17, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Last week, the German cabinet decided to equip the German Army, for the first time in recent history, with riot control agents for use in operations abroad. Previously, Germany has adhered to Article 1 of the Chemical Weapons Convention (CWC), which explicitly prohibits the use of "riot control agents as a method of warfare".

The German administration decided to alter its implementation law for the CWC. The change will permit the use of - so far undefined - riot control agents in equally undefined military operations outside Germany. The Parliament still must approve the law, which is unlikely to happen before summer break. The German government's new position comes in a fragile international situation in which the development and use of so called "non-lethal" chemical weapons such as tear gas or anaesthetic compounds is increasingly seen as a major danger to global chemical disarmament.

*"With this move to put perceived - and questionable - military needs over international peace accords, the German defense minister has presented qualifications for a junior position in the disarmament treaty-dumping Bush administration in the US,"* says Jan van Aken from the Sunshine Project's German office.

While the CWC allows the use of tear gas by police in domestic riots, it prohibits any use of any chemical weapon in warfare. A major reason is the escalation risk: Historically, every instance of military use of lethal chemical weapons was preceded by the use of "non-lethal" agents.

Some governments have already adopted a dangerous interpretation of the CWC's Article 1 prohibitions and the term "warfare". Several armies are already equipped with tear gas for use in foreign operations - a practice that arguably violates the CWC. The US government has gone a step further and is trying to stretch the definition of "riot control agent" in its programs to develop psychoactive and anaesthetic compounds for weapons use. Worsening the deteriorating situation, the German cabinet did not even define clear limits on its decision to deploy riot control agents, for example, by restricting the permitted scenarios to police-like operations or by unambiguously defining riot control agents as tear gases.

*"In the worsening international climate, the German decision is a big step backwards for chemical disarmament. Instead of defending the Chemical Weapons Convention, the German government appears to be lending its support to US-led efforts to weaken the treaty,"* says Edward Hammond from the Sunshine Project US.

Last week's decision was triggered by March 2004 riots in Kosovo, when German soldiers were unable to stop a violent mob burning down monasteries. After a criticism in the German weekly the Spiegel in early May, the Minister of Defense felt pressure to take political action. The quick decision to equip the Army with chemical agents, however, ignores the actual situation in Kosovo. The German Army itself acknowledges that their soldiers were equipped with non-lethal weapons such as rubber bullets, but decided not to use them in this particular situation in order not to harm women and children. And the Army acknowledges that they do not have any plan or scenario for the use of chemical agents.

*"The government's rushed response to a newspaper article is frighteningly myopic. There is no real need and strategic thinking behind it. It is deeply disturbing to see how little prompting the German government needs before it gives up its arms control obligations,"* says van Aken.

The law the German administration wants to amend is the CWÜAG - *Chemiewaffenübereinkommen-Ausführungsgesetz*, §2, which currently restricts the use of riot control agents to police and to army personnel within German borders to protect military facilities. According to Sunshine Project research, the law will be introduced into the Bundestag (parliament) in early July ([Sunshine Project, 2004](#)).

**Title:** Time For The Pentagon To Lift The Secrecy Surrounding Its "Non-Lethal" Chemical And Biological Weapons

**Date:** July 19, 2004

**Source:** [Sunshine Project](#)

**Abstract: Sunshine Project Challenges the Defense Department to Release "Non-Lethal" Weapons Documents**

Last week, when the Pentagon's lawyers insisted that the Sunshine Project remove documents about US Army chemical weapons research from its website, they called attention to the secrecy that surrounds US development of so-called non-lethal weapons. Belatedly realizing that censorship might backfire and draw more – not less - attention to "non-lethal" secrets, the Marine Corps tried to compensate with delay. It waited until 5:00 PM on Friday to respond to journalist's inquiries so as to try to ensure that the news cropped up outside of major US and international news cycles. Even then it said nothing of substance – it says it is investigating the matter.

The Pentagon has never been forthcoming about the extent of its "non-lethal" programs; but after the Sunshine Project and others began to take action against them at the Chemical Weapons Convention, secrecy has increased and the quality of disclosure under laws such as the Freedom of Information Act has plummeted.

For more than three and half years, the Sunshine Project has closely followed the Joint Non-Lethal Weapons Directorate (JNLWD), the coordinating body for US military "non-lethal" weapons research. In September 2002, the Sunshine Project went to the Chemical Weapons Convention (CWC) and called for the Organization for the Prohibition of Chemical Weapons to investigate programs to develop prohibited chemical weapons under the "non-lethal" moniker. In reply, the US State Department blocked the Sunshine Project's accreditation to the meeting.

One month later, more than 120 innocent hostages were killed in the Moscow theater by the same kind of "non-lethal" chemical weapon. In 2003, it wasn't the Sunshine Project that went to the CWC to request action, it was the International Committee for the Red Cross (ICRC). But the result was much the same: The Bush administration again used backroom maneuvers to prevent the ICRC from speaking and to keep "non-lethal" chemical weapons off the CWC's agenda.

"Non-lethal" weapons are a hodgepodge of technologies ranging from simple, well-understood items such as police batons and shields, to the weirdest frontiers of weapons science, like the Navy researcher whose proposal is to permanently "pacify" people by chemically burning out the neurological systems that make humans capable of violence. (His paper was accepted for discussion at a JNLWD-sponsored conference.) With new technologies, such as directed energy, JNLWD plays up the "gee-whiz" factor, resulting in headlines such as "Set Phasers to Stun", although to many observers the various directed-energy devices remind them more of the electric chair than reruns of Star Trek.

When it comes to chemical and biological "non-lethal" weapons, which are prohibited by treaty, JNLWD has the most explaining – and disclosing – to do. To begin with, if all of JNLWD's programs are treaty-compliant and truly "non-lethal", as it insists they are, why operate these programs under high classification? It is difficult to understand why a purportedly non-lethal weapon for missions such as peacekeeping would need to be shrouded in secrecy like that applied to nuclear weapons technology.

Beyond the three documents that the Marine Corps has insisted that the Sunshine Project remove from its website, a world of recent and undisclosed JNLWD and other Pentagon chemical and even biological "non-lethal" weapons research exists. The outlines of these programs can be ascertained through the Freedom of Information Act, related laws, and open sources. It is time for JNLWD and its military partners to come clean and prove that these programs are treaty-compliant and "non-lethal".

**To begin the process of adequate public disclosure and discussion, Sunshine Project challenges the Pentagon to release the following materials:**

1. The unredacted reports of the project *Chemical Immobilizing Agents for Non-Lethal Applications*, conducted by Optimetrics, Inc for the US Army Aberdeen Proving Ground in 2000 – 2001, as well as those of all follow-on projects;
2. The unredacted reports of the JNLWD technology investment project *Front End Analysis for Non-Lethal Chemicals*, conducted in fiscal years 2001 and 2002;
3. The unredacted reports of the project *Technical Assessment of Antimateriel Chemical and Biological Agents*, conducted at Dugway Proving Ground, Utah, in 2000;
4. The unredacted videotapes of late 1990s US Navy (Dahlgren, VA) testing of unmanned aerial vehicles (UAVs, or "drones") equipped with "non-lethal" payload systems, requested by the Sunshine Project under FOIA a year and half ago, as well as documentation related to this program;
5. The unredacted reports of JNLWD's Loitering Non-Lethal Submunition program, as well the reports of Pentagon projects to develop "non-lethal" chemical missile payload systems, such as those for the ERGM (extended range guided missile) and the loitering "Tomahawk Tactical" cruise missile.
6. The full record of the lectures on antipersonnel "non-lethal" chemical weapons, classified "secret" and periodically given by JNLWD staff at the Marine Corps Command and Staff College since at least 2002.
7. All records deposited at the National Academies of Science for its JNLWD-sponsored non-lethal weapons study. (NAS has been refusing to release these records, at the behest of the Marine Corps and in violation of the Federal Advisory Committees Act, for a year and a half.) ([Sunshine Project, 2004](#)).

**Title:** French Biodefense Research Clouded In Secrecy; Concern Over French 'Non-Lethal' Chemical Weapons Activities

**Date:** November 16, 2004

**Source:** [Sunshine Project](#)

**Abstract:** Today, the Sunshine Project has released detailed studies of the national biodefense programs of France and Germany. The reports are the first in a series whose aim is to better document biodefense programs in many countries.

**French secrecy:** The country study on France concludes that the French government is not in compliance with its obligations under the Biological Weapons Convention (BWC), as it has failed to provide comprehensive annual declarations to the United Nations on its biodefense program. The French government is very secretive about its BW-related activities. France has omitted major information from its official declarations and publications, and French officials did not respond to written questions about biodefense activities.

French military biodefense research is mainly conducted at two facilities, the *Centre d'études du Bouchet* (CEB) near Paris and the *Centre de recherches du service de santé des armées* (CRSSA) near Grenoble. In addition to standard features of a biodefense program, France is also working on so-called 'threat assessment' studies, which may involve the practical imitation of offensive capabilities to assess the possible capacities of an enemy. As this kind of research blurs the distinctions between defensive and offensive research, 'threat assessment' type projects are a major concern for international arms control. It was not possible, through open sources, to establish the concrete nature of France's threat assessment projects.

Among the manifold projects pursued by the French biodefense program is the construction of mobile biological labs, the study of microencapsulation of microorganisms and the production of toxins by means of genetic engineering.



**Non-lethal chemical weapons activities:** A variety of evidence suggests that France is working in the area of so called 'non-lethal' chemical weapons and thus may be in violation of the Chemical Weapons Convention. French military scientists have investigated a broad range of incapacitating agents – from tear gas to neurotoxins and psychoactive drugs – and a variety of delivery devices for 'non-lethal' chemical weapons have been developed, patented, and marketed by French companies in the past years. Earlier this year, a salesperson from the weaponsmaker Etienne Lacroix offered to sell us chemical payloads – including malodorants – for one of its weapons system.

In summary, the secretive and intransparent behaviour of the French government with regard to its biodefense programs and its non-lethal weapons activities may give rise to a broad range of suspicions. A radical move by the French government towards transparency and improved confidence building measures may counter similar suspicions in the future.

**Germany** has a well developed biodefense program located at two military research centers: the microbiological laboratory of the *Sanitätsakademie der Bundeswehr* (SanAk) in Munich and the *Wehrwissenschaftliches Institut für Schutztechnologien* (WIS) in Munster. While Germany is comparatively open about its military biodefense activities and submitted rather comprehensive declarations to the United Nations, it is still keeping secret its civilian contractors that are involved in military biodefense programs. There is no indication that the Federal Armed Forces perform so called 'threat assessment' type of research. One particular experiment with genetically engineered bacteria that raised concerns in the past was apparently stopped some two years ago after critical public discussions in Germany. No indication of research or development projects related to new types of so-called 'non-lethal' chemical weapons in Germany were identified.

The Sunshine Project country studies were initiated in early 2004 to increase transparency and to contribute to building confidence in the critical area of biological arms control. They are based on open sources, such as scientific publications, general media, or government publications. More country studies will follow, including reports on Turkey and the United States.

The Sunshine Project calls on all governments to strengthen the international ban on biological weapons, to restrict themselves in biodefense programs and to guarantee full transparency in all aspects of biodefense research. They should contribute to building confidence in this critical area of biological arms control by submitting future declarations to the United Nations that are complete, consistent and unambiguous.

The country studies on France and Germany are available on our website at [www.sunshine-project.org](http://www.sunshine-project.org) ([Sunshine Project, 2004](#)).

**Title:** Sunshine Project Responds To Pentagon Statements On "Harassing, Annoying, And 'Bad Guy' Identifying Chemicals"

**Date:** January 17, 2005

**Source:** [Sunshine Project](#)

**Abstract:** In the past several days, international media have focused attention on the US Air Force biochemical weapons proposal titled Harassing, Annoying, and 'Bad Guy' Identifying Chemicals. The document was submitted to the Joint Non-Lethal Weapons Directorate (JNLWD) in 1994. It was acquired by the Sunshine Project under the Freedom of Information Act (FOIA) and posted on our website in late December.

At the same time in 1994, the US Army proposed developing a number of other drugs, principally narcotics, as "non-lethal" weapons. These documents were also obtained under FOIA and are posted on the Sunshine Project website.

Harassing, Annoying, and 'Bad Guy' Identifying Chemicals proposes development of a mind-altering aphrodisiac weapon for use by the US armed forces, as well as other biochemicals, including one that would render US enemies exceptionally sensitive to sunlight.



With respect to the Air Force proposal, the Department of Defense has recently been quoted as saying the following:

**DOD Spokesman Lt. Col Barry Venable to Reuters:** "[The proposal] was rejected out of hand."

**JNLWD spokesman Capt. Daniel McSweeney to the Boston Herald:** "It was not taken seriously. It was not considered for further development."

**These statements are untrue.** The proposal was not rejected out of hand. It has received further consideration. In fact, it was recent Pentagon consideration, in 2000 and 2001, that brought this document to the Sunshine Project's attention and resulted in our FOIA request:

In 2000, the Joint Non-Lethal Weapons Directorate (JNLWD) prepared a promotional CD-ROM on its work. This CD-ROM, which was distributed to other US military and government agencies in an effort to spur further development of "non-lethal" weapons, contained the Harassing, Annoying, and 'Bad Guy' Identifying Chemicals document. If the proposal had been rejected out of hand and not taken seriously, it would not have been placed in JNLWD's publication.

Similarly, in 2001, JNLWD commissioned a study of "non-lethal" weapons by the National Academies of Science (NAS). JNLWD provided information on proposed weapons systems for assessment by an NAS scientific panel. Among the proposals that JNLWD submitted to the NAS for consideration by the nation's pre-eminent scientific advisory organization was Harassing, Annoying, and 'Bad Guy' Identifying Chemicals.

([Click here to see a partial list of documents](#) deposited at NAS and/or contained on the JNLWD CD-ROM.)

Thus, the Pentagon's statements (as quoted in news reports) are inaccurate and should be corrected.

While the Sunshine Project does not have evidence suggesting that Harassing, Annoying, and 'Bad Guy' Identifying Chemicals has been funded, US Army proposals to weaponize narcotics that were made at the time have moved forward. These include proposals such as Antipersonnel Calmative Agents and for development of opiate and sedative biochemical weapons. Those proposals are discussed in detail in the Sunshine Project news release "The Return of ARCAD" available at the URL:<http://www.sunshine-project.org/publications/pr/pr060104.html>

According to Sunshine Project Director Edward Hammond: "What the Pentagon's reaction shows is the biochemical dependency problem of the DOD 'non-lethal' weapons program. JNLWD has never divorced itself from biochemical weapons, and when confronted with that fact, it goes into denial. The denials are contradicted by DOD's own records. The fact of the matter is that Pentagon continues to pursue biochemical weapons, perhaps including those proposed by the Air Force, but certainly including those proposed by the Army" ([Sunshine Project, 2005](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** Although all bio-weapons are offensive bio-weapons, the governments that trade in the currency of bio-weapons and bio-terror would like the public to think there is a difference. Regardless of the name, it is frighteningly obvious that the U.S. government and its allies are actively pursuing the latest and greatest offensive bio-weapons known to man. Despite publically stating that these weapons are for "defensive" purposes, nothing could be further from the truth. The [historical record of bio-terror](#) is very one-sided and repeatedly shows unprovoked attacks on the public by a vicious government that has the means, the motive, and the opportunity. When bio-terror or pandemics occur, government is always the #1 suspect.

**Title:** US Armed Forces Push For Offensive Biological Weapons Development

**Date:** May 8, 2002

**Source:** [Sunshine Project](#)

**Abstract:** US Navy and Air Force biotechnology laboratories are proposing development of offensive biological weapons. The weapons, genetically engineered microbes that attack items such as fuel, plastics and asphalt, would violate federal and international law. The proposals have been made by the Naval Research Laboratory (Washington, DC) and the Armstrong Laboratory (Brooks Air Force Base, San Antonio, Texas). They date from 1997; but were recently submitted by the Marine Corps for a high-level assessment by a panel of the US National Academies of Science (NAS). The NAS panel ([members](#)) has prepared a draft report; but it has not been released to the public.

The uncovering of these proposals for an offensive biological weapons program comes at a critical political juncture. The US has rejected a legally-binding system of United Nations inspections of suspected biological weapons facilities. At the same time, the Bush administration is aggressively accusing other countries of developing biological weapons and expanding its so-called "Axis of Evil" based in large part on allegations of foreign biological weapons development.

But it is increasingly apparent that there are serious questions about the United States' own compliance with the Biological and Toxin Weapons Convention (BTWC). While US allegations against other countries are generally undocumented, the proposals described in this press release were recently released to the Sunshine Project under the Freedom of Information Act and [have been placed on the internet](#) for independent analysis.

### Explicitly For Offense

In the murky world of biological weapons research, many technologies are "dual use", that is, they have both offensive and peaceful applications. The alleged transfer of dual use technologies, such as vaccine research, is a basis of charges made against Cuba on May 6th by US Under Secretary of State John Bolton. The US armed forces documents released here, however, are not about "dual use" technology, they are explicit proposals for offensive weaponsmaking.

According to the Naval Research Laboratory, *"It is the purpose of the proposed research to capitalize on the degradative potential of... naturally occurring microorganisms, and to engineer additional, focused degradative capabilities into [genetically modified microorganisms], to produce systems that will degrade the warfighting capabilities of potential adversaries."* The Air Force proposes *"genetically engineered catalysts made by bacteria that destroy... Catalysts can be engineered to destroy whatever war material is desired."* The proposals indicate these weapons might be used by all the armed forces, including the Special Forces and in peacekeeping and anti-narcotics operations ([See the Resources Page for copies of these documents](#)).

### **Additional Documents Suppressed**

These proposals are probably only the tip of the iceberg. For over one year, the Marine Corps has delayed response to a Sunshine Project Freedom of Information Act request that now includes 147 unclassified documents. The two proposals described here are part of a recent first release of 8 items from that request. 139 related legal and weapons development documents are unreleased. The Marine Corps says the delay is due to a lack of manpower.

The National Academies are also suppressing related documents. As part of the Marine Corps-commissioned study, in 2001 at least 77 apparently chemical and biological weapons-related documents were deposited in the NAS Public Access Records File, a library open for inspection and copying by all persons ([see a bibliography here](#)). After the Sunshine Project requested copies of these documents on March 12th 2002, the National Academies placed a "security hold" on the public file. High-ranking NAS officials have refused to explain who ordered the hold, or to offer a credible explanation as to why it exists ([see correspondence here](#)). The Sunshine Project believes that NAS is under pressure from high-ranking US officials to "Enron" the public record to avoid release of politically sensitive material. Rather than assist a purge of the public record, NAS - a leading US non-profit scientific body - must condemn and release the proposals for illegal weapons that it has received.

### **Legal Implications**

The research proposed by the Air Force and Navy raises serious legal questions. Under the US [Biological Weapons Anti-Terrorism Act](#), development of biological weapons, including those that attack materials, is subject to federal criminal and civil penalties. The Biological and Toxin Weapons Convention, which the US and 143 other countries have ratified, prohibits development, acquisition, and stockpiling of any biological agents not justifiable for peaceful or prophylactic purposes. There is no such justification for the offensive research proposed by the Navy and Air Force. The proposals are certain to weigh heavily on all countries' minds as they prepare for November's reconstituted 5th Review Conference of the BTWC ([Sunshine Project, 2002](#)).

**Title:** US Military Operating A Secret Chemical Weapons Program

**Date:** September 24, 2002

**Source:** [Sunshine Project](#)

**Abstract:** The Sunshine Project today accuses the US military of conducting a chemical weapons research and development program in violation of international arms control law. The charges follow an 18 month investigation of the Department of Defense's Joint Non-Lethal Weapons Directorate (JNLWD). The investigation made extensive use of the US Freedom of Information Act to obtain Pentagon records that form the primary basis of the allegations. An array of documents, many of which have been posted on the Sunshine Project website, demonstrate beyond a reasonable doubt that JNLWD is operating an illegal and classified chemical weapons program.

### **Specifically, the Sunshine Project accuses the JNLWD of:**

1. Conducting a research and development program on toxic chemical agents for use as weapons, including anesthetics and psychoactive substances, in violation of the Chemical Weapons Convention;
2. Developing long-range military delivery devices for these chemicals, including an 81mm chemical mortar round, that violate the Chemical Weapons Convention.
3. Pursuing a chemical weapons program while fully cognizant that it violates the Chemical Weapons Convention and US Department of Defense regulations;
4. Attempting to cover up the illicit program by classifying as secret even its own legal interpretations of the Chemical Weapons Convention and attempting to block access to documents requested under US information freedom law.

These charges are detailed in the attached Annex to this news release, in the [accompanying map and fact sheet](#), and the Sunshine Project's JNLWD documents web page, which has [full text of more than two dozen documents](#). Specific citations are in footnotes below.

**The Weapons:** JNLWD's secret program is not focusing on highly lethal agents such as VX or sarin. Rather, the emphasis is on "non-lethal" chemical weapons that incapacitate. JNLWD's science advisors define "non-lethal" as resulting in death or permanent injury in 1 in 100 victims. (1) JNLWD's Research Director told a US military magazine "We need something besides tear gas, like calmatives, anesthetic agents, that would put people to sleep or in a good mood." (2) These weapons are intended for use against "potentially hostile civilians", in anti-terrorism operations, counterinsurgency, and other military operations.

The major focus of JNLWD's operation is on the use of drugs as weapons, particularly so-called "calmatives", a military term for mind-altering or sleep inducing chemical weapons. Other agents mentioned as militarily useful in the documents are convulsants, which are dangerous cramp-inducing drugs, and pharmaceuticals that failed development trials due to harmful side-effects. (3) This interest in so-called "calmatives" has been discussed in previous Project publications. (4)

New documents prove the existence of an advanced development program for long range delivery devices for the chemicals, in particular a "non-lethal" 81mm mortar round with a range of 2.5 kilometers and which is designed to work in standard issue US military weapons (the M252 mortar) (5). Photos of testing of this round and a gas generating payload canister are posted on the Sunshine Project's website. (6) JNLWD has recently asked the company building the gas canister, General Dynamics, to develop methodologies to characterize the aerosols it generates, and to calculate the ground area coverage of gas clouds created by an airburst at different altitudes. (7) A chemical mortar round with a 2.5 kilometer range has solely military applications, and cannot possibly be justified for a US military domestic riot control purpose.

### **The Solutions:**

**1) UN Inspectors into the US:** The Sunshine Project, while urging the United States to immediately halt this chemical weapons program, also announces its intention to take its allegations and evidence to the 7th Session of the Conference of the States Parties of the Chemical Weapons Convention, scheduled to start in The Hague on October 7th. There, the Sunshine Project will present its case to governments and request the Organization for the Prohibition of Chemical Weapons send a UN weapons inspection team to the US to investigate.

**2) US Oversight:** The Sunshine Project calls upon the US Congress to investigate JNLWD's arms control violations, to conduct public hearings, to hold JNLWD and its superiors responsible for their actions, to freeze all JNLWD funding, and to immediately declassify all JNLWD documents.

Says Edward Hammond, director of the Sunshine Project US, *"We can present hard evidence for an illicit and shameful chemical weapons program in the US. If the US invades Iraq and uses these weapons, we may witness the depravity of the US waging chemical warfare against Iraq to prevent it from developing chemical weapons."*

Jan van Aken, Director of the Sunshine Project in Germany says *"The US administration 'names names' of alleged violators at arms control meetings. We have written documentation that the British government told JNLWD that its program violates the CWC in private talks. (8) However, Europe must publicly denounce American chemical weapons violations in The Hague. Those who remain silent will bear part of the guilt."*

**Escalation danger:** JNLWD's chemical weapons program not only violates international law, it presents an escalation threat. Any use of chemical weapons in a military situation - even if the agents are purported to be "non-lethal" - carries the inherent danger of escalation into an all out chemical war and heightened violence. If attacked with a chemical of unknown nature with a fast incapacitating effect, victims may assume that lethal chemicals have been used, leading to heightened violence or

even retaliation in kind. This rapid escalation danger is one of the key reasons why the Chemical Weapons Convention prohibits the use of even tear gas or pepper spray as a method of warfare.

**The Road to a Chemical Arms Race:** In addition, JNLWD's program might easily be used to disguise lethal chemical weapons development. Deadly chemicals are the former specialty of JNLWD's partner in the program, the US Army's Aberdeen Proving Ground. Long range delivery devices may easily be converted to use biological agents or other chemicals, including lethal nerve gas. Design and development of new delivery devices, production facilities or delivery experiments - all key parts of a lethal chemical weapons program - might easily be performed by the US or other countries if the buzz-word "non-lethal" is used as a cover. If non-lethal chemical warfare programs are not banned, the basic principles of the CWC could fall apart, resulting in new full blown chemical arms race even before Cold War stocks are destroyed ([Sunshine Project, 2002](#)).

**Title:** US Army Patents Biological Weapons Delivery System, Violates Bioweapons Convention

**Date:** May 8, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The United States Army has developed and patented a new grenade that it says can be used to wage biowarfare. This is in violation of the Biological Weapons Convention, which explicitly prohibits development of bioweapons delivery devices.

[US Patent #6,523,478](#), granted on February 25th 2003, covers a "rifle launched non lethal cargo dispenser" that is designed to deliver aerosols, including – according to the patent's claims - "crowd control agents, biological agents, [and] chemical agents..."

The development of biological weapons delivery devices is absolutely prohibited - "*in any circumstance*" - by Article I of the 1972 Biological and Toxin Weapons Convention, to which the US is a party. There is no exemption from this prohibition, neither for defensive purposes nor for so called non-lethal agents.

"*The development of weapons for biological payloads produces great uncertainty about the US commitment to the Biological Weapons Convention.*" says Edward Hammond of the Sunshine Project US, "*Thirty four years after the US renunciation of biological weapons, the Pentagon is back in the bioweapons business.*"

"*Hans Blix might have an easier time finding illegal weapons if he were inspecting near Baltimore instead of Baghdad,*" says biologist Jan van Aken from the Sunshine Project Germany, referring to the fact that two of the inventors work at the Army's Edgewood Arsenal north of Baltimore, Maryland. Other inventors work at an engineering firm in Orlando, Florida, where the US Special Forces operate from MacDill Air Force Base.

This grenade is yet another indication of prohibited biological and chemical weapons development projects in the US. It stands in a row with an illegal chemical weapons program focusing on so called non-lethal agents (see below), uncovered last September by the Sunshine Project, with research activities on material degrading microorganisms by the US armed forces (see below), and with a range of questionable biodefense activities that may well suit offensive purposes (see *New York Times*, 4 September 2001) ([Sunshine Project, 2003](#)).

**Title:** US House Votes To Advance Offensive Biological Weapons Plan

**Date:** March 15, 2006

**Source:** [Sunshine Project](#)

**Abstract:** In an titanic fit of myopia, the US House of Representatives has passed a bill that advances a US plan to wage biological warfare against Colombia and other countries where illicit narcotics are produced. If passed by the US Senate, the bill (HR 2829) will require the US Drug Czar to quickly formulate a plan to field test biological weapons designed to eradicate illicit crops.



The Biological Weapons Convention (BWC) prohibits all biological warfare, including attacks on crops. The BWC has no exemptions - not for the Drug War, nor for the US Congress. The US eradication project thus violates the BWC's Article I, which prohibits development and stockpiling of biological weapons.

The Sunshine Project will call upon the BWC to prevent violation of the treaty by the United States. In April, the Sunshine Project will distribute an Agent Green dossier to governments attending a preparatory meeting for the BWC's upcoming 6th Review Conference. If the US bill is signed into law, the Sunshine Project will press for multilateral action by the BWC 6th Review Conference itself, when it meets in November.

Opposition in South America, the primary target of the plan, spans the political spectrum. When first confronted by US biowarfare pressure in 1999-2000, the Colombian government decided against testing and use of biological agents to eradicate illicit crops. Other Andean countries also oppose the plan, as do many environmental and peace NGOs. So do indigenous peoples who grow coca for cultural purposes unrelated to the drug trade, a constituency that includes Evo Morales, the recently-elected President of Bolivia.

Speaking to the Colombian daily El Tiempo on Monday, former Colombian President Andrés Pastrana, now Bogotá's Ambassador in Washington, emphatically reiterated Colombia's opposition to the plan, telling the paper, *"During my government we opposed it. And Colombia's position, now under President Álvaro Uribe, has not changed."*

The main biological weapons agents under US consideration are strains of the fungus *Fusarium oxysporum* that attack coca and other illicit crops. With its serious human health and environmental risks, *F. oxysporum* has been dubbed "Agent Green" by civil society opponents, who liken it to the defoliant Agent Orange that was used by the US in Vietnam. In the US conception, huge amounts of specially-formulated *Fusarium* would be sprayed from large military aircraft to blanket large portions of Colombia and, potentially, other countries.

The HR 2829 provision does not specifically mention Colombia or *Fusarium*, although it does specify that the testing plan should be for a *"major drug producing nation"*. This opens the possibility that the tests could be conducted elsewhere, such as Central Asia, where the US has supported development of biological weapons for use against opium poppy. Given past events, however, the bill's language is widely interpreted to refer to Colombia.

The Sunshine Project hopes that the US Senate will catch this egregious mistake and that the provision will be struck from any related bill that it considers. With US fear about a biological weapons attack and spending on biodefense both at unprecedented levels, it is difficult to envision a more unwise US policy than for it to field test biological weapons and to seek to perpetrate a biological attack on other countries ([Sunshine Project, 2006](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIO TERROR BIBLE.COM:** As if written in a science-fiction novel, race specific bio-weapons are alleged to be a real. This type of advanced bio-weaponry would theoretically allow a government to ethnically cleanse a specific city, state or nation that exhibits a certain genotype. The fact that these race specific bio-weapons were publically disclosed indicates that the government behind these weapons wants the public to be aware of their existence prior to their use. While race specific bio-weapon may in fact be more lethal to certain races, bio-weapons in general are designed to specifically eliminate the Human Race, thus rendering the name and the alleged existence of these weapons a moot point.

**Title:** Ethnic Bioweapons

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** An ethnic bioweapon (biogenetic weapon) aims to harm only or primarily persons of specific ethnicities or [genotypes](#).

### History of Ethnic Bioweapons

One of the first fictional discussions of ethnic weapons is in [Robert A. Heinlein's](#) 1942 novel [Sixth Column](#) (republished as The Day After Tomorrow) in which a race-specific [radiation](#) weapon is used against a so-called "[Pan-Asian](#)" invader.

### Genetic Weapon

In 1997, [U.S. Secretary of Defense William Cohen](#) referred to the concept as a possible risk. In 1998 some biological weapon experts considered such a "genetic weapon" a plausible possibility, and believed the former [Soviet Union](#) had undertaken some research on the influence of various substances on human genes.

The possibility of a "genetic bomb" is presented in [Vincent Sarich's](#) and [Frank Miele's](#) book, [Race: The Reality of Human Differences](#), published in 2004. The authors believe that information from the [Human Genome Project](#) will be used in just such a manner.

In 2005 the official view of the [International Committee of the Red Cross](#) was "The potential to target a particular ethnic group with a biological agent is probably not far off. These scenarios are not the product of the ICRC's imagination but have either occurred or been identified by countless independent and governmental experts."

### Israeli "Ethno-Bomb" Controversy

In November 1998, The Sunday Times reported that Israel was attempting to build an "ethno-bomb" containing a biological agent that could specifically target genetic traits present amongst Arab populations. [Wired News](#) also reported the story, as did Foreign Report.

The article was quickly denounced as a hoax. Microbiologists and geneticists were skeptical towards the scientific plausibility of such a biological agent. The New York Post, describing the claims as "[blood libel](#)", reported that the likely source for the story was a work of science fiction by Israeli academic Doron Stanitsky. Stanitsky had sent his completely fictional work about such a weapon to Israeli newspapers two years before. The article also noted the views of genetic researchers who claimed the idea as "wholly fantastical", still others admit that the weapon was theoretically possible.



A planned second installment of the article never appeared, and no sources were ever identified. Neither of the authors of the Sunday Times story, [Uzi Mahnaimi](#) and Marie Colvin, have spoken publicly on the matter.  
Russian ban on export of biological samples

In May 2007, Russian newspaper [Kommersant](#) reported that the Russian government banned all exports of human biosamples. The report claims that the reason for the ban was a secret [FSB](#) report about on-going development of "genetic bioweapons" targeting Russian population by Western institutions. The report mentions the [Harvard School of Public Health](#), American International Health Alliance, [United States Department of Justice Environment and Natural Resources Division](#), [Karolinska Institutet](#) and [United States Agency for International Development \(Wikipedia, 2012\)](#).

**Title:** Israel Has 'Ethnic Bullet' - Bio-Weapon Could Target Arabs

**Date:** November 5, 1998

**Source:** [Rense](#)

**Abstract:** According to a Jerusalem Post report quoting the London-based Foreign Report, Israel has successfully developed what is being called an "ethnic-bullet", which will target only Arabs. The report quotes an "unconfirmed report" which originated in South Africa, which details how Israeli scientists have made a biological weapon tailor made to attack targets with the Arab genetic system. Long-term studies of Iraqi Jews was credited with providing the genetic code needed to target Arabs. According to the report, the ethnic-bullet program was originally developed for use in Apartheid South Africa for use against blacks. Scientist in both countries worked together towards the development of the Israeli program. Israeli officials declined to confirm the existence of the "ethnic bullet," but one told the newsletter: "We have a basket full of strategic surprises which we will not hesitate to use if we feel that the State of Israel is under serious threat ([Rense, 1998](#)).

**Title:** Israel's Ethnic Weapon?

**Date:** November 16, 1998

**Source:** [Wired](#)

**Abstract:** Israel is reportedly developing a biological weapon that would harm Arabs while leaving Jews unaffected, according to a report in London's [Sunday Times](#).

The report, citing Israeli military and western intelligence sources, says that scientists are trying to identify distinctive genes carried by Arabs to create a genetically modified bacterium or virus.

The "ethno-bomb" is reportedly Israel's response to the threat that Iraq may be just weeks away from completing its own biological weapons.

The "ethno-bomb" program is based at Israel's Nes Tziyona research facility. Scientists are trying to use viruses and bacteria to alter DNA inside living cells and attack only those cells bearing Arabic genes.

The task is very complex because both Arabs and Jews are Semitic peoples. But according to the report, the Israelis have succeeded in isolating particular characteristics of certain Arabs, "particularly the Iraqi people."

Dedi Zucker, a member of the Israeli parliament, denounced the research in the Sunday Times. "Morally, based on our history, and our tradition and our experience, such a weapon is monstrous and should be denied."

Last month, [Foreign Report](#) claimed that Israel was following in the ignominious footsteps of apartheid-era research, in their supposed efforts to develop an "ethnic bullet" ([Wired, 1998](#)).

**Title:** Genetic Engineering Biological "Ethnic" Weapons Loom On The Horizon  
**Date:** January 21, 1999  
**Source:** [Reuters](#)

**Abstract:** Biological and genetic weapons designed to kill specific ethnic or racial groups are no longer the stuff of science fiction, British researchers said Thursday. A designer plague that would only kill Serbs or a toxin engineered to affect Israelis or Kurds does not exist yet but advances in biotechnology and the mapping of all human genes could be misused to develop lethal weapons within five to 10 years. Dr Vivienne Nathanson, the head of health policy research at the British Medical Association (BMA), said genetic information is already being used to enhance biological weapons.

"It would be a tragedy if in 10 years time the world faces the reality of genetically engineered and possibly genetically targeted weapons," she told a news conference to launch a new book entitled "Biotechnology Weapons and Humanity." "It is not technology and information that is available today, but it is becoming increasingly available. We do have a window of opportunity before weapons of that type are manufactured to make sure we have effective measures of prevention."

The book by Professor Malcolm Dando, of the Department of Peace Studies at the University of Bradford in northern England, paints a terrifying picture of the power of biological weapons. The release of 220 pounds of anthrax spores from canisters planted in a major city could wipe out up to three million people. The book traces the history of the development and use of biological weapons and warns that scientific knowledge has been exploited in the past and is likely to be misused in the future unless international action is taken.

"We believe biological weapons will become an increasing weapon in terrorist activity," said Nathanson. "An ethnically targeted weapon becomes more of a reality." The designer weapon works on a similar principle to gene therapy but instead of replacing faulty genes that don't work it exploits genetic variations to target its victims. For example, micro-organisms could be genetically engineered to attack known receptor sites on the cell membrane or viruses could be targeted at specific DNA sequences inside cells.

William Assche, the chairman of the BMA's board of science and education, said the report is designed to raise public, medical and political awareness about the dangers of biological weapons. It urges the international community to strengthen the 1972 Biological and Toxin Weapons Convention to improve verification procedures. It also calls on doctors and scientists to protect the integrity of their work and to monitor the potential use of genome mapping. "Getting rid of weapons once they are produced is very difficult. Governments may be reluctant to give up weapons that the rest of the world find unacceptable. Terrorists certainly will be," said Nathanson. "We still have the chance to strengthen the ban on these weapons. We must do so now and we must make sure the ban is policed effectively" ([Reuters, 1999](#)).

**Title:** Genetic Weapons: A 21st-Century Nightmare?  
**Date:** March, 1999  
**Source:** [UNESCO](#)

**Abstract:** The spectre of new biological weapons made possible by the mapping of the human genome makes it more urgent than ever to prevent biotechnology research from being hijacked for evil purposes

It sounds like science fiction, but like many another prediction that was once dismissed as far-fetched it may become a reality.

Scientists have warned that recent advances in biological research could eventually lead to the creation of a new type of biological arsenal capable of targeting a specific group of human beings with common genetic characteristics, as may be the case with certain ethnic groups.

"It will unfortunately be possible to design biological weapons of this type when more information on genome research is available," says Dr Vivienne Nathanson, head of science and health policy at the British Medical Association (BMA), the body which represents the medical profession in the United Kingdom.

This terrifying prospect may be an unwelcome piece of spin-off from research being carried out under the Human Genome Project (see box), an international scientific effort to map and sequence the genes in the human body and find out more about human DNA (deoxyribonucleic acid), the molecule which provides the biological instructions to make a human being.

### **Repairing Defective Genes**

Late last year, genome research achieved a breakthrough when scientists for the first time deciphered the full genetic programming of an animal. The creature was a microscopic roundworm known as *Caenorhabditis elegans*, but because worms and humans have turned out to share many genes in common, the worm genome is regarded by biologists as an essential basis for understanding how the human genome works.

Scientists say a detailed understanding of genetic mechanisms of human beings will help them to find out the causes of many diseases. For example, knowledge of an individual's genetic make-up will enable doctors to predict whether or not a specific drug will work on a particular patient, allowing therapies to be more accurately targeted. Similarly, genetic testing for predisposition to a range of illnesses could become feasible, and by using what is known as gene therapy doctors would be able to replace deficient genes or repair defective ones.

However, genome research may turn out to have a grim downside.

It has proved that biologically there are more similarities between human beings than differences, further dissolving traditional prejudices of race and ethnicity. However, differences do exist, and if investigations provide sufficient data about ethnic genetic differences between population groups, it may one day be possible to target the groups with dangerous micro-organisms.

One specialist who takes this eventuality very seriously is Malcom R. Dando, Professor of Peace Studies at Bradford University, England. In *Biotechnology, Weapons and Humanity*, a newly published report which he wrote for the BMA, he examines the whole question of how the revolution in biotechnology might be used to attack the genetic constitution of an ethnic group.

"The social and ethical safeguards which may prevent ethnic conflict and weapons development need to be discussed urgently," he said in an interview. Although scientists agree that the technology to produce ethnic weapons is not a reality now, some feel there is a real chance that it may be developed within the next ten years. "No need to wait till the project is completed. Efforts to regulate genetic research should begin now," says Dando.

Prof. Dando says the world community is already struggling to eliminate existing biological weapons. These weapons, which carry agents spreading deadly diseases like anthrax and other lethal toxins, can devastate human beings without causing damage to buildings or infrastructure. Experts say that a few hundred kilograms of a "weaponized" bacterial preparation has the potential to wipe out up to three million inhabitants concentrated in a city like New York.

The apartheid regime in South Africa is widely believed to have developed forms of biological weaponry for use against the black population. In the past, however, countries have rarely used such biological weapons in warfare, partly because of their fear of eliminating friendly populations and killing their own combatants. The new developments in genetic research described by Professor Dando would remove these limitations.

Genetic information is already being used in some countries to "improve" biological weapons, e.g. by equipping them with agents to provide increased antibiotic resistance - and it is likely that this trend will accelerate as the knowledge and understanding of its applications become more widely known.

## **In the Hands of Terrorists or Cult Groups**

The problem of the proliferation of biological weapon research has been aggravated by fall-out from the collapse of the former Soviet Union. Most of the nearly 30,000 scientists who were involved in biological research in the USSR during the 1980s are now out of a job because of the country's economic difficulties. Last year, some of them disclosed that they had been approached by certain countries which have shown particular interest in learning about microbes that can be used in war to destroy or protect crops, as well as genetic engineering techniques that could be used to make deadly germs for which there may be no antidotes.

Dando argues that scientists in countries that belonged to the former Soviet Union should be diverted from involvement in programmes with sinister motives by schemes such as scientist-to-scientist exchanges, joint research projects and the conversion to civilian use of laboratories and institutes once associated with the Soviet military effort.

One prospect that alarms arms control experts is that biological weapons will fall into the hands of terrorist or cult groups. Twelve people were killed and 5,000 injured in the Tokyo subway in 1995 in an attack launched by the Aum Shinrykyo cult using sarin, a lethal nerve gas that produces asphyxia. Investigations later revealed that the cult group had had no problem in recruiting scientists to work on biological weapons but could not employ the weapons due to lack of a proper delivery system.

As a first step in coping with the problem of potential new biological weapons, arms control experts are calling for the bolstering of the Biological and Toxin Weapons Convention (BTWC), an international treaty signed in 1972. The convention prohibits its signatories from developing, producing, stockpiling and acquiring biological weapons.

Dando points to the fact that though 142 nations have signed the convention so far, this has not deterred countries from developing or obtaining knowledge on biological weapons. "This is mainly because there is no verification system attached to the convention," he says.

## **Monitoring the Uses of Genome Mapping**

"The threat of new genetic weapons is clearly going to be an ongoing problem for the international community," says Michael Moodie, President of the U.S.-based Chemical and Biological Arms Control Institute. "Such weapons are covered by the current treaty, but this needs to be strengthened by an effective verification protocol and fully implemented so we can be sure states comply with their obligations. A variety of tools should be used, including arms control, export controls and enhanced intelligence capability to monitor countries of concern."

The BMA report cited earlier says professional scientists and physicians should shoulder their ethical responsibilities and take no part in biological and genetic weapon projects. It calls for close monitoring of developments in biotechnology worldwide and open debate, particularly in relation to the use of genome mapping. However, "These measures can minimize the threats but not eliminate them," says Nathanson.

There is also growing concern about the misuse of genetic information available on Internet. Scientists worldwide share information on new findings in biological research through Internet which could be manipulated by private groups. Nathanson says Internet service providers have an ethical obligation to ensure information on biological weapons is not available on their websites ([UNESCO, 1999](#)).

**Title:** Genetic Bullets - Ethnically Specific Bioweapons

**Date:** January 4, 2000

**Source:** [Rense](#)

**Abstract:** One of the most interesting findings of the Human Genome Project was just how closely related all humans are and just what a myth the concept of race really is. The differences between individual humans are, in fact, much greater than the differences between groups of humans. Many of

those early findings were contained in a 1000 page tome published by Princeton University Press entitled *The History and Geography of Human Genes*. Stanford researchers, for example, came to the conclusion that the DNA of Europeans was composed approximately of 65% Asian types and 35% African types, making the so-called white race a hybrid of two older types of human DNA.

Ominously, the Human Genome Project is currently being conducted under the auspices of the Energy Department, which also oversees America's nuclear weapons arsenal. While the similarity of the DNA of all humans seems to argue against the feasibility of "gene weapons," British and other scientists were not so sure. In October of 1997, Dr. Wayne Nathanson, chief of the Science and Ethics Department of the Medical Society of the United Kingdom, warned the annual meeting of the Society that "gene therapy" might possibly be turned into "gene weapons" that could potentially be used to target certain gene groups possessed by certain groups of peoples.

Nathanson warned that such weapons could be delivered to humans not only in the anticipated forms such as gas and aerosol but also might be introduced into water supplies. Backing off of any suggestion that such weapons might be capable of eliminating the majority of the world's population all at once, he suggested that the weapons might be used not only to induce death but to cause sterility and deformed births in the targeted groups. The result, just as certain as genocide but a slower, more insidious and therefore potentially undetectable attack. Current estimates of the cost of developing a "gene weapon" were placed at around \$50 million, still quite a stretch for isolated bands of neo-Nazis but well within the capabilities of covert government programs.

The former Soviet Union, for example, was said to have developed a gene weapon utilizing the transplantation of the microbes that caused "liegu fever" into germs of ordinary wine yeast, which would have allowed the yeast to spread what the Soviets predicted would have been a "genocidal" plague of liegu fever. On another occasion the Soviets attempted to combine the genes of cobra venom with the influenza virus, which would have made for a deadly combination indeed. It was unclear, however, if the Soviets (whose potential enemies ran the gamut from Germans and Latvians to Chinese and Pakistanis) had intended to target any particular group. What was clear was the potency of the weapon. It was estimated that a mere 20 grams of liegu fever virus could potentially kill up to 5 billion people.

According to a story reported by the Sunday London Times (11-15-98), though curiously underreported by US media except for brief mention in *Wired* and the *Village Voice*, the government of Israel may have already successfully developed genetically specific "ethnic bullet" bioweapons which target Arabs. The report, which originated with the London based *Foreign Report* and quotes an "unconfirmed report" which originated in South Africa, states that the research was originally a joint Israeli and South African effort, and that the South African weapons would have targeted Blacks.

It may be recalled that South Africa recently became the first nation in the world to abandon its nuclear weapons arsenal, the origins of which were also the result of a joint venture with Israel. When an Israeli government spokesman was asked to confirm the existence of the ethnic bullet, he was evasive but did not deny its existence. "We have," he told *Foreign Reports*, a "basket full of strategic surprises which we will not hesitate to use if we feel that the State of Israel is under serious threat."

Israel is probably not alone in this sort of bioweapons development. Michael Risconsuito, the principal informant for investigative reporter Danny Casalaro (Casalaro died mysteriously a decade ago while researching the Justice Department's purported theft of an intelligence software called PROMIS), alleged to *Pacific Radio* that he had also been part of a secret intelligence effort to develop genetically specific bioweapons that could potentially reduce the earth's population by a full two-thirds. After Casalaro's death, Risconsuito went public and was strangely then almost immediately arrested on drug charges. He remains in prison.

Scientists have called for a "definitely enforceable order to ban gene weapons, an important first step to the control of this perhaps most ultimate weapon. Certainly an international consensus on this issue is far preferable than continuing to ignore the issue until it is too late. Unlike genetically specific bioweapons, the absolute feasibility of such a ban is suspect. Indeed, if the experts are correct and genetically specific bioweapons can be developed for a mere \$50 million, it puts them well within the reach of well-funded terrorists such as Osama bin Laden who already has expressed a desire to eliminate at least two groups, Israelis and Americans.

The reported existence of the Israeli ethnic bullet will almost predictably trigger a gene weapons arms race in the Middle East. Worse still the research and development of such weapons can be carried out in amazingly small facilities that are next to impossible to monitor. Perhaps most ominously, the "science" of genetically specific bioweapons is still in its infancy and no one knows if breakthroughs might reduce the cost of their production to the point that small and extremely malevolent groups such as the neo-Nazis may attempt to bring about a new Final Solution ([Rense, 2000](#)).

**Title:** Rebuilding America's Defenses: Strategy, Forces And Resources For A New Century

**Date:** September 2000

**Source:** [PNAC](#)

**Abstract:** "... the art of warfare ... will be vastly different than it is today ... 'combat' likely will take place in new dimensions ... advanced forms of biological warfare that can 'target' specific genotypes may transform biological warfare from the realm of terror to a politically useful tool" ([PNAC, 2000](#)).

**Title:** Pentagon Tests Ethnically-Targeted Crowd Control Weapons

**Date:** February 19, 2002

**Source:** [Sunshine Project](#)

**Abstract:** US Army documents released under the Freedom of Information Act (FOIA) reveal disturbing efforts to design crowd control weapons that target people on an ethnic basis. The weapons, a group of foul-smelling chemicals called malodorants, are being developed for US soldiers to use overseas.

According to the Sunshine Project, the US has crossed a dangerous line. Successful or not, development of any ethnic weapon is intrinsically racist, and the international community should consider their development, stockpiling, or use by any country a violation of international law.

### The Research

The Sunshine Project has obtained US Army Soldier and Biological Chemical Command contracts that detail testing of malodorant chemicals on human subjects. Malodorant weapons are used to provoke vomiting and psychological effects including fear and panic.

Almost sixty years ago, the US developed a nauseating 'bathroom odor' chemical for use as a weapon. But according to the Army, the old malodorant will not work outside of the US and Western Europe, because *"it was found that people in many areas of the world do not find 'fecal odor' to be offensive, since they smell it on a regular basis."* Therefore, according to the Army, new agents are needed for overseas missions. These new malodorants are to be specifically adapted for their victims. According to a 1998 document: *"The objective of this work is the development of a comprehensive set of [malodorants] that can be applied against any population set around the world to influence their behavior."* ([See the source of this and other quotes](#) [PDF].)

The documents describe the Army research procedure. A group of subjects selected *"based on a diversity of geographic origins and cultural heritage"* is systematically exposed to candidate malodorants to develop *"culture-response data"* based on ethnic categories. That data is aggregated into *"odor response profiles"* that suggest the types and quantities of malodorants necessary to *"elicit a favorable behavioral response"* (i.e. incapacitation, panic, or flight) when used for crowd control on a particular ethnic group.

Malodorants themselves generally do not cause serious injury or death; but their physical and psychological effects can be very powerful. They can be loaded in shells, grenades, mortar rounds, and other devices. Malodorants can be used to control civil unrest (e.g. to halt protests), and in combination with lethal weapons as a 'force multiplier' in counterinsurgency and close combat in urban and enclosed areas.

The documents generally do not include details about research subjects and how researchers categorize them. Some experiments have been conducted outside the United States, or on



immigrants. A February 2000 draft report refers to testing on "a group of South Africans" ([See this page of the report](#)). Another Army document contains unexplained images of indigenous women and girls from Panama or Colombia and southern Africa. Additional pictures appear to be from Africa and Asia, and one shows a boy dressed as a typical US high school student. ([See this slide](#) [PDF].)

### **Not Since Apartheid**

Past research on ethnic weapons has been rare. The last known attempt to create ethnic weapons was a widely condemned program conducted in the 1980s by the apartheid regime of South Africa, which tried to develop an agent to selectively sterilize black women.

The new US malodorant program began in 1998 and is the first known US work on population-specific weapons since "Project Agile" in 1966. In Agile, the Defense Advanced Research Projects Agency (DARPA) commissioned the Battelle Institute to assess the possibility of making malodorants to specifically target Vietnamese people. Agile was short-lived and did not reach a laboratory phase.

### **The Army's Partners**

The [US Army Soldier Chemical and Biological Command](#) (Aberdeen Proving Ground, Maryland) has important partners in the malodorant research. The US Marine Corps-managed [Joint Non-Lethal Weapons Program](#) (JNLWP, Quantico, Virginia) is funding the research. Contracts signed with the [Monell Chemical Senses Center](#) of Philadelphia, Pennsylvania, include DAAD13-99-M-0071 ("Behavioral Odor Study") and DAAD13-98-M-004 ("Establish Odor Response Profiles").

By Pentagon standards, the research is a small program, with five scientists. Contracts between SBCCOM and Monell total US \$195,000. The overall budget is unclear because the Marine Corps and Army also conduct work internally, whose details have not been released. JNLWP is, however, very active developing new delivery technology for malodorants including chemical mortar rounds and payload systems for unmanned aerial vehicles.

### **Ethnic Weapons: *Prima facie* Evidence**

Whether the malodorants work or fail, research on any ethnic weapon raises serious legal questions and could set a very dangerous precedent. If the Pentagon saw any major legal barriers to ethnic weapons it would not have approved the malodorant research. The Pentagon's conclusion that ethnic weapons are permissible must be challenged. All such weapons should be universally considered intrinsically racist and to repudiate international law. To do this, governments should establish that the development, stockpiling, or use of ethnic weapons is *prima facie* evidence of intent to violate international law prohibiting racism, including prohibitions on genocide.

Inside the US, the malodorants research program must be cancelled, and the secretive Joint Non-Lethal Weapons Program opened to public scrutiny and transparency. Among the questions that the Joint Non-Lethal Weapons Program must publicly discuss is how its focus on building weapons systems that primarily target civilians is legally and ethically justified.

### **About the Sunshine Project's Research on Malodorants**

Early last year, the Sunshine Project began investigating US military work on malodorants and calmatives (another type of crowd control agent). The Project's underlying concern is that some of these weapons may violate treaties prohibiting chemical and biological warfare.

In July 2001, the Project published "Non-Lethal Weapons Research in the US: Calmatives and Malodorants". In the course of preparing that paper, cryptic language in Army documents caused the Project to become concerned that some crowd control research was designed to develop population-specific weapons. Some Army documents indicated it was pursuing a single 'one-size-fits-all' malodorant that would affect people equally, regardless of ethnic background. But other Army papers showed a disturbing preoccupation with ethnicity. After publishing the first paper, the Sunshine Project filed additional FOIA requests, the results of which are first reported here.

The information (and all double " " quotes) in this news release is from the Army response to a FOIA request from October 2001, which was not answered (and then only partially) until February 2002.



Additional FOIA requests on this topic are pending, the results of which will be presented in Sunshine Project publications ([Sunshine Project, 2002](#)).

**Title:** On Race-Targetable Biological Weaponry

**Date:** August 10, 2003

**Source:** [Peace](#)

**Abstract:** You may have wondered about the recent suspicious death of Dr. David Kelly, a microbiologist in the UK with connections high in the Tony Blair administration. What did he know? What did he say .... when, and to whom? Was he killed because he 'knew too much'? "... former member of the Knesset (Israeli parliament), Dedi Zucker, caused a storm ... when he claimed that the institute (the Institute for Biological Research, one of the most secret places in Israel). was "trying to create an ethnic specific weapon" in which Arabs could be targeted by Israeli weapons."

A suspicious pattern of deaths of prominent microbiologists has emerged around the world, but especially highly-advanced researchers connected with the USA, the UK, Russia, and Israel, and who were known to be familiar with this arcane branch of germ weapons research.

Are these people being killed in order to hush a scandalous, monstrous fact of recent research in this field -- that secret services in major countries are investigating how to kill off whole races of people with germ weapons -- even developing the means to do that? What accounts for the appearance of AIDS (HIV), and now SARS, which have predominantly victimized people of other than European ancestry? That may not really apply, but what of the facts in this matter? Do people high up in Israeli and US government really intend to develop germ weapons that will selectively attack or kill off certain races of people?

The fake presidency -- the Bush regime -- is known to be influenced by individuals who advocate this kind of research ... in fact, specifically calling for the "political usefulness" of gene-targetable bio-weapons (see the quote and reference below). Several of these individuals have strong links to Israel; possibly even dual citizenship: Here is a quote from their most important policy document:... the art of warfare ... will be vastly different than it is today ... "combat" likely will take place in new dimensions ... advanced forms of biological warfare that can "target" specific genotypes may transform biological warfare from the realm of terror to a politically useful tool." From ['Rebuilding America's Defenses'](#) the leading policy "white paper" of the Project for a New American Century (PNAC), which has essentially dictated Bush regime "defense" policies since early 2001:

This is why I call them PNACzi's. Credited with this incredible yet frightening nonsense are the following higher-ups in the current false US "presidential" regime: Paul Wolfowitz, then with the Nitze School of Advanced International Studies at Johns Hopkins University I. Lewis Libby, then with the Wall Street firm of Dechert Price & Rhoads ... and the following well-known "neo-cons":

1. Roger Barnett, U.S. Naval War College Alvin Bernstein, National Defense University
2. Stephen Cambone, National Defense University
3. Eliot Cohen, Nitze School of Advanced International Studies, Johns Hopkins University
4. Devon Gaffney Cross, Donors' Forum for International Affairs
5. Thomas Donnelly, Project for the New American Century
6. David Epstein, Office of Secretary of Defense, Net Assessment
7. David Fautua, Lt. Col., U.S. Army
8. Dan Goure, Center for Strategic and International Studies
9. Donald Kagan, Yale University
10. Fred Kagan, U. S. Military Academy at West Point
11. Robert Kagan, Carnegie Endowment for International Peace
12. Robert Killebrew, Col., USA (Ret.)
13. William Kristol, The Weekly Standard
14. Mark Lagon, Senate Foreign Relations Committee
15. James Lasswell, GAMA Corporation Robert Martinage, Center for Strategic and Budgetary Assessment
16. Phil Meilinger, U.S. Naval War College
17. Mackubin Owens, U.S. Naval War College

18. Steve Rosen, Harvard University
19. Gary Schmitt, Project for the New American Century
20. Abram Shulsky, The RAND Corporation
21. Michael Vickers, Center for Strategic and Budgetary Assessment
22. Barry Watts, Northrop Grumman Corporation
23. Dov Zakheim, System Planning Corporation

Some of these may now be employed by the US government as well. In addition, the following personages are listed as principal policy determiners for the PNAC cabal itself, and authored the PNAC's 'Statement of Principles':

1. Elliott Abrams
2. Gary Bauer
3. William J. Bennett
4. Jeb Bush
5. Dick Cheney
6. Eliot A. Cohen
7. Midge Decter
8. Paula Dobriansky
9. Steve Forbes
10. Aaron Friedberg
11. Francis Fukuyama
12. Frank Gaffney
13. Fred C. Ikle
14. Donald Kagan
15. Zalmay Khalilzad
16. I. Lewis Libby
17. Norman Podhoretz
18. Dan Quayle
19. Peter W. Rodman
20. Stephen P. Rosen
21. Henry S. Rowen
22. Donald Rumsfeld
23. in Weber
24. George Weigel
25. Paul Wolfowitz

The astute observer will recognize several current Bush regime officials and other previously involved in Republican administrations. The not-so-astute reader will recognize the name of the faux-president's brother Jeb Bush, the current Secretary of Defense, Donald Rumsfeld, and Eliot Cohen, who, along with the scandalized Richard Perle, sits on the Defense Policy Board as an advisor to Rumsfeld.

Now details are surfacing that indicate great controversy and skullduggery around the development of 'germ weapons' that can be targeted by race ([Peace, 2003](#)).

**Title:** Dead Microbiologists Linked To Ethno-Specific BioWeapons

**Date:** August 10, 2003

**Source:** [Rense](#)

**Abstract:** Hello, Jeff Note the following excerpt from the article enclosed. I remember when I first read each news report about the death of separate microbiologists. Absolutely no one considered the fact that the deaths of the various microbiologists, especially the first five -- Dr. Que, Wiley, Schwartz, Paschnek and Dr. Nguyen -- were related. The press simply reported each death as it occurred and did not put the deaths together. In essence, no one connected the dots until you and I discussed the connection on your program. It would appear that Dr. Kelly is related to the microbiologist deaths phenomenon. Please note the excerpt below. In the scheme of things, I wonder where Ken Alibek fits in? He is definitely one dot that I believe (allegedly) connects to, not only the microbiologist deaths, but the Anthrax attacks of 2001. I also believe that (allegedly) Don Rumsfeld is another dot. If you remember, when we connected the dots i.e. put the deaths together, I discussed the possibility that each scientist had a "piece of the puzzle" in regard to a "target specific" bioweapon. I am wondering if

SARS, somehow fits into the puzzle? Was SARS developed in China, or Israel? Does make one wonder.

**Excerpt:** "The two American scientists he had worked with were Benito Que, 52, and Don Wiley, 57. Both microbiologists had been engaged in DNA sequencing that could provide "a genetic marker based on genetic profiling". The research could play an important role in developing weaponized pathogens to hit selected groups of humans "identifying them by race. Two years ago, both men were found dead, in circumstances never fully explained."

**Title:** Microbiologists With Link to Race-Based Weapon Turning Up Dead More on Kelly ... True or False?

**Date:** August 10, 2003

**Source:** American Free Press

**Abstract:** The 59-year-old British scientist was involved with ultra secret work at Israel's Institute for Biological Research. Israeli sources claim Kelly met institute scientists several times in London in the past two years. Israel has not signed the Biological Weapons and Toxins Convention, an international treaty ratified by more than 140 countries. It forbids the development, possession and use of offensive biological and chemical weapons. The CIA, FBI and MI5 are now examining Kelly's connections. Their findings could form part of the British government's inquiry into the background of Kelly's death, which opened last week.

The intelligence investigation is believed to have originated in Washington, where it emerged that Kelly had contacts with two companies in the U.S. bio-defense industry. One of the men he was in touch with was a former Russian defector, Kamovtjan Alibekov. When he arrived in America, he changed his name to Ken Alibek. He is now president of Hadron Advanced Biosystems -- a company specializing in medicines against biological terrorist attacks. Kelly was himself considering resigning from his senior post at the Ministry of Defense to work in America. Before his death, he had been discreetly 'head-hunted' by two companies.

One was Hadron Advanced Biosystems, which has close ties to the Pentagon. Hadron describes itself as "a company specializing in the development of technical solutions for the U.S. intelligence community". Hadron also has links to William Patrick, who has five classified patents on the process of developing weaponized anthrax. He is a bio-warfare consultant to both the Pentagon and the CIA. The other company is Regma Biotechnologies -- one that Kelly helped its founder, Vladimir Pasechnik, to set up in Britain, arranging for it to have a laboratory at Porton Down, the country's chem-bio warfare defense establishment. Regma currently has a contract with the U.S. Navy for "the diagnostic and therapeutic treatment of anthrax". Kelly had told family friends he wanted to go to America so that he could obtain the specialized treatment his wife, Janice, requires. "He also felt that working in the U.S. private sector would relieve him of the intense pressures which came with his government work", said a colleague in the Ministry of Defense. The two American scientists he had worked with were Benito Que, 52, and Don Wiley, 57. Both microbiologists had been engaged in DNA sequencing that could provide "a genetic marker based on genetic profiling". The research could play an important role in developing weaponized pathogens to hit selected groups of humans -- identifying them by race.

Two years ago, both men were found dead, in circumstances never fully explained. In November 2001, Que left his laboratory after receiving a telephone call. Shortly afterward he was found comatose in the parking lot of the Miami Medical School. He died without regaining consciousness. Police said he had suffered a heart attack. His family insisted he had been in perfect health and claimed four men attacked him. But, later, oddly, the family inquest returned a verdict of death by natural causes.

Many questions remain about Que's death: Who was the mystery caller who sent Que hurrying from his lab hours before he was scheduled to leave? What attempts did the police make to track the four mystery men -- after admitting Que was the "probable" victim of an attempt to steal his car? What were his links to the U.S. Department of Defense? What happened to his sensitive research into DNA sequencing? How close were his connections to Kelly? A few days after Que died, Wiley disappeared off a bridge spanning the Mississippi River. He had just left a banquet for fellow researchers in Memphis. Weeks later, Wiley's body was found 300 miles down river. As with Que, his family said he

was in perfect health. There was no autopsy. The local medical examiner returned a verdict of accidental death. It was suggested he had a dizzy spell and fell off the bridge.

Again, there remain many unanswered questions concerning Wiley's demise: Why did Wiley park his car on the bridge? Why did he leave the keys in the ignition and his lights on? Why was Wiley's car facing in the opposite direction from his father's house, which was only a short distance away? What happened to his research into DNA sequencing? How close were his connections to Kelly? Kelly, himself an expert on DNA sequencing when he was head of microbiology at Porton Down, had been kept fully abreast of the two men's research.

The death of a third microbiologist -- Vladimir Pasechnik, 64 -- has left even more questions. Kelly had played a key role in debriefing Pasechnik when he fled to Britain in 1989, bringing with him details of Russian plans to use cruise missiles to spread smallpox and plague, the Black Death of medieval times, which killed a third of Europe's population. Before the plans could be brought to completion, the Soviet Union had collapsed. Pasechnik had warned Kelly and his MI6 debriefers that the weapons could be used by terror groups -- using missiles obtained from China or North Korea. Kelly, with government approval, had helped Pasechnik create Regma Biotechnologies. Regma was allowed to set up a laboratory in Porton Down. Research there is classified as top secret.

However, in August 2002, the company obtained a contract with the U.S. Navy for "the diagnostic and therapeutic treatment of anthrax". On Nov. 16, 2001, Pasechnik was found dead in bed -- 10 days after he and Wiley had met in Boston to discuss the latest developments in DNA sequencing. It was only a month later that Christopher Davis, a former MI6 officer and a specialist in DNA sequencing as a potential weapon, announced Pasechnik's death. Davis had retired from MI6 and settled in Great Falls, Va. He confirmed to a reporter that Pasechnik was dead -- from a stroke -- a month after the microbiologist had been buried. Details of the postmortem were not revealed at an inquest, in which the press was given no prior notice.

Colleagues who had worked with Pasechnik said he was in good health. Why was it left to Davis to announce Pasechnik's death? Who authorized the announcement? Did an MI6 pathologist conduct the autopsy, as one source close to the service claims? Why did Pasechnik continue to visit Porton Down up to a week before his death? Who authorized his security clearance to enter one of the most restricted establishments in Britain? Kelly's links to the Institute of Biological Research in the Tel Aviv suburb of Nes Zions are also intriguing. His connection to the secret biological plant began in October 2001, shortly after a commercial flight en route from Israel to Novosibirsk in Siberia was blown up over the Black Sea by a Ukrainian surface-to-air missile. All on board the flight were killed, including five Russian microbiologists returning to their research institute in Novosibirsk -- a city known as the scientific capital of Siberia. It has 50 facilities and 13 universities.

Many questions remain about the death of these five scientists. Why did Mossad send a team to Ukraine to investigate the crash? What became of their report after it was submitted to the Israeli government? Why do the Ukrainian authorities still insist they cannot reveal the name of the dead microbiologists? Did Pasechnik know them -- or, more importantly, did Kelly? The Institute for Biological Research is one of the most secret places in Israel. Only Dimona, the country's nuclear facility in the Negev desert, is surrounded by more secrecy. Most of the institute's 12 acres of facilities are underground. Laboratories are only reached through airlocks. There have been persistent reports that the institute is also engaged in DNA sequencing research. One former member of the Knesset (Israeli parliament), Dedi Zucker, caused a storm ... when he claimed that the institute was "trying to create an ethnic specific weapon" in which Arabs could be targeted by Israeli weapons ([Peace, 2003](#)).

**Title:** Could You Make A Genetically Targeted Weapon?

**Date:** October 28, 2004

**Source:** [Guardian](#)

**Abstract:** You could try, but probably wouldn't want to be around when you released it. The prospect that rogue scientists could develop bioweapons designed to target certain ethnic groups based on their genetic differences was raised this week in a report by the British Medical Association (BMA).

The report, *Biotechnology, Weapons and Humanity II*, warns that construction of genetic weapons "is now approaching reality". Such "genetic bombs" could contain anthrax or bubonic plague tailored to activate only when genes indicated the infected person was from a particular group.

The report says the combination of human genome studies, the development of vectors capable of introducing harmful material to cells and new ways to disrupt genes should raise concerns about potential misuse.

Malcolm Dando, professor of peace studies at Bradford University and author of the BMA report, says: "The problem is that the same technology being developed to create new vaccines and find cures for Alzheimer's and other debilitating diseases could also be used for malign purposes."

The BMA, which dismissed the idea of genetic weapons in a 1999 report (*Biotechnology, Weapons and Humanity I*), has lifted its new concerns from the work of a German group called the Sunshine Project. It looked at how mutations in our genome called single nucleotide polymorphisms (SNPs) differ between specific ethnic groups and concluded: "Genome data in public databases revealed that hundreds, possibly thousands, of target sequences for ethnic specific weapons do exist. It appears that ethnic specific biological weapons may indeed become possible in the near future."

Rather than specifically triggering the toxic effects of organisms such as anthrax, the Sunshine project warned that weapons based on a new medical technique called RNA interference could shut down vital genes. If the sequence of the target gene varies between two different populations the technique could be used to interrupt key body functions in one population and not the other. "If as little as 10% or 20% of a target population would be affected, this would wreak havoc among enemy soldiers on a battlefield or in an enemy society as a whole," the group said.

Others say the concerns are exaggerated. "Trying to find a weapon that affects quite a few of one ethnic group and none of another ethnic group is just not going to happen," says David Goldstein, who studies population genetics at University College London. "Because all groups are quite similar you will never get something that is highly selective. The best you would probably do is something that kills 20% of one group and 28% of another."

The groups in question are also far broader than those associated with ethnic conflict. Geneticists can only distinguish between people with ancestry traced to regions such as Europe, Sub-Saharan Africa and East Asia ([Guardian, 2004](#)).

**Title:** Mexicans Are Now Endangered By Ethnic Specific Bio-Weapons

**Date:** May 20, 2009

**Source:** [Aztlan](#)

**Abstract:** Mexican President Felipe Calderon may have made a grave mistake in allowing the creation and foreign funding of the "Instituto Nacional Mexicano de Medicina Genetica" (INMEGEN) which recently completed the mapping of genetic markers in Mestizos and Indigenous ethnic groups in Mexico. The Mexican genetic map project was undertaken with minimum publicity and very little public input. The project took four years to complete and cost approximately 25 million dollars.

The project results were just announced on May 11 mostly through the former Minister of Health of Mexico Julio Frenk who is now collaborating with Harvard University in Massachusetts. Julio Frenk is a Mexican Jew with ties to Neocons at Harvard University. He was a controversial Minister of Health under President Vicente Fox and was criticized by the Catholic Church for his policies of reducing Mexico's population. Frenk was accused by the Archbishop of Mexico City Norberto Rivera Carrera of the mass distribution of the morning after pill to Indigenous women through government health clinics. Presidents Calderon and Fox are both members of the Partido Accion Nacional (PAN) which is a lot like the Republican Party in the USA.

Harvard University is one of many centers for research concerning ethnic or race specific biological weapons. These weapons target and kill only people with certain genetic markers such as those that the Mexican genome project identified in Mestizos and Indigenous groups (ie. Mexicas, Zapotecas



etc.). In fact, the Harvard Neocon Steve Rosen is a significant participant in these efforts. Rosen is a Professor of National Security and Military Affairs at Harvard and is one of the authors of ["Rebuilding America's Defenses: Project for a New American Century"](#) which on page 60 says "... the art of warfare ... will be vastly different than it is today ... 'combat' likely will take place in new dimensions ... advanced forms of biological warfare that can 'target' specific genotypes may transform biological warfare from the realm of terror to a politically useful tool." Other contributors to "Rebuilding America's Defenses" were Neocons (Zionists) Paul Wolfowitz, Alvin Bernstein, Eliot Cohen, David Epstein, Abram Shulsky, Dov Zakheim, Aaron Friedberg and others.

Microbiologists have been warning about ethnic specific bio-weapons for many years now. In 1998 Dr Vivienne Nathanson, Chief of Health Policy Research of the British Medical Association, warned that certain countries had active research programs into ethnic specific biological weapons. That same year the London Times published a report that Israel was developing an ethnic specific bio-weapon to target Arabs(Palestinians) at its secret Institute for Biological Research (IIBR) located in Ness Ziona which is about 20 kilometers south of Tel Aviv. A scientist quoted in the report said, "They have succeeded in pinpointing a particular characteristic in the genetic profile of certain Arab communities, particularly the Iraqi people." The report was later affirmed by David Dedi Zucker, a member of the Knesset (Israeli parliament).

In addition, in 2007 the Islamic Republic of Iran reported that the USA, in cahoots with Israel, was in the process of producing and testing ethnic specific bio-weapons. At an international conference, Iranian General Mir Feysal Bagherzadeh said that the US, in collaboration with the Zionist regime of Israel, were preparing for sinister biological warfare. General Bagherzadeh said, "... they are seeking to manufacture a weapon which could kill specific peoples in a limited geographical area." The General further pointed out that the move should be considered as a case of genocide, "because they intend to massacre specific peoples and ethnicities" with the help of this weapon. He said a number of US experts were conducting activities and research in Bosnia and Herzegovina in the same line. General Bagherzadeh also said, "... during a crash of a Thai plane, the US and Israeli experts were looking for the corpses of Iranian nationals in a bid to provide for their needed genes." The general added, "The US and Israel are seeking to manufacture a new generation of weapons in an effort to immunize themselves and annihilate other nations and peoples."

Today there are indications that the Swine Flu virus, A(H1N1), which has devastated Mexico was engineered in a laboratory. The virus is very similar to the Spanish Flu virus that killed millions in 1918. The Spanish Flu virus is also a type A(H1N1) with a few genetic differences. The 1918 Swine Flu virus genome has been sequenced by virologist Jeffery Taubenberger of the US Armed Forces Institute of Pathology (AFIP) which makes it possible to now create a variety of A(H1N1) viruses with different characteristics.

It may be that the Neocons have now implemented their goal outlined in their manifesto "Rebuilding America's Defenses." That goal was stated very clearly on page 60 of the document and that was to implement "... advanced forms of biological warfare that can 'target' specific genotypes..." Why have Mexicans been the only ones to die in large numbers in the current Swine Flu pandemic? The graphic below shows very clearly that even though the Swine Flu has now spread widely in North America, it has been primarily Mexicans that have died from the infection. Out of 117 deaths reported on May 6, 115 have been Mexicans. The other 2 were non-Mexicans whose health was already compromised.

Has the Pentagon and the Neocons implemented a test of an ethnic specific bio-weapon in Mexico with the unwitting cooperation of the Mexican government through the recently completed genome mapping of Mexicans and the Harvard University connection? Only time will tell. One thing for sure though, we must be more vigilant than ever if we are to survive as a people. Also, a sincere warning for all other peoples of the world; it may be us today but tomorrow it may be you! ([Atzaln, 2009](#)).

**Title: The Concise Argument: Are Ethnically Targeted Weapons Worse Than Other Weapons?**

**Date:** July, 2009

**Source:** [Journal of Medical Ethics](#)

**Abstract:** Genetic engineering may make it possible to develop biological weapons that primarily target certain ethnic groups. It is often claimed that there is something particularly pernicious about such weapons—for instance, because they are “racist”. Jacob Appel analyses whether ethnically targeted weapons are morally worse than other biological weapons that are not targeted, except in the sense that all weapons are used in a targeted way to kill or injure an enemy. Appel argues that targeted bioweapons are not worse than non-targeted ones in the context of warfare.

Two main arguments sustain this conclusion. First, that, in warfare, enemy soldiers are killed primarily because they are enemy soldiers, not because they belong to a particular ethnic group. And, second, that “Any harm done as a result of ethnic categorisation is dwarfed by the deaths of thousands or millions that are likely to result from biological warfare...”. Appel calls for further discussion and, given the provocative nature of the conclusion, this will surely be forthcoming. One outstanding question is, for example, whether Appel’s arguments hold outside of classical warfare. Are they valid in cases of ethnically based insurgency or more generally if bioweapons are used for internal repression? ([Journal of Medical Ethics, 2009](#)).



# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** While governments and drug companies continue to deny that homosexual causing chemicals exist, the truth is probably a very different story. As reported in 2009, [plastics now contain estrogen](#) and it is highly likely that many other products do as well. By systematically lowering the testosterone levels of males, it makes them easier to control and lowers the chance of them reproducing offspring (population control).

**Title:** Gay Bomb

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** The "halitosis bomb" and "gay bomb" are informal names for two [theoretical non-lethal chemical weapons](#), which a [United States Air Force](#) research laboratory speculated about producing, which involved discharging female sex [pheromones](#) over enemy forces in order to make them sexually attracted to each other.

In 1994 the [Wright Laboratory](#) in [Ohio](#), a predecessor to today's [United States Air Force Research Laboratory](#), produced a three-page proposal on a variety of possible nonlethal chemical weapons, which was later obtained—complete with marginal jottings and typos—by the [Sunshine Project](#) through a [Freedom of Information Act](#) request.

In February, 2012 filmmaker and author [Ryan Gielen](#) released the only book on the subject, [Love Bomb and the Pink Platoon](#), a satirical military adventure about a military experiment that goes horribly wrong and turns an entire platoon gay. The book opens with a warning from the [United States Department of Defense](#) stating there are sufficient safeguards in place to prevent a gay bomb from happening, though the author claims the book is based on a true story.

### Background

Some body spray advertisers claim that their products contain human sexual [pheromones](#) which act as an [aphrodisiac](#). In the 1970s, "copulins" were patented as products which release human pheromones, based on research on [rhesus monkeys](#). Subsequently, androstenone, axillary sweat, and "vomodoros" have been claimed to act as human pheromones. Despite these claims, no pheromonal substance has ever been demonstrated to directly influence human behavior in a [peer reviewed](#) study.

Few well-controlled scientific studies have ever been published suggesting the possibility of pheromones in humans. Using a brain imaging technique, Swedish researchers have shown that homosexual and [heterosexual](#) males' brains respond differently to two odors that may be involved in sexual arousal, and that the homosexual men respond in the same way as heterosexual women, though it could not be determined whether this was cause or effect. The study was expanded to include homosexual women; the results were consistent with previous findings meaning that homosexual women were not as responsive to male identified odors, while their response to female cues was similar to that of heterosexual males. According to the researchers, this research suggests a possible role for human pheromones in the biological basis of [sexual orientation](#). In 2008, it was found using [functional magnetic resonance imaging](#) that the right [orbitofrontal cortex](#), right fusiform cortex, and right [hypothalamus](#) respond to airborne natural human sexual sweat.

### Books About

To date, the single book on the subject is [Love Bomb and the Pink Platoon](#), by [Ryan Gielen](#). In it, a washed-up General is put in charge of a small platoon of misfits, and all are sent to a testing facility in

the woods. The military experiment they volunteered for then goes horribly wrong and turns the entire platoon gay. The platoon is held for testing and eventually sent on a suicide mission in a foreign war zone, and must use their newfound gayness to survive. The book is a satirical farce in the vein of [Dr. Strangelove, 1984](#), or [The Magic Christian](#).

### Leaked Documents

In both of the documents, the possibility was canvassed that a strong [aphrodisiac](#) could be dropped on enemy troops, ideally one which would also cause "homosexual behavior". The documents described the aphrodisiac weapon as "distasteful but completely [non-lethal](#)". The "New Discoveries Needed" section of one of the documents implicitly acknowledges that no such chemicals are actually known. The reports also include many other off-beat ideas, such as spraying enemy troops with [bee pheromones](#) and then hiding numerous [beehives](#) in the combat area, and a chemical weapon that would give the enemy bad breath.

### Body Odors

[Body odor](#) remote-engineering, such as [halitosis](#) and [hyperhidrosis](#), was another possibility discussed. Again, these effects would be produced by a non-lethal chemical weapon—possibly one that would affect the [hormonal](#) and [digestive](#) systems. It appears that a 'heavy [sweating](#) bomb', '[flatulence](#) bomb' and '[halitosis](#) bomb' were also considered by a committee at the time. The plan was to make an enemy so smelly they could be quite literally sniffed out of hiding by their opponents. It was also considered fairly damaging to the enemy's [morale](#).

### Nobel Prize Awards

Wright Laboratory won the 2007 [Ig Nobel Peace Prize](#) for "instigating research & development on a chemical weapon—the so-called 'gay bomb' / 'poof bomb' —that will make enemy soldiers become sexually irresistible to each other." However, Air Force personnel contacted were not willing to attend the award ceremony at Harvard University's Sanders Theatre to accept the award in person ([Wikipedia, 2012](#)).

**Title:** Homokaasu

**Date:** 2012

**Source:** [Wikipedia](#)

**Abstract:** [Homokaasu](#) ([Finnish](#) name, literally "[gay](#) gas") is a fictitious poisonous [chemical substance](#), that is supposedly an odorless and invisible [gas](#) at [room temperature](#). It originates in a story and a [conspiracy theory](#) apparently created by a single Finnish man, and is often the subject of running gags on Finnish [Usenet](#) newsgroups.

### Conspiracy Theory

*Homokaasu* is supposedly used on specific people by [secret agents](#) of the [Roman Catholic Church](#) to gain a [subliminal control](#) of the victims. The substance is usually leaked into rooms and areas in which the victim spends time – the home, workplace and [psychiatric wards](#), for example. It also may be mixed in [foodstuffs](#) and [beverages](#) to the same effect.

The concept of *homokaasu* was introduced to the public in a series of crank pamphlets distributed in [Helsinki](#), [Copenhagen](#) and [Los Angeles](#) in the 1980s. The reports themselves claim to have been written and distributed by an alleged victim of the supposed operation. The reports contemplate the motives, mentioning that the [Roman Catholic Church](#) might be attempting to convert the victims to homosexuality.

### Effects

Regular exposure to homokaasu supposedly makes social interaction difficult for the victim. Regular exposure also has various health-related effects on the victim, such as deterioration of [eyesight](#) and [hearing](#), [diarrhoea](#) and aches in various parts of the body. These symptoms supposedly disappear soon after the exposure has been discontinued.

In addition to the symptoms above, the victim is supposedly harassed in various ways. They experience for example constant re-occurrence of [accidents](#) and near-misses, and [abnormal](#) sexually charged encounters of various degrees.

The name (*gay-gas*) originates from the suppression of social interaction and the abnormal sexual encounters arranged in the operation.

### **Cultural Impact**

*Homokaasu* is a widespread in-joke among Finnish net-users, and is the origin of the name of the Finland-based web community called "The Sect of Homokaasu." Moreover, there are recurring references to it on the web pages of known Finnish Internet personalities, notably [Niilo Paasivirta](#).

The story itself was created by a seemingly paranoid person spreading tracts about *homokaasu*. Nevertheless, it is widely perceived as both hilarious and bizarrely original, <sup>[[original research?](#)]</sup> and it has persisted in Finnish Internet folklore. (Mikrobitti (11/2005): *Oddball conspiracy theories include also a long-term favourite of the Finnish internet culture, the gay gas report that is circulating in the net for the 2nd decade. The absolutely reliable document reveals the hideous attempts of Vatican to convert the people of Finland to homosexuality by leaking gas into the air in houses and into the bubbles in soda.*)

Coincidentally, a "[gay bomb](#)," conceptually reminiscent of *homokaasu*, was investigated by the US military.

An episode of the American television show "30 Rock" incorporates the "gay bomb" as part of the plot ([Wikipedia, 2012](#)).

**Title:** Pentagon Considered 'Gay' Weapon - Documents

**Date:** June 15, 2007

**Source:** [News.Com.AU](#)

**Abstract:** The Pentagon once considered the creation of a hormone weapon that would turn enemy soldiers into homosexuals who'd rather make love than war, according to government documents.

The US air force's Wright Laboratory in Ohio had asked in 1994 for \$US7.5 million to develop a bomb containing a powerful aphrodisiac chemical that would cause "homosexual behaviour" to affect "discipline and morale in enemy units".

The document, obtained under the US Freedom of Information Act, is now drawing scorn and ridicule on the web.

The Department of Defence played down the proposal, which was unearthed by the Sunshine Project, an organisation based in Texas and Germany that monitors research and development of biological weapons.

"The DoD never 'investigated' such a concept, rather one individual provided a short concept paper with a wide variety of examples that was rejected," military spokesman Lieutenant Colonel Brian Maka said.

Lt-Col Maka pointed out the idea was one of several proposals for non-lethal weapons, including a chemical product that would make enemies highly sensitive to sunlight, or another that would make bees particularly aggressive and prone to attack humans.

But Edward Hammond, of the Sunshine Project, insists the Pentagon is not being truthful. "These statements are untrue. The proposal was not rejected out of hand. It has received further consideration," he said on the group's web page.

Mr Hammond says the concept was included in a promotional CD-ROM on non-lethal weapons in 2000 and was submitted to the National Academies of Science the following year.

Bloggers are now having a field day with the love weapon.

"If we have a spare gay bomb, why not drop one in the mountains of Afghanistan," asked one blogger, who described himself as a black homosexual living in Washington.

"The idiot who came up with the idea really should be bitchslapped and forced to listen to Judy Garland records for the rest of his life," Ed Brayton wrote on the Huffington Post website.

But not everyone is amused.

"My sense is that the story speaks to the Pentagon's outdated ideas about sexuality, and about the relationship between sexuality and being a good soldier," said Aaron Belkin, a political analyst at the University of California in Santa Barbara.

"To suppose that spraying someone with a chemical can make them gay is ludicrous, and to suppose that making someone gay will turn them into a bad soldier is ludicrous as well," Mr Belkin said.

In March, General Peter Pace, the chairman of the armed forces' joint chiefs of staff called homosexuality "immoral" in an interview with the *Chicago Tribune* that stirred renewed controversy and rekindled debate over legislation allowing homosexuals in the military as long as they don't discuss their sexual orientation.

A Democratic motion calls for a reform of the, so called, "Don't Ask, Don't Tell" legislation adopted in 1993 under then-president Bill Clinton ([News.Com.AU, 2007](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** Based on the evidence uncovered by the [Sunshine Project](#), it appears that the U.S. is actively attempting to piece together the DNA of the 1918 Spanish Flu which killed millions. Although this scientific venture is for "defensive" purposes, the U.S. clearly has a bio-weapons agenda and timeline that they are attempting to adhere to. Should a bio-terror attack and subsequent pandemic occur, the Spanish Flu may be the culprit all thanks to an offensive bio-weapons program that is clearly out of control.

**Title:** Lethal Virus From 1918 Genetically Reconstructed

**Date:** October 9, 2003

**Source:** [Sunshine Project](#)

**Abstract:** The 'Spanish Flu' influenza virus that killed 20-40 million people in 1918 is currently under reconstruction. Several genes of the extraordinarily lethal 1918 flu virus have been isolated and introduced into contemporary flu strains. These proved to be lethal for mice, while virus constructs with genes from a current flu virus types had hardly any effect. These experiments may easily be abused for military purposes, but provide little benefit from a medical or public health point of view.

The 1918 Spanish Flu was highly infectious and – in comparison to contemporary flu viruses – killed a very high percentage of those infected, including many younger people. The Spanish Flu alone caused the medium life expectancy in the US in 1918 to drop by 10 years. Hence, flu viruses are perceived today as a serious biological warfare threat. Just two weeks ago, a 15 million dollar research grant was awarded in the US to develop protective measures especially against a bioterrorist attack with flu viruses.

Despite the very dangerous nature of the 1918 virus, efforts to reconstruct it started in the mid 1990s, when Dr Jeffrey Taubenberger from the US Armed Forces Institute of Pathology in Washington DC succeeded in recovering and sequencing fragments of the viral RNA from preserved tissues of 1918 victims. In the current issue of the scientific journal Emerging Infectious Diseases new genetic details of the 1918 flu virus will be published.

But after (partially) unravelling the genetic sequence of the virus, the scientists went a step further and began bringing the Spanish flu back to life. Unnoticed by the public, they succeeded in creating a live virus containing two 1918 genes that proved to be very lethal in animal experiments. This experiment is only one genetic step away from taking the 1918 demon entirely out of the bottle.

A resuscitation of the Spanish flu is neither necessary nor warranted from a public health point of view. Allegedly, the recent experiments sought to test the efficacy of existing antiviral drugs on the 1918 construct. But there is little need for antiviral drugs against the 1918 strain if the 1918 strain had not been recreated in the first place "It simply does not make any scientific sense to create a new threat just to develop new countermeasures against it." says Jan van Aken, biologist with the Sunshine Project, "Genetic characterization of influenza strains has important biomedical applications. But it is not justifiable to recreate this particularly dangerous eradicated strain that could wreak havoc if released, deliberately or accidentally."

Construction of new maximum security (BSL-4) laboratories for biodefense research has been justified in part by citing the potential of the Spanish Flu as a biological weapon. Influenza usually requires a low level of containment; but when scientists begin recombining virulence-related genes, the danger dramatically increases. The University of Texas Medical Branch's BSL-4 plans influenza 'gene reassortment' experiments in maximum containment. "This kind of research is creating a vicious

circle, and could prompt a race by biodefense scientists to genetic engineer unthinkable diseases", says Edward Hammond of the Sunshine Project, "What disease comes after influenza? Biodefense laboratories must not become self-fulfilling prophesy centers. The world does not need biodefense programs to create a 'genetically engineered disease gap'."

From an arms control perspective it appears to be particularly sensitive if a military research institution embarks on a project that aims at constructing more dangerous pathogens. "If Jeffery Taubenberger worked in a Chinese, Russian or Iranian laboratory, his work might well be seen as the 'smoking gun' of an offensive biowarfare program," says van Aken.

A Sunshine Project briefing paper on the '[Reconstruction of the Spanish influenza virus](#)' provides further details and a comprehensive literature list ([Sunshine Project, 2003](#)).

**Title:** Biosafety Irregularity In Spanish Flu Experiments: Highlights The Need to Strengthen Biodefense Transparency

**Date:** October 21, 2003

**Source:** [Sunshine Project](#)

**Abstract:** Genetic experiments to recreate one of the most devastating viruses of the past century were not reviewed or approved by a biosafety committee. The University of Georgia claims that it was too troublesome to convene its Institutional Biosafety Committee to review research to genetically reconstruct the Spanish flu. Instead, the University signed off on the experiments based on ad hoc talks between only four members of its biosafety committee. As a result, no minutes were taken to describe safety review of the experiments. In fact, by not convening its committee, Georgia's actions ensured that there was no timely opportunity to raise concerns at all.

The case demonstrates a severe weakness in the public disclosure provisions of federal research rules (the NIH Guidelines) and underscores the need for mandatory committee-level (or higher) review of research projects with disease agents. By approving the experiments with an ad hoc subcommittee, requirements for public disclosure were avoided. The existence of the experiments only came to light through journal articles. According to Edward Hammond of the Sunshine Project, "Genetic engineering of bioweapons agents has national and international implications for health, biosafety, and security. But Georgia shied away from these and simply rubber-stamped the Pentagon-led project to recreate the Spanish flu."

More stringent, more public review is required, says Hammond, "Weighing the merits and hazards of these kinds of experiments requires open discussion. Georgia's claim that reconstituting Spanish flu doesn't merit a biosafety committee meeting is scandalous, and will diminish public trust in the biosafety committee system."

In 1918-19, the Spanish flu killed 20-40 million people worldwide. In the US, deaths from the flu strain resulted in a 10 year drop in life expectancy. Recreating the deadly flu may create international unease, in particular because of the leadership of the US military in the project. The experiments were described by the Sunshine Project on October 9th. (See News Release "[Lethal Virus from 1918 Genetically Reconstructed](#)" and the briefing paper "[Recreating the Spanish flu?](#)", both available online.)

The Spanish flu reconstruction began at a University of Georgia biosafety level three (BSL-3) facility in 1999. Researchers from US universities, the Armed Forces Institute of Pathology, and the US Department of Agriculture (USDA) are involved. The lab specializes in diseases of poultry, including avian influenza. The Sunshine Project has confirmed - and reconfirmed - under the Freedom of Information Act that USDA has no biosafety committee minutes related to the experiments. The Project also directly contacted the University of Georgia and requested Institutional Biosafety Committee meeting minutes that are required by the NIH Guidelines for Recombinant DNA Research. Georgia's Biosafety Officer stated that no minutes exist.

Scientists have recently begun to accept the need to reinforce the Institutional Biosafety Committee system established under the NIH Guidelines for Recombinant DNA Research. But the discussion,



including that in a recent report on biosafety by the National Academies of Science, is out of balance because it is taking place almost exclusively between scientists, government regulators, and the Pentagon.

"There is a need to make more room at the table. The public has a right to help determine if, and under what conditions, risky research proceeds." says Hammond, "Biosafety review must be a matter of law, and public access provisions of federal research rules must be strengthened. Otherwise, risky experiments such as this one will take place with little or no transparency, and that will decrease international security and create environmental and health risks."

A Sunshine Project briefing paper on the '[Reconstruction of the Spanish influenza virus](#)' provides further details and a comprehensive literature list ([Sunshine Project, 2003](#)).

**Title:** Disease By Design: 1918 "Spanish" Flu Resurrection Creates Major Safety And Security Risks

**Date:** October 5, 2005

**Source:** [Sunshine Project](#)

**Abstract:** The resurrection of 1918 influenza has plunged the world closer to a flu pandemic and to a biodefense race scarcely separable from an offensive one, according to the Sunshine Project, a biological weapons watchdog.

"There was no compelling reason to recreate 1918 flu and plenty of good reasons not to. Instead of a dead bug, now there are live 1918 flu types in several places, with more such strains sure to come in more places," says Sunshine Project Director Edward Hammond, "The US government has done a great misdeed by endorsing and encouraging the deliberate creation of extremely dangerous new viruses. The 1918 experiments will be replicated and adapted, and the ability to perform them will proliferate, meaning that the possibility of man-made disaster, either accidental or deliberate, has risen for the entire world."

The 1918 experiments are part of the US biodefense program and are of no practical value in responding to outbreaks of "bird flu" (H5N1). The 1918 virus is a different type (H1N1) of influenza than "bird flu". 1918 flu is more than eighty five years old and no longer exists in nature, posing no natural threat. While it is reasonable to determine the genetic sequence of 1918 and other extinct influenza strains, there is no valid reason to recreate the virulent virus, as the risks far outweigh the benefits.

But the most significant story isn't Tumpey, Taubenberger, and colleagues. It is the Centers for Disease Control's (CDC) attitude about the experiments and its implications. "The biggest news about resurrecting 1918 flu is the US government's enthusiastic embrace of designer disease and the impact that it will have on our future." says Hammond, "By encouraging genetic riffs on influenza and other viruses with the explicit intent of building more dangerous pathogens, CDC is fueling the gathering dangers of competition to discover the worst possibilities of biotechnology applied to bioweapons agents. Some might do it just to keep up with the Americans, resulting in a further blurring of defense and offense and heightening the biological mistrust evident in US foreign policy."

In addition to the potentially broad damage to international security and cooperation in the biological sciences if novel diseases continue to be created, the 1918 experiments heighten the chance that a flu lab will be the source of the next pandemic.

CDC says that it plans to keep its vials of 1918 flu under close guard in one place. But that's a red herring according to the Sunshine Project. Influenza with as many as five 1918 flu genes, and which are potentially pandemic, have already been handled at labs in at least four places other than CDC, including labs in Athens, GA, Winnipeg, MB (Canada), Seattle, WA, and Madison, WI. With the exception of the Canadian lab, none of these facilities has maximum (BSL-4) biological containment, and it is a virtual certainty that more labs will begin 1918 flu work now.

In fact, the only possible source of a new 1918 influenza outbreak is a laboratory. The situation of the 1918 flu is not dissimilar to SARS, whose natural transmission is believed to have been halted. The



experience with SARS accidents is chilling: It has escaped three different labs to date. A 1918 influenza escape would be very likely to take a higher human toll. The US biodefense program has also had a number of lab accidents since 2002, including mishandling of anthrax and plague and laboratory-acquired infections of tularemia. In Russia, a researcher contracted ebola and died last year.

Importantly, human error and equipment failures aren't the only ways for a disease agent to escape a lab - something vividly illustrated by the anthrax letters in the US four years ago. Unlike anthrax, however, 1918 influenza would transmit from human to human.

"We are no safer from a pandemic today than yesterday. In fact, we're in greater danger, not only from influenza; but from the failure of the US to come to grips with and address the threats posed by the research it sponsors, in terms of legislation, ethics, and self-restraint." concludes Hammond ([Sunshine Project, 2005](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following whitepapers were published by think-tanks, universities, NGO's and various governmental agencies and have at the very minimum set the stage psychologically for the impending bio-terror induced pandemic. The simple fact that these whitepapers exists in mass confirms that an upcoming bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and militarial control of society.

**WHITEPAPERS:** [Army War College](#) , [ASM \(American Society for Microbiology\)](#), [CATO Institute](#), [Center for a New American Security](#), [Center for Biosecurity of UPMC](#), [Center for Counterproliferation Research](#), [Chemical and Biological Arms Control Institute](#), [CRS \(Report for Congress\)](#), [GAO \(General Accounting Office\)](#), [Institute for National Strategic Studies](#), [Institute for Science and Public Policy](#), [Johns Hopkins University](#), [National Academy Of Engineering](#), [National Defence University](#), [PERI \(Public Entity Risk Institute\)](#), [RIS \(Research & Information System\)](#), [Terrorism Intelligence Centre](#), [The Federalist Society](#), [UNESCO \(United Nations\)](#), [University of Laussane](#), and the [WMD Center](#).

**Title:** U.S. Strategy For Bioterrorism Emergency Medical Preparedness And Response

**Date:** July 4, 2003

**Source:** [Army War Collge](#)

**Abstract:** The 2002 U.S. National Security Strategy (NSS) highlights the U.S. efforts in strengthening America's homeland security. The NSS specifically uses bioterrorism as the point of reference for improved emergency management systems and charges the medical system to strengthen and manage bioterror as well as all infectious diseases and mass casualty dangers. The 2002 National Strategy for Homeland Security includes numerous emergency preparedness and response initiatives as part of the overall homeland security strategy. Several of these initiatives will significantly affect roles and responsibilities for the Department of Defense (DOD) and the Department of Health and Human Services (HHS). Additionally, many strategic elements for bioterrorism emergency preparedness and response are in the congressional bioterrorism amendment acts. The purpose of this paper is to serve as a strategic analysis of the U.S. strategy for bioterrorism emergency medical preparedness and response. Specifically, the author will analyze national security strategies pertinent to emergency preparedness and response; examine the current and emerging roles of HHS and DOD in emergency medical preparedness and response; review current bioterrorism threats; and assess interagency collaborative planning. The author also recommends that federal agencies adopt a coherent bioterrorism defense strategic framework and makes other recommendations for DOD and HHS initiatives in bioterrorism emergency medical preparedness and response.

### **Recommendations For The U.S. Strategy On Bioterrorism Emergency Preparedness And Response**

Countering bioterrorism requires that we enlarge our capabilities of research, think creatively, and educate doctors, healthcare workers, and the general public...we must advocate federal support for public health infrastructure.

The 9-11 terrorist attacks, the anthrax bioterrorist attacks, and the subsequent global war on terrorism changed the U.S. and the world forever. National security strategies necessarily refocused on homeland security and homeland defense. In conducting the review and analysis of the national strategy for

bioterrorism emergency medical preparedness and response, the author made several observations and recommendations. However, there are some recommendations that merit additional comment for clarity. Some merit a separate presentation to avoid getting lost in the overall analysis.

### **1. Adopt a National Strategy Framework for Bioterrorism Emergency Medical Preparedness and Response.**

**A. Observation:** The U.S. strategy for preparedness and response is comprehensive, proactive, and much improved. However, there is a need for a specific and more coherent national strategy for bioterrorism emergency medical preparedness and response. Even the editors of a brand new professional journal on bioterrorism question the collective sense of urgency for bioterrorism preparedness and response.<sup>96</sup> The author has already pointed out the congressional mandates to coordinate bioterrorism. The need for a strategic framework for bioterrorism national strategy is clear.

**B. Recommendation:** The DSB Task Force's "Elements of Detection and Response" for bioterrorism defense, mentioned earlier, provides an excellent framework for the key elements of a national strategy for bioterrorism emergency medical preparedness and response. At Figure 4 is an author-modified version to demonstrate clearly the interaction between the critical elements. The interdependent elements succinctly capture the broad areas integral to such a much-needed national strategy. The author added the block for emphasizing interagency collaboration across all phases and elements. The author also added downward arrows to crystallize the need for continuous situational awareness during all phases in a hand-in-hand mode. A future strategic research project should propose and describe a detailed U.S. strategy for bioterrorism defense using this framework.

### **2. Establish the Bioterrorism Interagency Collaboration Council (BICC).**

**A. Observation:** Interagency collaboration is a critical strategic element of bioterrorism emergency medical preparedness and response. The author already pointed out the constant call by key federal leaders for interagency collaboration on bioterrorism efforts. There is also a tendency to collaborate mostly during crisis situations instead of proactively or during pre-event periods.

**B. Recommendation:** The HHS and DHS should establish a high-level bioterrorism interagency collaboration council (BICC) to assess immediately all federal strategic capabilities and needs for bioterrorism emergency medical preparedness and response. Standing members should include, as the lowest level, the principal deputies to the assistant secretaries for preparedness and response from HHS, DHS, DOD, and DVA. The BICC can incorporate additional agency and OPDIV representatives depending on the specific collaborative effort. This BICC should meet at least bi-monthly and be modeled after the NSC Deputies Council but focusing on bioterrorism initiatives. Existing and new interagency working groups (IWG) would meet more frequently and report to the BICC during the bi-monthly session. One of the new IWGs should be an Interagency Science Board under the DHS whose charter is interagency R&D collaborative planning for emergency preparedness and response. The intent of the BICC itself is to be a powerful, collaborative decision-making council focused on full-spectrum strategic bioterrorism initiatives.

### **3. Establish a Joint Special Medical Augmentation Team (JSMART).**

**A. Observation:** There are numerous civilian and military medical augmentation teams across the U.S. with special capabilities for responding to WMD incidents and other disaster related incidents. The DOD teams seem to be more specialized than most of the civilian teams. Though the author did not assess these operational and tactical teams, there is a pattern of service specific teams remaining from the DOD re-shuffling of missions and organizations as discussed previously. There are only a few multi-service or joint teams, which goes against the grain of DOD joint transformation efforts. DOD does not disperse well most teams across the U.S. and many would take days to respond given the current mission assignment construct of the Federal Response Plan. Even before the events of 9-11, the Committee on R&D Needs for Improving Civilian Medical Response to Chemical and Biological Terrorism Incidents commended the Public Health Service Metropolitan Medical Strike Teams as the best federal organization for responding

to medical consequence management. The committee also warned that the teams are less than optimal unless intelligence allows for their predeployment.

**B. Recommendation:** DOD establishes geographically dispersed joint special medical augmentation response teams (JSMART) aligned with every FEMA region. A pre-determined number of teams would remain on 24-hour alert status at all times depending on the homeland security level and other military threatcon levels. However, DOD would lock down, at known locations, the designated teams ready to deploy and employ. DOD could adopt the military's deployment ready unit concept of operations or use the Office of Emergency Response alert system. DOD could measure JSMART readiness by applying a balanced scorecard method. DOD would draw the JSMART teams from dedicated fixed facility organizations and from field-type organizations and apportion them to NORTHCOM on an actual time-phased deployment list. DOD (HA) or the U.S. Army Surgeon General, as Executive Agent, may want to use the DOD "rapid spiral transformation"<sup>98</sup> process under defense transformation to implement an experimental JSMART team. DOD (HA) should mission the JSMART with joint mission essential tasks for providing military support to civil authorities, specifically tasks associated with response to weapons of mass destruction. These recommended JSMART teams meet the criteria set out under the DOD's rapid spiral transformation and certainly meet the first pillar of transformation—strengthening joint operations.<sup>99</sup> The transformed DOD response teams would become part of the U.S. strategic arsenal for bioterrorism preparedness and response.

#### **4. Prudently exploit unprecedented federal funding for bioterrorism initiatives.**

**A. Observation:** Unprecedented funding decisions backed up congressional and presidential interests in bioterrorism. For example, biodefense funding infused almost a billion dollars for biodefense programs through CDC in FY 2002 and another billion in FY 2003 funds.<sup>100</sup> Additionally, the President's overall budget for HHS's plans and programs towards bioterrorism for FY 2003 is \$4.3 billion.<sup>101</sup> There are extraordinary opportunities to finance major bioterrorism preparedness and response initiatives.

**B. Recommendation:** HHS, DHS, DOD, and DVA should make the most of near term federal bioterrorism funding for improving the nation's bioterrorism emergency preparedness and response programs now. A prudent fullspectrum spending plan that meets congressional and presidential intent for bioterrorism defense will require great foresight and parallel prioritization between current and future needs. Federal agencies should exercise stringent stewardship of bioterrorism funds. One pitfall could be spending huge amounts on information technology capabilities not supported by sound scientific nor long-term strategic needs. Nevertheless, key federal agencies at the epicenter of bioterrorism emergency preparedness and response should take advantage of the tremendous opportunities afforded by exceptional funding.

#### **5. Encourage future strategy research in emergency preparedness and response.**

**A. Observation:** Researchers should be further exploring several strategic research opportunities in the field of emergency preparedness and response.

**B. Recommendation:** DOD and other academic institutions should strongly encourage strategic research projects in the below listed topics of national interest to fill potential gaps in baseline strategic concepts and framework.

**I.** What are the implications of CBRNE threat assessments on future national military strategy for homeland defense?

**II.** Why should the U.S. Army be the DOD Executive Agent for medical support to civil authorities? What strategic guidelines should DOD adopt for medical support to civil authorities on the domestic front?

**III.** Conduct a strategic analysis for forming a joint military-civilian medical command for homeland defense.

Emergency medical preparedness and response is already a joint/combined civilian/military system of

systems.

**IV.** What are the Department of Homeland Security (DHS) strategic ramifications for emergency preparedness and response perspective? The Department of Homeland Security may be dangerous to your health.

## **Conclusion**

There is an importunate need for a coherent U.S. national strategy for bioterrorism emergency preparedness and response. A review of the major national strategy documents beseeches a strategic framework to guide succinctly national bioterrorism efforts. Furthermore, the combined trend in the national strategy documents presumes that while there has been much improvement in emergency preparedness and response, there remains an overall state of under preparedness.

This analysis of the U.S. national strategy for bioterrorism emergency medical preparedness and response found an incoherent strategy mostly documented in the NSHS and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The NSHS vision statement easily serves as a model for a national vision for bioterrorism emergency medical preparedness and response that HHS or the DHS should author. Likewise, HHS or the DHS can also use the national strategy for combating WMD as a template. The key players for strategic bioterrorism initiatives are HHS, DOD, DHS, and, to a certain extent, the DVA. Mostly, HHS positioned itself well at the strategic center of emergency preparedness and response though the impact of the DHS is not yet clear. On the other hand, as a key national asset for emergency medical preparedness and response, DOD must critically search its transformation initiatives for opportunities and, perhaps, necessities in transforming its military health services system and the associated organizations. Perhaps the recommended JSMART teams can be one of initial steps. The new DHS may supplant many of HHS's strategic health services roles. Nonetheless, HHS should remain the strategic center for bioterrorism emergency medical preparedness and response. The recommended BICC may solidify such a central role for HHS.

The national bioterrorism strategy analysis shows that it stems from well-documented bioterrorism threats and convincingly brings to the forefront the pivotal gap in interagency collaboration. Threats from bioterrorism make national and international news on a daily basis and many countermeasures ensue from the threat assessments. Interagency collaborative planning for bioterrorism medical preparedness and response is the most critical, yet most lacking, element for ensuring a coherent bioterrorism national strategy for emergency medical preparedness and response.

Public health emergency medical preparedness and response evolved tremendously and improved significantly, especially after implementation of numerous pre and post 9-11 initiatives.

The military medical health system and its organizations dramatically increased terrorism response training and heightened its bioterrorism awareness but there are not many organizational changes. Certainly, there are well-trained current organizations, which respond quickly, but there is a questionable mix of capabilities, locations, and their jointness. The U.S. strategy for bioterrorism emergency medical preparedness and response must be comprehensive, realistic, visionary, and, necessarily, deeply embedded in the national security strategy for homeland security. HHS and DHS should seriously consider using the recommended national strategy framework for bioterrorism efforts. However, most of all, a coherent national bioterrorism strategy framework must be adopted now and propagated immediately by all federal agencies ([Army War College, 2003](#)).

# Bio Terror Bible

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**Title:** Bioterrorism Threats To Our Future: The Role Of The Clinical Microbiology Laboratory In Detection, Identification, And Confirmation Of Biological Agents

**Date:** 2001

**Source:** [American Society for Microbiology](#) (PDF)

**Abstract:** Biological warfare has been known since the Middle Ages. In the 14th century, the Tatars catapulted the bodies of bubonic plague victims into the walled city of Kaffa, an economically important port that they were besieging. It was infected residents fleeing this siege who spread the Black Death throughout Western Europe. The Spanish conquistadors and the British used smallpox, measles, and perhaps other agents to help subdue Native American peoples by providing them with blankets and handkerchiefs contaminated with these organisms. Since the Native Americans had never before been exposed to these pathogens, they had virtually no natural immunity to them. Bioterrorism does not need to be directed against human life to be effective, but can also be directed against water and food sources. The ancient Romans, among others, threw carrion into wells to poison their adversaries' drinking water. A bioterrorism event could also target the agricultural sector, through either animals or crops.

The reality of modern-day biological terrorism was brought to the forefront in 1997, when the Federal Bureau of Investigation (FBI) arrested a man in Las Vegas, Nevada, who was found to be carrying the agent of anthrax. Although this individual was in possession of the avirulent vaccine strain of the anthrax organism, this incident served as a reminder of how easily a terrorist act could potentially cause serious illness and panic in the civilian population.

Huge expenditures have been made throughout the world both to produce biological weapons and to develop the means to protect military populations from these agents. Much less consideration, however,

has been given to what steps need to be taken to protect civilian populations. One example of how an attack on a civilian population might unfold was the contamination of salad bars with *Salmonella typhimurium* in The Dalles, Oregon, in 1984 by followers of the cult leader Bhagwan Sri Rajneesh. In that case, followers of Sri Rajneesh attempted to incapacitate the population of The Dalles on election day in order to influence the outcome of a local election. Even though the organism that they used is generally regarded as a microbial pathogen of low virulence, more than 750 people fell ill from food poisoning. Fortunately, none died. This incident demonstrated the relative ease with which microorganisms can be obtained and disseminated: the bacterial cultures used were grown in a clinical laboratory at the cult's compound in Oregon. Perhaps most striking, the intentional nature of this incident was not detected at the time it occurred. It only came to light a year later, when a former cult member revealed it during the course of a separate criminal investigation.

A less successful, but more frightening, example of attempted civilian bioterrorism occurred in Japan in the early 1990s. The Aum Shinrikyo cult is known for releasing sarin nerve gas inside the Tokyo subway system. What is not generally known is that they had previously attempted on several occasions to disseminate botulinum toxin and the anthrax agent among the general population. No illnesses are known to have resulted from these incidents, probably, at least in part, because insufficiently virulent strains were used. However, with further trials, Aum Shinrikyo might well have succeeded in their macabre campaign.

Clearly bioterrorism appeals not only to nations, both large and small, but particularly to terrorist groups. Some have suggested that biological agents are more likely to be used by terrorist groups than by belligerent nations. One major reason is that the capacity to produce and effectively spread biological weapons requires relatively little in the way of sophisticated technology. For this reason, biological weapons have been called "the poor man's atom bomb." Indeed, recipes for producing biological weapons are available on the Internet. Most colleges, universities, and hospitals in the United States—and even some high schools—have facilities that could be used to produce crude versions of biological weapons that might be used to terrorize individuals, community organizations, churches, schools, and cities. In addition, the apparent ease with which these weapons may be produced has resulted in hundreds of threats, particularly letters claiming that the person who opened them has been exposed to anthrax spores. So far these incidents have been found to be hoaxes. Yet at the time they occur, they generate considerable anxiety and must be dealt with seriously.

While biological weapons may not immediately produce the massive casualties and destruction wreaked by chemical and radiological weapons, they pose their own insidious danger. Unlike chemical and radiological weapons, individuals affected by agents of microbial terrorism only slowly develop signs and symptoms of disease after exposure—a lag time that is known as the incubation period—and so could escape diagnosis for many days. Also, since infectious diseases often begin with mild symptoms and only manifest their true character with time, an illness caused by a bioterrorism agent may initially be incorrectly interpreted as a less severe natural infection, further delaying recognition of the event. Finally, recognition of a bioterrorism attack will require an appreciation of a cluster of infections—possibly with unusual organisms. Since infected individuals would either report to an emergency room (ER) or see their personal care physicians one at a time, and since they would most likely be scattered across many ERs and the practices of many different physicians, it could take days to weeks for the telltale pattern to become epidemiologically evident. These delays would be damaging. By the time public health officials realized that a deadly strain had been released upon our population, medical facilities would already be



overwhelmed.

Many emergency personnel—firefighters, paramedics, police officers, and hospital emergency room workers—would have unknowingly been exposed, incapacitating the very professionals who would be needed to combat the outbreak. Moreover, infected persons who continued to move about in the population during the early, mild stage of their illness could be spreading the disease to others. Although most experts agree that the probability of a bioterrorism attack is low, they also believe that it is no longer a matter of “whether” but “when” such an attack will occur. Allocation by the Federal government of \$1.4 billion during fiscal year 2000 to introduction fight biological and chemical terrorism is strong testimony to the credibility now given to the possibility of a bioterrorism incident. Much of this increased credibility has arisen from revelations about the scope of the biological weapons program conducted in the former Soviet Union by the Soviet defector Ken Alibek, who was Deputy Director of this program, called Biopreparat. Although the program no longer officially exists, biological materials prepared under Biopreparat are not all accounted for, and some experts fear that scientists formerly employed in Biopreparat may be tempted to sell their expertise to terrorist groups or small nations seeking to develop a biological weapons capability.

Because the threat of a bioterrorist attack is now perceived as real, the diagnostic microbiology laboratory must be prepared to collaborate closely with clinicians to detect rapidly and efficiently potential biological agents that could be used in such an incident. The clinical microbiology laboratory will have a very significant role in the determination of whether or not a bioterrorism event has taken place and, if an attack is occurring, what kind of agent is being used. In the event of a biological attack, the early recognition and detection of the causative agent will pose a formidable challenge to the microbiologist and the clinical microbiology laboratory staff. Not only will the clinical microbiology laboratory be expected to detect and identify the agent in a timely manner, but it also will be expected to provide information regarding the selection, collection, safe handling, and transport of specimens to an appropriate laboratory with a level of biosafety capability compatible with the potential threat.

Rapid and accurate identification of the biological agent will be critical to implementation of control measures to treat those already infected and to contain the spread to additional individuals. Without the expertise of clinical microbiology laboratories that are trained to detect and identify a biological agent rapidly and accurately, the health care delivery system may be unable to provide appropriate medical care and to institute necessary preventive measures in a timely manner. Thus, the clinical microbiology laboratory is a sentinel that will play a vital and pivotal role in the event of a terrorist action involving biological agents.

Whether an outbreak of infectious disease is due to a terrorist incident, such as contamination of a salad bar with *Salmonella*, or a naturally occurring infection, such as *Cryptosporidium* contamination of a community water supply, the rapid response of the microbiology laboratory will be equally important in protecting public health. Clinical microbiology laboratories are staffed with professionals who are well-trained and who practice on a daily basis the skills and techniques necessary to detect, recover, and identify any agent causing infectious disease.

Enhancing these capabilities of the clinical microbiology laboratory with regard to bioterrorism will have the added benefit of enhancing the laboratory's capabilities in routine daily health care. More-sensitive detection methods for biowarfare agents may enter the microbiology laboratory as rapid, improved diagnostics for naturally acquired infectious diseases from both conventional and newly emerging organisms. And more-effective networks to coordinate the emergency response to a bioterrorism event will translate into better mechanisms for dealing with natural outbreaks of both conventional and emerging infectious diseases.

Ensuring that all levels of our medical and public health communities are ready to detect and combat a bioterrorism attack will allow the public to have confidence that we are prepared to meet this challenge and to assist in their protection. This readiness must start with the sentinels of the diagnostic microbiology laboratory and the professionals who staff it. At the colloquium, experienced microbiologists addressed the relevant issues and delineated the necessary guidelines for the clinical microbiology laboratory to ensure our readiness for a potential attack. Their analysis and recommendations are set out in this document.

## **Recommendations**

Colloquium participants repeatedly emphasized the primary importance of the Level A clinical microbiology laboratory in serving as a sentinel for detecting these critical agents. Unlike with nuclear or chemical weapons, first responders to a bioterrorism event will most likely be clinicians and clinical microbiologists, especially in the case of an event without an overt signal. Rapid recognition of potential bioterrorism agents by Level A clinical microbiology laboratories will be essential for the public health response to a bioterrorism event. In conjunction with state and federal agencies, clinical microbiology laboratories will play an important role in determining when a bioterrorism event has occurred.

At the present time, however, there is an acute shortage of clinical microbiologists trained to respond effectively to emerging infections, including bioterrorism events. For these reasons, colloquium participants identified as their first priority a major initiative in education and training of clinical microbiologists, which would include upgrading both general microbiology skills that bear on identifying a bioterrorism threat and skills directly related to detecting and responding to a bioterrorism event. As part of this education and training effort, they formulated several recommendations:

1. Individuals in clinical microbiology laboratories who are responsible for identifying microorganisms and testing them for antibiotic susceptibility should possess at least a bachelor's degree in medical technology or a life science field that includes at least 20 credit hours in microbiology coursework. (In the absence of a bachelor's degree, an equivalent combination of training and experience is recommended, such as an associate (MLT) degree and >\_ 10 years of experience in a clinical microbiology laboratory.)
2. Consideration should be given to amending personnel standards in the CLIA '88 legislation to raise the minimum education standard for this group of laboratory workers from an associate degree to a bachelor's degree.
3. Bioterrorism-specific training should take place as part of the ongoing qualification of microbiologists at all levels.
4. All clinical microbiology laboratories should be staffed with individuals who have been trained to safely handle bioterrorism agents as well as those organisms associated with emerging infections.

**5.** Every clinical microbiology laboratory should have ready access to a clinical microbiologist certified either as a Specialist by an approved accreditation program (e.g., by the American College of Microbiology or the American Society of Clinical Pathologists) or certified at the doctoral level by an approved accreditation program (e.g., American Board of Medical Microbiology, American Board of Medical Laboratory Immunology, American College of Internal Medicine, or American Board of Pathology).

**6.** Professional microbiologists should be familiar with the likely agents of bioterrorism and be prepared to use the Level A laboratory algorithms designed for the detection of these agents.

**7.** Technologists working with cultures may require specialized training to recognize isolates that are most likely to be used in a bioterrorism attack, especially in rural areas where laboratory supervisors and directors may not be readily available.

**9.** The American Society for Microbiology (ASM) should be involved in bioterrorism-specific training, possibly in partnership with an organization such as the National Laboratory Training Network.

**10.** ASM should promote the rapid development of effective continuing education programs and materials by ensuring accuracy of curricula and materials and partnering with other agencies.

To evaluate the effectiveness of the recommended training, proficiency testing should be instituted. The proficiency testing program administered to most clinical microbiology laboratories by the College of American Pathologists (CAP) could be modified to include regular ungraded challenges of attenuated (e.g., vaccine) strains of potential bioterrorism agents. Full-scale proficiency testing programs for Level A laboratories are desirable and could be conducted by organizations that already perform proficiency testing in other areas.

Such programs would include written sections as well as an exercise in identifying agents that would need to be ruled out in the event of a suspected bioterrorism threat. We recommend that CLIA on site surveys include documentation of laboratory bioterrorism preparedness by measuring proficiency in the use of Level A laboratory algorithms designed to rule out these agents.

Formal education and training are the first steps in qualifying a laboratory to respond to a possible bioterrorism threat. To translate fundamental skills into practical action, planning is necessary. Therefore, all clinical microbiology laboratories should have a bioterrorism response plan. Minimal elements of a response plan include knowing the chain of communication within the laboratory when a possible bioterrorism agent is suspected; where to send specimens for further testing after an initial screening protocol suggests the presence of a potential bioterrorism agent; and how to respond if the laboratory becomes overwhelmed with samples during a suspected or actual bioterrorism event. Maintaining patient confidentiality would also be an important component of a response plan.

Laboratory personnel should be evaluated annually on their knowledge of the bioterrorism response plan. No matter how well trained and prepared, personnel in the clinical microbiology laboratory can only be effective guardians

of the public health as part of a network of laboratories, epidemiologists, and infectious disease specialists. The Laboratory Response Network is the essential underpinning of the capability to respond to a bioterrorism threat, with state public health laboratories assuming a crucial role in the Network. Continued recommendations support of the Laboratory Response Network is therefore necessary to ensure rapid response to a possible bioterrorism event.

At the current time, the system for responding to bioterrorism events in the U.S. is better developed than ever, but it is still inadequate. All of the pieces necessary to respond to a bioterrorism event at the advanced level are in place. What is needed is enhancement of the existing system at the sentinel level—the Level A clinical microbiology laboratory. Additional education and training need to be provided at the sentinel level to ensure optimal functioning of the Network.

In a broader context, the Network could be enhanced in several ways. It is important that there be better coordination and less redundancy among local, state, and federal agencies involved in bioterrorism preparedness. We also need to define more rigorously how veterinary, food, and water microbiology laboratories fit into the national bioterrorism preparedness plan. Finally, to facilitate communication of information and specimens, it is critical for each state to make available to each Level A laboratory a list of state and federal laboratories with locations, names of contact persons and 24-hour/7-day contact numbers.

Several recommendations arose concerning laboratory safety. Assessment of risk to laboratory personnel from bioterrorism organisms is the responsibility of clinical microbiologists, infection control personnel, and infectious disease physicians. Risk assessment should be conducted on at least an annual basis. A risk analysis checklist should be developed to gauge laboratory preparedness.

We also recommend that potential bioterrorism agents and other Level 3 agents (and associated waste) should be autoclaved (or incinerated) on site before disposal. And, to increase the probability of being aware of specimens possibly containing smallpox, we recommend that information on recognizing the clinical manifestations of smallpox be restored to the course curriculum for medical students and clinical microbiologists.

To increase the ability of microbiology laboratories to detect potential bioterrorism agents rapidly and accurately, we recommend continued development of immunodiagnostic assays with <24-hour turnaround time for these pathogens. As well, it would be desirable to utilize nucleic acid detection assays for potential bioterrorism agents. In addition, Level A laboratories would benefit from improved databases for automated microbiological systems that now have difficulty identifying bioterrorism agents. Future efforts should be directed toward developing methods for detecting antimicrobial resistance and genetic alterations in microorganisms that could be used in bioterrorism attacks ([American Society for Microbiology, 2001](#)).

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**Title:** Responding To The Threat Of Smallpox Bioterrorism

**Date:** April 18, 2002

**Source:** [CATO Institute](#) (PDF)

**Abstract:** The threat of direct terrorist attack against the United States proved to be real. And the subsequent anthrax cases point to the possibility of a future bioterrorist attack, including use of the deadly smallpox virus. The nature of terrorism is such that it is impossible to accurately predict the probability of such an attack, but the potential consequences are catastrophic. Therefore, it is a serious threat that deserves serious attention.

The current ring containment strategy (administering smallpox vaccinations only after an outbreak in the hope of containing the spread of the virus) favored by the federal government may be appropriate for dealing with a natural outbreak of smallpox, but it is likely to be woefully inadequate for countering a direct attack by a thinking enemy intent on inflicting infection, death, and panic.

A better approach than leaving the entire population at risk and responding to a smallpox attack after the fact would be to take preventive measures. The current stockpile of smallpox vaccine can be effectively diluted to create a more abundant supply, which—along with a newly discovered stockpile and additional vaccine already ordered and scheduled to be delivered by the end of 2002—should be made available to the public. Even if only a small fraction of the population were vaccinated, a community immunity effect, which would lower the rate of transmission of a disease as well as significantly increase the chances of success of a ring containment strategy, would be produced. As a result, the chances of a successful attack would be lowered, and that could have a deterrent effect and might even prevent such an attack.

If the paramount obligation of the federal government is to protect the United States and its population, then an ounce of prevention in the form of a population partially vaccinated against smallpox will be more effective—both in deterring and in responding to a potential attack—than leaving the American public unprotected and completely at risk, hoping that a pound of cure will work after the fact ([CATO Institute, 2002](#)).

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**Title:** After An Attack: Preparing Citizens For Bioterrorism

**Date:** June 2007

**Source:** [Center for a New American Security](#) (PDF)

**Abstract:** Responses to a catastrophic bioterror attack are likely to greatly amplify or substantially mitigate the attack's consequences. No less significant, if our post-attack responses fail, we are likely to encourage future attacks by demonstrating their efficacy in spreading terror.

Citizen preparedness is a key variable in our response, but while the United States has made substantial investments in professional preparation, only rhetorical attention has been paid to preparing the broader public. Using aerosol anthrax and smallpox attacks as primary examples, this paper demonstrates that our present preparations are likely to fail when measured against the six most fundamental citizen expectations. It advocates five research and development investments that would enhance citizen preparation.

### The Likely Failure to Meet the Most Fundamental Citizen Expectations

We anticipate that if a substantial aerosol anthrax or smallpox attack were to occur in an American city, most members of the public would reasonably expect six fundamental kinds of support from the government. However, at present we believe local, state, and federal officials would fail to provide this support. Phrased as expectations from individual citizens, the requested support and likely responses would be:

1. Instruct and equip me to protect myself as much as possible immediately and in the event of future attacks. Advice about modes of protection (the value of masks, modes of decontamination, means of infection control, etc.) is for the most part designed for professionals in hospitals rather than laypeople in everyday environments. It is remarkably rudimentary, without a sound scientific basis, and without consensus. After a bioterrorist attack, citizens would receive little or no advice, and the advice they receive will likely be conflicting, often incorrect, and would probably amplify their anger at the government's failure to prepare.

2. An aggressive program to develop advice and support systems that would facilitate home care and



protection of home caregivers from infection in the event of broad-scale aerosol biological attack. Because we anticipate that the demand for hospital care will greatly outstrip its supply, home care will play a vital role. Moreover, home care can be effective, particularly since for many of those exposed to biological agents the care required will be palliative. Home care can be enormously enhanced if systems are developed in advance to provide caregivers with information that allows them to minimize risks of transmission of infectious agents and maximize quality of care.

3. Determine ways to supply individuals with the medical goods and basic supplies of daily life that they will need for self-care at home, or for ongoing sequestration in the case of a contagious disease. Neither price nor a first come, first served system will be an appropriate rationing mechanism. The vulnerability, logistical difficulties, and psychological resistance to central distribution points suggest that alternate mechanisms are required, including outreach systems that support people in their homes and efforts to flood the system so that supplies can be obtained in multiple ways from multiple places.

4. Create means for rapid diagnosis outside of hospitals to reduce demands from the worried well and enable hospitals to focus on treatment. Effective diagnosis outside the hospital setting is enormously difficult, but also enormously important to targeting treatment for those who require it, reducing the burden of the “worried well” on hospitals, and improving the psychological wellbeing of the population after an attack.

5. Supplement traditional “hub-and-spoke” communication from centralized government with complementary social network systems. The research program suggested here will be of practical use only if its findings can be credibly disseminated to the public at a time of great stress. Traditional hub-and-spoke communication from government authorities to citizens has a vital role to play, but sole reliance on it ignores the deeply ingrained human tendency to double-check information with trusted members of social networks. Social and peer-to-peer networks and trusted points of contact can complement existing information distribution capabilities. For example, peer-to-peer users could identify in advance those authorized to receive notice in the event of an injury, illness, or emergency. Experience of past catastrophes suggests that local and personal contacts can dramatically reinforce or undermine centralized government communication.

## **II. Six Requirements, Six Failures**

**We anticipate six predictable and reasonable public expectations from our authorities following a major aerosol anthrax or smallpox attack:**

1. Instruct and equip me to protect myself as much as possible, immediately and in the event of future attacks.
2. Tell me whether I and those I love have been or could be infected by this attack.
3. If I cannot reasonably be assured that my loved ones and I are not infected, provide us with whatever drugs or vaccines will protect us and do so quickly, fairly, and safely.
4. Provide health care for me or others who become ill as a result of attacks.
5. Prevent more attacks of this kind.
6. Speedily establish conditions and provide information that will permit me and my family to return safely to ordinary daily activities.

Three things are noteworthy about this list. First, establishing a baseline for public expectations should be among the first steps in developing both a “Culture of Preparedness” and a strategy for consequence management after a bioterror attack. To our knowledge, however, this is the first time any such list has been compiled.

True, each of these concepts is encompassed by Department of Homeland Security statements about the need to “prepare, prevent, protect, respond, restore, and mitigate” and the military mantra of “sense, shape, shield, and sustain.” But the abstraction of this vocabulary and scope of the task list that results

obscures a practical sense of what is required, a sound grasp of priorities, and recognition that these are not merely technical requirements but rather critical variables in a struggle for the hearts and minds of our population. We hope others will adopt, or improve and adopt, our short list. If this leads to a consensus, we will have made progress towards establishing an agreed set of essential goals for public preparedness and consequence management programs.

Second, there is rich reward in harmonizing lay public and professional priorities. In our view, a present comparison of the two repeatedly reveals contrasts rather than similarities. While some citizen demands appear to be implied in analyses of professional requirements, in reality the professional paradigm focuses almost exclusively on what existing professional constituencies ordinarily supply—not on what will be demanded by the lay population. For example, the professional paradigm places great priority on trying to expand professional health care, but even in the face of an unbridgeable gap between supply and demand very little attention is given to non-professional care. As discussed below, when professional and layperson plans and expectations are forced to the surface and laid alongside one another, a large and troubling disconnect becomes apparent. To improve America's resiliency, either professional priorities should expand or citizen expectations need to be lowered.

Finally, there is not just a failure of focus but also a likely failure of achievement. If a catastrophic bioterror attack occurred today, our governmental authorities would not be able to meet any of the public's key demands. Such a failure would have grave repercussions in both lives and livelihoods lost. Worst of all, it would undermine public solidarity and confidence in the government following a terrorist attack. America had a taste of this in the wake of the 2005 Hurricane Katrina, but a catastrophic terrorism incident would make the problems of Katrina seem miniscule.

## **Conclusion**

There are substantial reasons why public perspectives are slighted in the development of federal programs to prepare for bioterrorism. Interaction with the general public is commonly seen as predominantly a city or perhaps a state responsibility, but not a federal one. Even if perceived as needed, federal efforts are seen as difficult when preparations, responsibilities, and opportunities for dealing with laypeople are fragmented across thousands of jurisdictions with culturally, psychologically, and physically diverse populations. Moreover, it is hard to capture the public's attention before a crisis, to communicate with them during a crisis, and to secure their trust and effective action in the face of fear, rumor, family fragmentation, and suffering from potential or actual injury. As one of us has written elsewhere:

"The neglect of laymen is understandable. We live in a society that idealizes and relies upon professional competence. We employ licenses (predicated on training), rewards (dollars and prestige), and punishments (e.g. by a ban on unauthorized practice of medicine) to reinforce the division of labor. By these means, also, we seek to assure consistency and quality in professional services. Conversely, we distrust laymen. Their ethics, skills, knowledge and judgment vary widely. One well-designed survey of laymen flatly concluded: 'The majority of respondents have a number of beliefs about smallpox and smallpox vaccination that are false.' Deficiencies run deeper than this. In an urban area beset by biological crisis we can anticipate that a third of all citizens are likely to be depressed, alcoholic, addicted, paranoid, psychotic, incarcerated, elderly, infirm, disabled, infants and children, immature adolescents, or some combination of these. Moreover, a quarter of the populations of New York or Los Angeles, for example, describe themselves as not speaking English 'very well.'"

However discouraging this situation may be, readers should bear in mind that professional and bureaucratic perspectives have repeatedly demonstrated their own limitations. Bureaucracies and professional groups are notoriously fragmented as each looks at a problem parochially, asserts the

privilege of its own procedures, employs its own vocabulary, and fights for its own status and resources. Professionals and bureaucrats are trained to focus on previously defined problems, follow routinized procedures, and meet consensus standards. It is therefore hardly surprising that they are institutionally conservative and tend to react to new problems with old procedures. They have strong predilections to divert energy and resources, even if intended for future contingencies, to meet pressing present-day priorities. They are self-referential, even self-reverential: The FBI tends to ask about a proposal, "Is it good for the FBI?" An Admiral demands, "Is it good for the Navy?" And a hospital administrator asks, "Is it good for my hospital?"

At the same time, an empowered citizenry is more likely to be mentally, as well as practically, resilient during a crisis. Accounts from London during the Blitz and Israel under threat of Iraqi Scud missiles during the first Gulf War illuminate how a citizenry that has been prepared for worst-case scenarios can withstand attacks beyond expectation. People can also learn to protect themselves physically. Returning to the fire analogy made earlier, deaths by fire have decreased steadily since 1974 when Congress mandated a range of fire safety measures, including educating citizens on how to protect themselves, and fatalities are now less than a third of what they were prior to these measures.

It is important to recognize that in an emergency like that which would be caused by a bioterror attack, the public is often going to be thrown upon its own resources. If this reality is ignored, we risk facing a Katrina-like disaster raised an order of magnitude by its malevolence, its immediacy, its potential for recurrence, and its scale. If, on the other hand, citizens are empowered, they will be able to take measures that will improve their protection, reduce demands on our health care system, and enable our country to return to normalcy more quickly.

Above and beyond these practical considerations stands an overriding psychological need. Terror will be an intensifier. It will make the United States stronger or it will make us weaker. The critical battle is in our citizens' minds. Catastrophe can bring us together as a nation, as occurred in the aftermath of 9/11. Or it can shatter our national myths and diminish national cohesion. Our greatest concern about a future terrorist attack, and a biological attack in particular, is that it may corrode public faith in our government, and thus in our democratic system itself. We think this risk demands attention and action ([Center for a New American Security, 2007](#)).

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**Title:** A Crossroads In Biosecurity: Steps To Strengthen U.S. Preparedness

**Date:** September, 2011

**Source:** [Center for Biosecurity of UPMC](#)

**Abstract:** This fall marks the tenth anniversary of the anthrax attacks and the U.S. biosecurity community born in response. The shocking anthrax attacks in 2001 galvanized government and private sector action and put us on a determined path to reduce the dangers posed by biological threats. This is an appropriate moment for the community to consider the impressive distance that we've traveled since 2001, to understand the options ahead for biosecurity policy, and to map out priorities for future action at this 10-year point.

Before the anthrax attacks, few had seriously planned for such a biological threat, and there was certainly no tangible, multidisciplinary community devoted to improving biosecurity. There were no major government or nongovernment programs on biodefense beyond the DoD biodefense research programs and the anthrax vaccination program. There was no hospital preparedness effort and no CDC program to prepare states and local health departments. There was no NIH biodefense research initiative or FDA countermeasures initiative. There was no Pandemic and All-Hazards Preparedness Act, no ASPR, no BARDA, no BioShield fund. No DHS. Little sustained White House or Congressional attention to bioweapons or pandemic threats.

### We Have Already Come Far

We have all those government initiatives now, and more. During the past 10 years, the U.S. government has established many efforts with missions related to improving biosecurity. As a result, substantial gains have been made in public health and hospital preparedness. Scientists have been provided billions of dollars to undertake fundamental research to improve biosecurity. A new FDA initiative is expressly focused on speeding up the regulatory process for necessary medicines and vaccines. There is major U.S. government interest in improving both domestic and international biosurveillance programs. Along the way, SARS, the concerns about avian influenza, and the 2009 H1N1 pandemic reinforced the importance of these programs. The stakes related to the country's biosecurity have been emphasized from the very top. In 2009, President Obama's National Security Council said, "The effective

dissemination of a lethal biological agent within an unprotected population could place at risk the lives of hundreds of thousands of people. The unmitigated consequences of such an event could overwhelm our public health capabilities, potentially causing an untold number of deaths. The economic cost could exceed \$1 trillion for each such incident.”

### **But We Still Have a Distance To Go**

Despite this warning and despite the steady progress made since 2001, we have a long way to go. We do not have a public health workforce sufficient for recognizing or managing lethal infectious disease outbreaks: the U.S. public health workforce has been thinned substantially in the past few years as state and local budgets have been cut. Our burdensome laboratory security regimen is inadvertently creating barriers to progress in basic scientific research. We still have far too few of the medicines and vaccines we may need because the advanced development process has been slow and underfunded. Even if we had sufficient medical countermeasures, we do not have plans and reliable means to distribute them to people in the time needed to make a difference. Our hospitals do not yet have all the tools or plans they would need to take care of patients in a large infectious disease emergency. If there were not enough of a medicine or vaccine to go around, we do not yet have a plan for deciding who gets prioritized for treatment. In the event of a wide-area bioterror attack, there is uncertainty regarding how to conduct major decontamination efforts and whether mass evacuation should occur.

### **Renewed and Steady Determination**

The reality now is that biosecurity is no longer benefiting from the collective, intense interest of political leaders or the funding commitments that followed the 2001 anthrax attacks. With the passage of time, the initial sense of urgency in efforts to shore up the nation’s biosecurity has waned, even as it is increasingly understood that advances in the biosciences over the past decade make biological weapons ever more accessible and technically feasible, and even with evidence that terrorist groups are interested in acquiring and using them.<sup>2,3</sup>

Immediate priorities of government have crowded out concern about biothreats over time. It is always a challenge in a democracy to plan for high-consequence, uncommon crises, and biosecurity is the archetype of this phenomenon. But there is no use in bemoaning this situation. At this crossroads of biosecurity on the tenth anniversary of the 2001 anthrax attacks, the biosecurity community (including both government and nongovernment leaders) should not accept the road of diminishing capacity, benign neglect, or gradually lowered expectations about the level of biosecurity that is achievable. We need to commit to tackling the nation’s biosecurity challenges in real and tangible ways during the decade ahead.

### **Suggestions for the Road Ahead**

This compendium offers a series of pragmatic suggestions and goals that, if achieved, will move the nation forward on the road to biosecurity. The commentaries that follow offer specific recommendations regarding healthcare preparedness, community resilience, biosurveillance, laboratory security, and post-event remediation. To start, there are a number of proposed changes set forth below that, if made, would position the U.S. government to achieve more steady and efficient progress in the years ahead.

### **Stabilize and Prioritize Preparedness Investments**

Proposed cuts this year include a reduction of more than \$100 million or 15% to CDC preparedness grant funding, more than \$40 million or 10% in cuts to hospital preparedness funding, and reductions of 35% to already limited EPA budgets for decontamination—cuts that will reduce funding for these 3 programs to their lowest levels since 2002.<sup>4</sup> There has been little political penalty for cutting public health, hospital, and emergency preparedness investments. Leaders and the public should recognize that the great majority of the federal resources in these programs are used to protect people at home in states and cities. It is profoundly unwise to drop preparedness programs that have been built with federal investment and have been successful, but which will degrade without such support.

### **Increase Clarity and Transparency**

We need greater clarity about the government's medical countermeasure needs and decision-making processes. What diagnostics, medicines, and vaccines does the U.S. government now seek for the nation's pharmaceutical stockpile? It has been more than 4 years since HHS, in its PHEMCE Implementation Plan for Chemical, Biological, Radiological and Nuclear Threats, provided a list of its near-term (FY07-08), mid-term (FY09-13), and long-term (FY14-23) goals for research, development, and acquisition of medical countermeasures. It is unclear whether the April 2007 list reflects current HHS priority requirements. Increased clarity in this area would improve the interaction between the government and private industry and allow assessment of overall progress. In addition, when decisions are made to purchase one or another vaccine or medicine, a detailed public rationale should be provided that explains the choice of medicine purchased, justifies the quantities, and explains how that countermeasure will be used operationally in time of crisis. This added level of transparency will help shield the process from undue political influence and will help the broader biosecurity community understand the tools at hand and how best to use them in the event of a crisis.

### **Build Congressional Expertise**

In the words of the White House National Security Council, bioterrorism could place at risk the lives of hundreds of thousands of people. We believe there should be more energy directed toward biosecurity on the Hill. Just as there have been a number of Congressional members and staff who were nuclear specialists and were valued by the rest of the government for this expertise, there should be informed and committed staff members with specialized knowledge of biological threats. Right now, there are a few serious, expert, and effective Congressional leaders, but far too few for an issue of this potential consequence. Without attention to and deep knowledge about biosecurity programs, oversight has devolved too often into parochial interests.

### **Restore Responsible Budgeting**

The recent changes in the way the federal budgeting process works has undermined important programs. Within the federal agencies, long-term program planning is nearly impossible when every year is funded via a continuing resolution. New priorities cannot be established, and course corrections are difficult to make. Exacerbating the effects of continuing resolutions is the recent mid-year slashing of agency funding. How are agency leaders supposed to manage programs with the constraints of such a system? And how is the private sector supposed to interact with a government that runs like this? The U.S. government should reestablish a clear, sensible, and predictable budget process.

### **Continue to Engage Civil Society**

In the aftermath of an attack with a biological agent, or in the midst of a pandemic response, nongovernmental institutions and organizations will be crucial in determining the ultimate outcomes of those events. Government preparedness efforts have been far more inclusive of civil society over the years, with greater emphasis on resilience and involving the whole of the community. Both CDC and FEMA are providing communities with detailed guidelines for building broad coalitions for epidemic and disaster management, and this advice is welcome. What we need now is for leaders to step up and commit the personnel and resources needed to create and sustain these partnerships.

### **Stay Focused on the End Goals**

Sometimes the details of building a government program obscure its larger purpose and the broader context. It is important to recall what we are seeking to achieve in biosecurity: the prevention of sudden large-scale deliberate or natural disease threats and, failing prevention, the capacity to save large numbers of lives and diminish the consequences of such events. This is honorable and critical work of government and its private sector partners. It is work to improve our country's public health system and our national security. So when the barriers seem too high to overcome, and the easier path would be to stall out or avoid the challenges ahead, we need to remember why we are doing this work and press

ahead.

### **Steps to Strengthen U.S. Preparedness**

It is useful to recall the very real and urgent problems that our nation faced in the days and weeks following the 2001 attacks. In his commentary that follows, D. A. Henderson reflects on the anthrax crisis, recounts his experiences at HHS during that time and the programs that were launched in response, and identifies several important goals not yet achieved. In their commentaries, our other Center for Biosecurity colleagues provide a number of concrete recommendations to improve the country's ability to prepare for, respond to, and recover from major biological events. Their suggestions embrace a wide range of imperatives that stress the need for sustained efforts to build hospital and healthcare system preparedness, create strong U.S. biosurveillance capacity, plan for wide-area decontamination, work through practical and legal issues related to crisis standards of care, implement prudent laboratory security, and build community resilience. Many of the suggestions offered would cost relatively little but would result in substantial improvements in biosecurity. All of the goals are conceivably within reach in the years ahead. At this crossroad, they would help us move in the right direction— toward biosecurity.

### **Achievable Goals Within Reach**

Ten years later, we certainly know more about anthrax remediation than we did in 2001, but we still have critical knowledge gaps that are limiting our preparedness. Now, we need to cross the finish line by actively seeking the answers to those questions and using that scientific knowledge to inform sensible policy and planning. The collective result of implementing the 4 measures detailed above would be a substantial reduction in the time and resources needed to remediate a city after a wide-scale anthrax attack. But that result depends on all 4: we need the science to develop attainable, safe, and sufficient standards; we need laboratory capacity to ascertain the effects of an attack and cleanup; we need the involvement of private sector partners to make remediation feasible; and we need vaccination plans to protect the public and buy the time needed to decontaminate to a safe level. All of these goals are achievable and within our reach ([Center for Biosecurity of UPMC, 2011](#)).



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**Title:** Bioterrorism And Biocrimes: The Illicit Use Of Biological Agents Since 1900

**Date:** August, 1998

**Source:** [Center for Counterproliferation Research](#)

**Abstract:** During the past five years, the threat of bioterrorism has become a subject of widespread concern. Journalists, academics, and policy analysts have considered the subject, and in most cases found much to alarm them. Most significantly, it has captured the attention of policy makers at all levels of government in the United States. Unfortunately, bioterrorism remains a poorly understood subject. Many policymakers and policy analysts present apocalyptic visions of the threat, contending that it is only a matter of time before some terrorist uses biological agents to cause mass casualties. In contrast, other analysts argue that the empirical record provides no basis for concern, and thus largely dismiss the potential threat. Neither approach is helpful. Imagining catastrophic threats inevitably leads to a requirement for impossibly large response capabilities. In contrast, denying the potential danger altogether leads to the kind of tunnel vision that led U.S. intelligence officials to totally ignore the emergence of Aum Shinrikyo in Japan, despite its overtly hostile attitude towards the United States.

This study takes an intermediate course. It provides empirical evidence to support the views of those who argue that biological agents are difficult to use. It also provides abundant evidence that some people have desired to inflict mass casualties on innocent populations through employment of biological agents. Fortunately, these accounts also suggest that such people lacked the capability to follow through with their plans. The research also casts considerable doubt on our ability to predict which biological agents a perpetrator might employ. While some analysts assume that terrorists will use those agents that proved of most interest to state weapons programs, bioterrorists and biocriminals have acquired and used agents of little or no value as weapons of war. Ultimately, the evidence supports the view that bioterrorism is a low probability, potentially high consequence event ([Center for Counterproliferation Research, 1998](#)).

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**Title:** Biological Terrorism In The United States: Threat Preparedness And Response: Final Report

**Date:** November, 2000

**Source:** [Chemical and Biological Arms Control Institute](#)

**Abstract:** Over the last several years, a confluence of events – the World Trade Center bombing, the Tokyo subway sarin gas attack by the Aum Shinrikyo, and the bombing of the Murrah Federal Building in Oklahoma City – focused attention on the growing threat of terrorist use of chemical, biological, radiological, or nuclear (CBRN) weapons in the United States. These developments gave rise to a set of perceptions – among policy makers and the public alike – that the United States is vulnerable to terrorist attack; that such attacks could entail the use of CBRN weapons; and that the United States has not been well prepared to deal effectively with such a challenge. Biological terrorism differs from other types of CBRN terrorism in that it would impose particularly heavy demands on the nation's public health and health care systems. Although a chemical attack would also tax these systems, bioterrorism would impose especially stressful burdens. Yet, that same public health system is the crucial factor in an effective response.

A highly effective public health system should make an important contribution to deterring the threat by demonstrably diminishing the gains of a potential attack. It also constitutes the "first line of defense" in the event deterrence or prevention fails. Ultimately, it will be the public health system that will be called on to mitigate and ameliorate the consequences of a terrorist attack using biological weapons. A number of programs are underway to improve the health and medical dimensions of the national response to the threat of bioterrorism. Uncertainty exists, however, as to whether current programs are those that are most needed or whether they are being implemented in the most effective way possible. This uncertainty exists because to date there have been insufficient means to judge the efficacy of existing programs. This lack of criteria is the product of not having an analytic framework that establishes national requirements for an effective response derived from a comprehensive threat assessment. The development and application of a strategic framework is urgently needed. Making a contribution to the development of that framework is the purpose of this project.

## Conclusions & Recommendations

This Part offers conclusions and recommendations based on the assessment of the bioterrorism threat and its relationship to the function and organization of preparedness and response efforts. In addition to the specific recommendations related to each of the functional areas discussed in Section I of Part III, this discussion formulates a series of general recommendations on the HHS's and CDC's bioterrorism preparedness program based on how the nature of the threat shapes each function in an integrated bioterrorism detection, assessment, and response system.

For a number of reasons, including technical difficulties and motivational issues, a catastrophic bioterrorism event is not the most likely contingency U.S. officials and the American people will confront. The number of technical pathways available for achieving a catastrophic bioterrorism incident is limited.

The technical pathways for producing a low to mid-range bioterrorism incident, however, are more numerous, less technically challenging, and fit better within the motivations and constraints of more traditional concepts of terrorism. Figure 3 shows a graphic representation. At the top of the pyramid rests the narrow set of high-consequence, low-probability bioterrorism attacks. Moving down the pyramid, the likelihood of attack increases, the severity of consequences decreases, and the number of technical pathways increases.

This threat analysis shapes the nature of the public health and medical response at a number of key points. The first issue is which segment of the pyramid is the basis for HHS and CDC planning and preparedness. Today, the answer seems to be the top section in which the driving factor is the potential of some agents to create catastrophic casualties even though such scenarios are less probable than other types of incidents. It is assumed that preparing for the high-end attacks provides a capability to respond to the middle and low range attacks. But in certain areas, this assumption does not necessarily hold true.

### Examples include:

1. Providing doctors and nurses with only the training to recognize and treat the list of top three or four agents defined by their casualty potential;
2. Conducting training, and providing protocols and reagents for a limited set of threat agents to laboratories;
3. Developing the National Pharmaceutical Stockpile based on the treatment and prophylaxis requirements for a large-scale attack using the most lethal agents, including large expenditures of resources on stockpiling large quantities of smallpox vaccine; and
4. Drafting local-area response plans with a focus on massive response capability with little attention provided to responding to low or middle range attacks.

Focusing planning and preparedness on the set of high-end attack scenarios may simplify planning and preparedness efforts by narrowing the range of types of scenarios against which a capability should be developing. But, as the examples listed above begin to demonstrate, preparing for the high-end attacks provides some level of preparedness against a narrow set of contingencies at the risk of being unprepared for the most likely scenarios, or inappropriately responding to a low or middle range incident in a massive fashion. Such a response could produce the severe social disruption and psychological impact many terrorists look to achieve. The low probability of "catastrophic" bioterrorist events, however, is no reason for complacency. Events that produce lower levels of casualties, which are far more likely, will also stress response systems severely, particularly at the local level. Moreover, the psychological impact of any attack is hard to estimate, and it could be profound.

### The Need for Flexibility

This analysis suggests that HHS and CDC must shift their planning assumptions from an emphasis on preparedness for the narrow set of high-end bioterrorism incidents to preparedness for the wider array of low and middle-range attacks while hedging against the possibility of a high-end attack. This shift in

emphasis entails improving the nation's public health and medical system in such a way as to promote robust awareness and assessment tools as well as flexibility within the response system. Robust awareness capabilities will increase the likelihood of early detection; effective assessment tools allow for proper characterization of the event; and flexibility gives the system the ability to react to incidents according to their actual nature. Emphasizing flexibility imposes the need to alter planning and programmatic activities in a number of areas. Greater emphasis, for example, should be placed on developing response systems that are flexible and scalable according to the nature of the agent utilized and the number of people affected. Scalable response capability provides the ability to tailor the type and size of response to the type and size of attack. Importantly, increased flexibility and scalability allows the response to change over time as the event unfolds.

Improving flexibility and scalability requires execution of a number of specific planning and preparedness initiatives. Local and federal response plans should take a tiered approach that links a range of casualty figures with certain actions. Specific response capabilities should also be constructed along the basis of this tiered approach. Local response capabilities should be bolstered to be capable of responding to a certain level of casualties with a combination of regular treatment capabilities and the establishment of secondary treatment mechanisms when regular capabilities become overwhelmed. Flexibility and scalability should also be built into state and federal assistance capabilities for those incidents that overwhelm local capacity require additional assistance.

Increasing flexibility increases the demand for effective detection and assessment tools. Such robust tools facilitate early and effective intervention. Early detection and intervention decreases the burden placed on response capabilities by increasing the effectiveness of prophylaxis while simultaneously decreasing treatment requirements. Robust assessment tools provide the ability to tailor the response to the incident by identifying the agent utilized and the group of people who are likely to have been affected by the incident. Without these tools, it is impossible to assess the nature of a bioterrorism incident and impossible to calibrate the response to the attack. In situations in which detection and assessment capabilities are weak, all bioterrorism incidents are likely to be treated as high consequence incidents if they are detected at all to eliminate the possibility of some potential victims having not been provided with appropriate care.

Promoting flexibility and scalability will enhance the ability to deal with tensions inherent in the current system between the need to initiate treatment and prophylaxis as quickly as possible and the need to know the nature and extent of an attack before mobilizing a massive response. Thresholds need to be built into the bioterrorism response system to avoid a massive response to a limited, localized incident, especially given that the most likely bioterrorist contingencies are likely to produce casualty levels that do not require mass prophylaxis or treatment. Because a smaller-scale bioterrorism attack may be indistinguishable from a largescale attack early on, however, giving priority to assessment tools is essential to determining the scope of a bioterrorism attack to guide a response that is proportional. Without these tools, officials will be prone in an atmosphere of uncertainty to initiate mass prophylaxis just to be on safe side.

A three-part response system might be contemplated to achieve flexibility and scalability. The first inclination of a suspicious outbreak should trigger an initial response phase and should alert hospitals and physicians and other response personnel, require doctors to take culture samples, seek laboratory diagnosis, and notify the appropriate federal, state, and local authorities. It should also mobilize all available assessment tools, including federal assessment assets, to characterize the nature of the attack and identify available medical resources. A mobilization response may be needed when larger numbers (approaching 100 or more) of patients present, or when awareness and assessment tools indicate that an attack was fairly substantial. At this point, medical resources may need to be transported to care facilities that are receiving the bulk of patients and limited prophylaxis and treatment options may be exercised in localized areas where the attack is suspected. A large-scale response should be initiated when it becomes apparent that the attack is widespread. Considering the current nature of the bioterrorism threat, staggered response thresholds are necessary to ensure that the system does not overreact to what is most likely to be a lower-impact attack.

Another example of improving flexibility and scalability is the design of the National Pharmaceutical Stockpile. The eight push packages are uniform in size, contents, and design. In lower-consequence, higher-probability incidents, the whole push package will be deployed, but it is unlikely that everything, or even most things in it will be needed. The resulting waste is not only expensive but could leave the country open to additional attacks. One approach would be to make the individual packages more modular, allowing them to be tailored to the type of incident, but this may increase deployment times to unacceptable levels. The other approach is to maintain uniformity among the packages, but further subdivide them into a larger number of smaller packages. This approach could increase the scalability of the amount of medicines and equipment deployed to an incident while decreasing transit time.

### **The Importance of Information and Communication**

Flexibility depends in large measure upon providing the right people with the right information at the right time. A robust information infrastructure underpins all of the components of an effective response system. Surveillance, epidemiology, and laboratory capacity depend on information infrastructure both in terms of capacity building -- training, networking, sharing ideas and lessons learned, and development and exchange of procedural guidelines -- and day-to-day execution. Coordinating the providers, materials, and recipients during the response to a bioterrorism incident requires robust information and communication infrastructure. Importantly, integrating detection, assessment, and response components into a system depends on developing the necessary social and technological information infrastructure to provide accurate information in a timely manner. Tightening the integration between the detection, assessment, and response will increase the system's capability to detect and assess bioterrorism incidents and then calibrate the response according to the assessment.

### **The Value of Public-Private Partnerships**

Accomplishing many of these objectives will require cooperation between the public and private sectors. There are key preparedness activities in which the private sector should play a role, but other preparedness activities should not burden the private sector, especially those that are only relevant in the event of a massive response to a large-scale attack. At present, the threat of a large-scale attack is low, and asking the private sector to assist in preparing massive distribution plans for medications or to maintain unnecessary surge capacities for this contingency is unreasonable.

On the other hand, there are key preparedness activities from which the participation of the private sector would greatly benefit. Surveillance is one area in which the private sector should become more involved. Health Maintenance Organizations should be encouraged to permit physicians to request laboratory culture analyses on a more routine basis, but HMO's cannot be expected to pay for hospitals to maintain surge capacities to absorb casualties from a large-scale bioterrorist attack. Likewise, private laboratories and hospitals, work places, pharmacies, etc. have a wealth of data to provide a surveillance system, and the more data sources that are integrated into the surveillance system, the better public health awareness will be. Given that surveillance is critical for providing the overarching response system with awareness, private sector participation in surveilling should be encouraged over participation in response measures that will only apply in a mass casualty attack.

It is these types of measures, the kinds that are flexible and relevant for dealing with the range of bioterrorist contingencies as well as natural outbreaks, that must be emphasized when building preparedness, at least initially. Having a massive capability to respond to a bioterrorist attack is not as useful at the present time as having a less robust response capability but good awareness and assessment tools that can detect an outbreak early, characterize it, and guide the response system effectively.

The time frame over which preparedness efforts are made is important to keep in mind. Not everything can be done immediately. The key question is what is given priority today and, as improvements in key sectors are made, what shifts in priorities can be contemplated. In essence, emphasis must be placed at the outset on building the "front-end" of the bioterrorism response system. As those capabilities are enhanced, efforts can then begin to focus more intensively on other capabilities, such as treatment

requirements.

Achieving a robust health and medical response capability will require the successful exploitation of all available information and tools. One item in this regard is the DoJ needs assessment.<sup>1</sup> The data provided by the assessment is extremely comprehensive and could be very valuable as a tool for state public health departments to identify gaps in public health and medical preparedness and direct resources to their most efficient possible use. In addition, the data should be used as the basis for establishing more concrete cooperative agreements between public and private sector entities to aid one another in responding to a bioterrorist attack.

At the federal level, data from the assessments should be used not only as a tool for determining the best allocation of resources to build bioterrorism preparedness, but also to raise awareness about the degree to which the nation's public health system has been degraded. Given a growing interest in public health on Capitol Hill, in particular the Frist-Kennedy sponsored Public Health Threats and Emergencies Act of 2000, the DoJ survey may give lawmakers some ammunition to reinvigorate public health capacity across the board. Therefore, it is important that the public health community, primarily HHS or CDC, have a central role in analyzing the public health and medical data compiled by the survey to ensure its accurate and credible interpretation.

Having identified the public health and medical requirements for responding to bioterrorism, HHS and CDC must elaborate a viable strategy – especially an “urban strategy” – for building public health and medical capacities for meeting the bioterrorism challenge. Given the nature of today's threat, a bioterrorist attack is likely to be a limited event for which local authorities will have primary operational responsibilities. Therefore, a strategy should take a “bottom up” approach that recognizes that the federal role in responding to a bioterrorist attack.

The DoJ needs assessment is a questionnaire provided to public safety and state public health departments to compile baseline data on local capacity for responding to bioterrorism. will depend on the severity of the attack, and for this reason the delineation between local, state, and federal responsibilities should be clear. The strategy should, above all, articulate how priorities and programs will be integrated into a holistic system in support of public health and tie capacity building to a timeline for achieving these objectives ([Chemical and Biological Arms Control Institute, 2000](#)).

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**Title:** Small-Scale Terrorist Attacks Using Chemical And Biological Agents

**Date:** May 20, 2004

**Source:** [CRS Report for Congress](#)

**Abstract:** This report addresses the potential terrorist use of C/B agents, including toxins. The focus of this report is on small-scale, targeted chemical and biological attacks. In this framework, manufacture and dissemination of modest amounts of material, able to cause significant casualties in a building, subway station or other enclosed space, rather than on a citywide scale, are discussed.

This approach attempts to analyze the threat posed by various agents if used by small, non-state-sponsored terrorist groups that may lack the technology, expertise, or logistical capability to mount a large mass-casualty attack....In order to compare the impact of different C/B agents, the target is assumed to be the same in each case: a medium-sized enclosed space, such as an office building or subway station...Other experts have cited historical natural outbreaks on public transportation, such as trains, as evidence that individuals with diseases in the contagious stage have been able to travel and infect others ([CRS Report for Congress, 2004](#)).

**Title:** Federal Efforts To Address The Threat of Bioterrorism: Selected Issues For Congress

**Date:** March 18, 2010

**Source:** [U.S. Congress](#)

**Abstract:** Recent reports by congressional commissions and others, in combination with the inclusion of bioterrorism issues in President Obama's State of the Union address, have increased congressional attention to the threat of bioterrorism. Federal efforts to combat the threat of bioterrorism predate the anthrax attacks of 2001, but have significantly increased since then. These efforts have been developed as part of and in parallel with other defenses against conventional terrorism. The continued attempts by terrorist groups to launch attacks targeted at U.S. citizens have increased concerns that federal counterterrorism activities are insufficient to face the threat.

The federal government's efforts to address the perceived threat of bioterrorism span many different



agencies and are organized and directed through several strategy and planning documents. These agencies have implemented numerous disparate actions and programs in their statutory areas to address the threat.

Despite these efforts, many experts, including congressional commissions, non-governmental organizations, and industry representatives, have highlighted weaknesses or flaws in the federal government's biodefense activities. Recent reports by congressional commissions have stated that the federal government's efforts to address the bioterrorism threat could be significantly improved.

Key questions face congressional policymakers in these areas: Are the efforts already underway sufficient to face the threat of bioterrorism? Have the federal investments to date met the expectations of Congress or other stakeholders? Should these existing programs be altered, augmented, or terminated in the current environment of fiscal challenge? What is the appropriate federal role in response to the threat of bioterrorism, and what mechanisms are most appropriate for involving other stakeholders, including state and local jurisdictions, industry, and others? Congressional oversight of bioterrorism crosses the jurisdiction of many congressional committees. As a result, such oversight is often issue-based. Because of the diversity of federal biodefense efforts, a complete view of the complete federal bioterrorism effort is beyond the scope of this report. Instead, this report focuses on four areas critical to the success of the biodefense enterprise that the 111th Congress is likely to consider: strategic planning; risk assessment; surveillance; and the development, procurement, and distribution of medical countermeasures.

Congress, through authorizing and appropriations legislation and its oversight activities, continues to influence the federal response to the bioterrorism threat. Congressional policymakers will likely be faced with many difficult choices about the priority of maintaining, shrinking, or expanding existing programs versus creating new programs to address identified deficiencies. Augmenting such programs may incur additional costs in a time of fiscal challenges while maintaining or shrinking such programs may be deemed as incurring unacceptable risks, given the potential for significant casualties and economic effects from a large-scale bioterror attack ([U.S. Congress, 2010](#)).

**Title:** Federal Efforts To Address The Threat Of Bioterrorism: Selected Issues For Congress

**Date:** August 6, 2010

**Source:** [U.S. Congress](#)

**Abstract:** Recent reports by congressional commissions and others, the inclusion of bioterrorism issues in President Obama's State of the Union address, and issuance of executive orders have increased congressional attention to the threat of bioterrorism. Federal efforts to combat the threat of bioterrorism predate the anthrax attacks of 2001 but have significantly increased since then. The U.S. government has developed these efforts as part of and in parallel with other defenses against conventional terrorism. The continued attempts by terrorist groups to launch attacks targeted at U.S. citizens have increased concerns that federal counterterrorism activities insufficiently address the threat.

Several strategy and planning documents direct the federal government's biodefense efforts. Many different agencies have a role. These agencies have implemented numerous disparate actions and programs in their statutory areas to address the threat. Despite these efforts, many experts, including congressional commissions, non-governmental organizations, and industry representatives, have highlighted weaknesses or flaws in the federal government's biodefense activities. Recent reports by congressional commissions have stated that the federal government could significantly improve its efforts to address the bioterrorism threat.

Key questions face congressional policymakers: How sufficiently do the efforts already underway address the threat of bioterrorism? Have the federal investments to date met the expectations of Congress or other stakeholders? Should Congress alter, augment, or terminate these existing programs in the current environment of fiscal challenge? What is the appropriate federal role in response to the threat of bioterrorism, and what mechanisms are most appropriate for involving other stakeholders, including state and local jurisdictions, industry, and others?

Congressional oversight of bioterrorism crosses the jurisdiction of many congressional committees. As a result, congressional oversight is often issue-based. Because of the diversity of federal biodefense efforts, this report does not provide a complete view of the federal bioterrorism effort. Instead, this report focuses on four areas under congressional consideration deemed critical to the success of the biodefense enterprise: strategic planning; risk assessment; surveillance; and the development, procurement, and distribution of medical countermeasures.

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**Title:** Federal Efforts To Address The Threat Of Bioterrorism: Selected Issues And Options For Congress

**Date:** February 8, 2011

**Source:** [U.S. Congress](#)

**Abstract:** Reports by congressional commissions, the mention of bioterrorism in President Obama's 2010 State of the Union address, and issuance of executive orders have increased congressional attention to the threat of bioterrorism. Federal efforts to combat the threat of bioterrorism predate the anthrax attacks of 2001 but have significantly increased since then. The U.S. government has developed these efforts as part of and in parallel with other defenses against conventional terrorism. Continued attempts by terrorist groups to launch attacks targeted at U.S. citizens have increased concerns that federal counterterrorism activities insufficiently address the threat.

Key questions face congressional policymakers: How adequately do the efforts already under way address the threat of bioterrorism? Have the federal investments to date met the expectations of Congress and other stakeholders? Should Congress alter, augment, or terminate these existing programs in the current environment of fiscal challenge? What is the appropriate federal role in response to the threat of bioterrorism, and what mechanisms are most appropriate for involving other stakeholders, including state and local jurisdictions, industry, and others? Several strategy and planning documents direct the federal government's biodefense efforts. Many different agencies have a role. These agencies have implemented numerous disparate actions and programs in their statutory areas to address the threat.

Despite these efforts, congressional commissions, nongovernmental organizations, industry representatives, and other experts have highlighted weaknesses or flaws in the federal government's biodefense activities. Reports by congressional commissions have stated that the federal government could significantly improve its efforts to address the bioterrorism threat. Congressional oversight of bioterrorism crosses the jurisdiction of many congressional committees. As a result, congressional oversight is often issue-based. Because of the diversity of federal biodefense efforts, this report does not provide a complete view of the federal bioterrorism effort. Instead, this report focuses on four areas under congressional consideration deemed critical to the success of the biodefense enterprise: strategic planning; risk assessment; surveillance; and the development, procurement, and distribution of medical countermeasures.

Congress, through authorizing and appropriations legislation and oversight activities, continues to influence the federal response to the bioterrorism threat. Congressional policymakers may face many difficult choices about the priority of maintaining, shrinking, or expanding existing programs or creating new programs to address identified deficiencies. Augmenting or creating programs may result in additional costs in a time of fiscal challenges. Maintaining or shrinking programs may pose unacceptable risks, given the potential for significant casualties and economic effects from a large-scale bioterror attack ([U.S. Congress, 2011](#)).

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**Title:** Bioterrorism: The Centers For Disease Control And Prevention's Role In Public Health Protection

**Date:** November 15, 2001

**Source:** [GAO \(General Accounting Office\)](#)

**Abstract:** Although many aspects of an effective response to bioterrorism are the same as those for any form of terrorism, there are some unique features. For example, if a biological agent is released covertly, it may not be recognized for a week or more because symptoms may not appear for several days after the initial exposure and may be misdiagnosed at first. In addition, some biological agents, such as smallpox, are communicable and can spread to others who were not initially exposed. These characteristics require responses that are unique to bioterrorism, including health surveillance,<sup>6</sup> epidemiologic investigation,<sup>7</sup> laboratory identification of biological agents, and distribution of antibiotics to large segments of the population to prevent the spread of an infectious disease. However, some aspects of an effective response to bioterrorism are also important in responding to any type of large-scale disaster, such as providing emergency medical services, continuing health care services delivery, and, potentially, managing mass fatalities.

The burden of responding to bioterrorist incidents falls initially on personnel in state and local emergency response agencies. These "first responders" include firefighters, emergency medical service personnel, law enforcement officers, public health officials, health care workers (including doctors, nurses, and other medical professionals), and public works personnel. If the emergency requires federal disaster assistance, federal departments and agencies will respond according to responsibilities outlined in the Federal Response Plan. Under the Federal Response Plan, CDC is the lead Department of Health and Human Services (HHS) agency providing assistance to state and local governments for five functions: (1) health surveillance, (2) worker health and safety, (3) radiological, chemical, and biological hazard consultation, (4) public health information, and (5) vector control ([GAO, 2001](#)).

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**Title:** The Threat Of Bioterrorism

**Date:** September 1997

**Source:** [Institute for National Strategic Studies](#)

**Abstract:** A review of past incidents suggests limited interest on the part of terrorist groups in biological agents. While some have explored biological weapons as a potential terrorist tool, only a handful have attempted to acquire agents, and even fewer have attempted to use them.

Yet, there is strong reason to worry that bioterrorism could become a much greater threat. An increasing number of groups-foreign and domestic-are adopting the tactic of inflicting mass casualties to achieve ideological, vengeful, or "religious" goals, often hard to understand. Biological weapons are well suited for their objectives. Moreover, terrorist groups could employ biological agents to incapacitate, rather than kill. Such agents are also potentially useful as instruments of extortion, for political or monetary gain.

The greater availability of expertise and resources at the command of terrorist groups could overcome past technological barriers to effectively dispersing biological agents, especially if the terrorists gain access to the expertise of a state-sponsored biological warfare program. An attack involving anthrax, for example, could kill tens or hundreds of thousands, if the agent were properly prepared and disseminated.

In the United States there is growing concern that terrorists will employ biological agents. Law enforcement officials have arrested individuals associated with white supremacist and militia groups for acquiring biological agents. As a consequence of this heightened awareness, the U. S . is improving its ability to respond to biological attacks on American population centers. Both the legislative and executive branches are working to strengthen the federal, state, and local capabilities in the areas of crises and consequence management. Yet, much more will need to be done if we are minimize the potential casualties from a bioterrorist attack ([Institute for National Strategic Studies, 1997](#)).

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**Title:** The Nature of the Bioterrorism Threat

**Date:** February 23, 2003

**Source:** [Institute for Science and Public Policy](#)

**Abstract:** The shocking events of September 11, 2001, and the deliberate release of anthrax spores that occurred shortly thereafter have increased awareness of the dangers of terrorist attacks. Of all the actions that could be undertaken by terrorists, perhaps none has more potential for causing massive civilian casualties through asymmetric warfare than does the use of biological agents.

Although most microorganisms that cause disease or produce toxins (i.e., viruses, bacteria, fungal spores, and toxins) may be used as biological weapons, some are more likely candidates for use in bioterrorism incidents because they are extremely infectious and exhibit high mortality or debilitating morbidity rates. Moreover, given the likelihood of delay in diagnosing some diseases caused by deliberate exposure, biological agents are a potent weapon in the hands of terrorists (1 - 4).

The growing threat of bioterrorism is based on four key and disturbing facts. First, the number of nations and groups possessing or seeking to acquire a biological agent capability is increasing. Second, biological agents with increasing lethality are possible with genetic engineering.

Third, detection of biological agent development is difficult because much of the technology has legitimate dual-use applications in medicine and agriculture. And, unlike chemical or radiological/nuclear events, detection of a biological release may be delayed for days until individuals first display symptoms which are diagnosed accurately. Forth, and perhaps most troubling, bioterrorism has happen in the United States.

Computer modeling and field exercises have become the primary tools for simulating terrorist incidents and analyzing the consequences of terrorist attacks in order to evaluate options for minimizing casualties. This analysis provides an overview of the threat bioterrorism poses by identifying potential biological agents and describing sources of known vulnerability. The paper also summarizes S&T resources/needs and assesses response options for achieving effective biodefense ([Institute for Science and Public Policy, 2003](#)).



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**Title:** Bioterrorism As A Public Health Threat

**Date:** July - September 1998

**Source:** [Emerging Infectious Diseases](#) (PDF)

**Abstract:** The threat of bioterrorism, long ignored and denied, has heightened over the past few years. Recent events in Iraq, Japan, and Russia cast an ominous shadow. Two candidate agents are of special concern—smallpox and anthrax. The magnitude of the problems and the gravity of the scenarios associated with release of these organisms have been vividly portrayed by two epidemics of smallpox in Europe during the 1970s and by an accidental release of aerosolized anthrax from a Russian bioweapons facility in 1979. Efforts in the United States to deal with possible incidents involving bioweapons in the civilian sector have only recently begun and have made only limited progress. Only with substantial additional resources at the federal, state, and local levels can a credible and meaningful response be mounted. For longer-term solutions, the medical community must educate both the public and policy makers about bioterrorism and build a global consensus condemning its use ([Emerging Infectious Diseases, 1998](#)).

**Title:** The Threat of Bioterrorism And The Public Health Response: Summary Of The John Hopkins National Symposium On Medical And Public Health Response To Bioterrorism

**Date:** 1999

**Source:** [John Hopkins University](#) (PDF)

**Title:** The Looming Threat Of Bioterrorism

**Date:** October 8, 2008

**Source:** [Johns Hopkins University](#) (PDF)

**Abstract:** Biological weapons have recently attracted the attention and the resources of the nation. Discerning the nature of the threat of bioweapons as well as appropriate responses to them requires greater attention to the biological characteristics of these instruments of war and terror. The dominant paradigm of a weapon as a nuclear device that explodes or a chemical cloud that is set adrift leaves us ill-equipped conceptually and practically to assess and thus to prevent the potentially devastating effects of



bioterrorism. Strengthening the public health and infectious disease infrastructure is an effective step toward averting the suffering that could be wrought by a terrorists use of a biological agents ([Johns Hopkins University, 2008](#)).

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**Title:** Bioterrorism: Threat And Preparedness

**Date:** Spring 2002

**Source:** [National Academy of Engineering](#)

**Abstract:** Policy makers and scientists must assess the probability of threats as well as the amount of damage they might do.

Prior to the anthrax mailings that followed the terrorist attacks of September 11, much of the criticism about planning and preparedness for bioterrorism attacks had been focused on the mismatch between the assessments of the threat and the size and structure of the planned response. Many analysts had criticized plans for overemphasizing worst-case scenarios and underemphasizing more probable middle- and low-casualty attacks. Most worst-case scenarios involved the release of a military-style biological agent in aerosol form near an urban center; everyone exposed to the pathogen would become severely ill, and many would die; casualties would number in the tens or even hundreds of thousands. Scenarios involving contagious pathogens, such as smallpox or plague, were even more worrisome. Outbreaks involving such pathogens evolve over time, and unless appropriate measures are taken, the numbers infected and the size of the affected geographic area would expand exponentially.

The anthrax mailings were not the mass-casualty bioterrorism many had expected. Although the military-grade anthrax agent was highly sophisticated, it was delivered in a relatively unsophisticated way--through the mail system. As a result, there were relatively small, localized incidents that led to a limited number of illnesses and deaths. The incidents aroused significant fear and disruptions but not mass casualties. Based on these attacks, some analysts have suggested that terrorists would not be able to orchestrate mass-casualty attacks using biological weapons. Others have considered these attacks as demonstrations of terrorists' ability to acquire high-quality anthrax, thus crossing an important threshold.

Because those responsible for the mailings did acquire (whether they also manufactured the agent remains unclear) high-grade anthrax agent but did not disseminate a sufficient quantity to produce mass casualties, both arguments are correct.

The anthrax mailings brought to public attention a recurring problem in national security planning: expectations of future developments are often vastly different from what actually occurs. Therefore, rather than planning for a narrow range of least-likely, high-consequence contingencies or focusing only on additional mailborne anthrax attacks, we must plan for a variety of future incidents--including incidents that cause mass casualties and mass disruption. In fact, planning for a variety of more likely, middle- to low-casualty incidents, while simultaneously being prepared for low-probability, high-consequence incidents is perhaps the most significant challenge facing planners. The cornerstone of preparations for future bioterrorist incidents, regardless of their nature or scope, must be a national, but not necessarily federal, public health system capable of detecting, assessing, and responding to a broad variety of contingencies.

### **The Challenge**

Assessments of the bioterrorist threat are often either unfocused or narrowly focused on single factors. The mismatch between threat assessments and preparedness efforts can be explained partly by the failure of threat assessment methodologies to take into account all of the factors comprising the threat. Single-factor threat assessments, for example, focus either on the terrorists' motivations and objectives or on the hypothetical effects of a biological weapon, but they do not indicate which scenarios are plausible or their comparative likelihood. Consider, for example, a terrorist attack involving smallpox, which is often cited as the worst-case scenario for several reasons. First, smallpox is a highly contagious disease. Second, the population has little or no immunity to the disease. Third, even with large stockpiles of smallpox vaccine, given our highly mobile life style, it would be difficult to contain an outbreak.

We must, however, keep this threat in perspective. Despite the catastrophic effects of a smallpox attack, the probability of such an attack is extremely low, especially compared to the probability of other scenarios. First, smallpox as a naturally occurring disease has been eradicated. Second, the virus that causes smallpox is known to exist in only two high-security laboratories--one in Atlanta at the Centers for Disease Control and one at the Vector Laboratories in Siberia, Russia. Therefore, it would be extremely difficult for a terrorist to acquire the smallpox virus. Moreover, the effects of a smallpox attack would be uncontrollable and, therefore, could also affect the terrorists and their supporting constituencies. If we look at all of these factors, we must conclude that a smallpox attack is a potential contingency, even, perhaps, the most damaging potential contingency, but the probability of occurrence is very low. Nevertheless, smallpox has received the lion's share of attention and has drawn attention away from the wide range of other agents that could be used.

Rather than focusing on vulnerability to a particular organism or looking to history to determine what is to come, policy makers and scientists must recognize that the bioterrorist threat is not unidimensional. We must consider four key elements of the threat: the who (the actor), the what (the agent), the where (the target), and the how (the mode of attack). The impact of a bioterrorist attack will be determined by the interaction of these components. The more casualties bioterrorists seek to inflict, the more difficult it will be for them to assemble the necessary combination of these components. Thus, the level of risk declines as the level of desired casualties increases because the attack scenario becomes less likely.

For a number of reasons, including technical difficulties and the absence of motivation, a catastrophic bioterrorist event is not the most likely contingency. Only the release of a very contagious or very high-quality agent by a highly efficient dissemination technique could result in thousands or more casualties. In

reality, the number of pathways open to terrorists that would result in catastrophic numbers of casualties are few, and those that do exist are technically difficult. The number of technical pathways for producing a low- to mid-range bioterrorism incident are more numerous, less technically challenging, and more suited to the motivations and constraints of traditional concepts of terrorism. Figure 1 (see full version of this *Bridge* issue) is a graphic representation of the bioterrorism "threat envelope." As the pyramid illustrates, the higher one moves on the casualty axis, the lower the probability of occurrence and the number of viable options. Thus, the terrorist is left with relatively few, and very challenging, contingencies for inflicting mass casualties.

Despite the low probability of a catastrophic bioterrorist attack, there is still ample cause for concern. We do not know how "massive" an attack would have to be to overwhelm the response system, instill fear and panic, or cause serious political or economic fallout. Although many terrorists will not be interested in using biological weapons or will not be able to do so, two categories of nonstate actors--those with relationships with national governments and those outside the traditional scope of governmental scrutiny--warrant particular attention. The uncertainties surrounding bioterrorism will remain, and although terrorists have yet to demonstrate the sophistication required to carry out large-scale attacks with biological weapons, the World Trade Center and Pentagon attacks have shown a willingness to inflict mass casualties. Meanwhile, the rapid development of biotechnology and the diffusion of expertise in this field may lower the technical bar over time.

### **Preparedness**

To date, the driving factor in planning and preparedness has been meeting the threat of catastrophic casualties, without regard for its low probability. However, in our view, the relationship between the probability of occurrence and the consequences should be the basis for setting policy. Because financial resources are finite, policy makers will have to make difficult choices. Should the focus be on promoting preparedness for a single biological agent, or should we invest in measures that promote preparedness for a variety of agents and scenarios? Every dollar spent preparing for a specific agent, such as building stocks of smallpox or anthrax vaccine or purchasing antidote for botulinum toxin, is a dollar that cannot be spent on preparedness for other organisms. Given the variety of combinations among actors, agents, targets, and dissemination techniques, a public health system must be capable of rapidly and accurately detecting and assessing a large number of bioterrorism scenarios and addressing most contingencies. Rather than limiting planning and preparedness to a narrow range of catastrophic scenarios, planning should be based on developing the capability of effectively and efficiently responding to a variety of bioterrorist contingencies. In our judgment, the emphasis should be on building capacity in the public health system.

Many people assume that preparing for high-end attacks will also provide a capability of responding to middle- and low-range attacks. Consider, for example, the contents of the national pharmaceutical stockpile. In the wake of the recent anthrax attacks, the Centers for Disease Control plans to expand the national pharmaceutical stockpile and accelerate the procurement of vaccines. The bioterrorism preparedness budget currently being debated in Congress includes approximately \$509 million for the procurement of smallpox vaccine, enough to vaccinate nearly every U.S. citizen. Although focusing on such high-end attack scenarios simplifies planning and preparedness by narrowing the range of contingencies, it also introduces a substantial degree of risk that the public health and medical system will be unprepared for more likely, but less drastic contingencies. Furthermore, smallpox vaccine is useless against all other agents, including anthrax, botulinum toxin, tularemia, and brucellosis. Therefore, we run the risk of neglecting other measures that could be used to meet a wide range of contingencies. We must strike a better balance between hedging our defenses against high-end, mass-casualty events and building a "system of systems" capable of addressing both a wider range of bioterrorist contingencies and

natural outbreaks of infectious disease.

### **A System of Systems**

There is no silver bullet to meet the bioterrorist challenge. Preparedness cannot be focused on a single tool for addressing the problem but must be on a system of systems that integrates a broad range of activities. The nation's public health resources--surveillance systems, epidemiological expertise, and laboratory networks--must be integrated with health care, emergency management, law enforcement systems, and others, and all of these must be connected by a system for sharing information and communicating across sectors.

Bioterrorism differs from other types of mass-casualty terrorism (e.g., chemical, radiological, or nuclear terrorism) in that it would impose heavy demands on the public health and health care systems, which would be called upon to mitigate and ameliorate the consequences of an attack and to assist the law enforcement community in gathering criminal evidence. Thus, we must build medical management capacities--including stockpiles of vaccines, antibiotics, and other supplies and systems for rapidly distributing these materials--and a system connecting the "front-end" awareness and assessment capacities to the "back-end" of the bioterrorism response system. Without robust capabilities for early detection and rapid assessment, the response to an act of bioterrorism may be ineffective or too late. As the recent anthrax incidents have shown, awareness and assessment capacities, particularly epidemiological and laboratory capacities, can be quickly overwhelmed. These capabilities, which were critical in assessing the risk of anthrax exposure, were slow to complete an assessment of risk despite knowing that an attack had occurred. The nature of future bioterrorist attacks may not be as readily apparent as the anthrax mailings have been. More covert attacks would place additional strains on the public health system to detect the attack, diagnose the agent and illness, and determine the scope of exposure and future course of the illness.

### **Surveillance**

Early detection will be critical to saving lives. The sooner a bioterrorist event is detected, the sooner an assessment of the event can be completed, and the sooner medical care can be administered to those exposed. In the case of contagious diseases such as smallpox or pneumonic plague, detecting an outbreak early is essential to containing the outbreak. People today are incredibly mobile, commuting in and out of urban centers on a daily basis and traveling all over the world regularly. Failure to detect an outbreak of a contagious disease early could result in its rapid spread.

A national surveillance system to provide an early warning of unusual outbreaks of disease, both natural and intentional, will be a critical component of our preparedness. This system will depend on an information infrastructure that includes electronic data networks connecting local public health departments and area health care providers and providing regular analyses of the data for the presence of unusual trends that could indicate a bioterrorist attack. Additional sources of data that could provide an early indication of a bioterrorist attack include spikes in flu-like symptoms, over-the-counter drug sales, or absenteeism. The crucial element will be a robust information infrastructure for collecting, analyzing, and sharing information from all of these sources.

### **Epidemiology**

Epidemiologists play an important role in surveillance and detection. They routinely monitor disease trends and take appropriate measures to meet potential public health threats. Epidemiologists will also be critical in determining the scope of the exposure to a bioterrorist agent once it has been detected. Typically, they trace the outbreak back to its source, determine who was in the exposed area at the time of release, and recommend medical management measures. Because of the labor-intensive nature of

epidemiology, which depends largely on interviews and analyses of disease trends, state departments of health will have to hire and train staff to be aware of natural outbreaks of disease as well as the wide range of bioterrorist agents.

### **Laboratory Requirements**

Public health laboratories also play a critical role in the detection and assessment of bioterrorist incidents. A spike in requests for culture analyses from physicians could indicate an unusual outbreak of disease. Once an attack has been detected, laboratories will be critical in identifying the biological agent released. During the anthrax mailings, laboratories were called upon to determine which people in the proximity of the contaminated mail had been exposed and to assist law enforcement in gathering forensic evidence for prosecuting the perpetrator(s). Upgrading laboratory capacity by expanding advanced diagnostic capabilities, increasing the range of bioterrorist agents that can be identified at state and local laboratories, and making diagnostic exams faster and more accurate will be critical to an effective preparedness system.

### **Information and Communication**

The underpinning for all of the components of an integrated detection, assessment, and response system will be a robust information infrastructure. Surveillance, epidemiology, and laboratory capacities for meeting the bioterrorist challenge will all depend on a robust information infrastructure. Information technology could be used to exchange procedural guidelines prior to a bioterrorist event, provide a mechanism for compiling and analyzing data on disease trends from different sources, share information during an event and lessons learned after an event, and provide training for all constituencies. In addition, accurate and timely information will be the backbone of the decision making process in times of crisis and will provide credible and consistent information to the general public to reduce panic. Bolstering and integrating existing information infrastructures to respond to bioterrorism will require expanding our technological infrastructure, as well as improving human and social understanding of how the infrastructure can be most effective.

### **Building Response Capacities**

Any response system must have built-in flexibility so it can respond appropriately to a large-scale or small-scale event. Flexibility will require effective awareness and assessment tools that provide information on the nature of the attack so the response can be tailored appropriately. Local and federal responses should be based on a tiered, scalable approach commensurate with the scale of the attack.

### **Conclusions**

Building and sustaining the public health system of systems described here will require sustained investment in people, technology, and materials. Adequate numbers of trained public health and medical personnel will be necessary to monitor the nation's health on an ongoing basis, operate and maintain the network of public health laboratories, investigate and analyze unusual outbreaks of disease, and provide preventive and therapeutic medical care for natural and intentional outbreaks. Building this system will also require investments in several key technologies, including the technologies for an electronic information infrastructure that can link federal, state, and local public health departments, hospitals, clinics, physicians' offices, and other medical care providers into a national public health network. Other technologies will be necessary to increase the speed and throughput of public health laboratories. An effective system of systems will also require adequate stocks of antibiotics, vaccines, and medical supplies--at both the national and local levels--to ensure that adequate treatment is available.

Creating and sustaining investments in people, technology, and materials will require strong partnerships between federal, state, and local governments, each of which will provide key capabilities in the public

health system of systems. The role of the federal government will be to provide funding to support local and state preparedness and to take the lead as system integrator. A strong partnership between the public and private sectors--especially private health care institutions like hospitals and private-practice physicians--will also be important. The private sector should play a role, although the private sector cannot be expected to assist in planning for the mass distribution of medications or to maintain surge capacities for unlikely contingencies. That task will fall to state and local governments ([National Academy of Engineering, 2002](#)).



# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

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**Title:** The Threat of Bioterrorism

**Date:** September, 1997

**Source:** [National Defense University](#)

### Abstract:

### **Conclusions**

1. A review of past incidents suggests limited interest on the part of terrorist groups in biological agents. While some have explored biological weapons as a potential terrorist tool, only a handful have attempted to acquire agents, and even fewer have attempted to use them.
2. Yet, there is strong reason to worry that bioterrorism could become a much greater threat. An increasing number of groups-foreign and domestic-are adopting the tactic of inflicting mass casualties to achieve ideological, vengeful, or "religious" goals, often hard to understand. Biological weapons are well suited for their objectives. Moreover, terrorist groups could employ biological agents to incapacitate, rather than kill. Such agents are also potentially useful as instruments of extortion, for political or monetary gain.
3. The greater availability of expertise and resources at the command of terrorist groups could overcome past technological barriers to effectively dispersing biological agents, especially if the terrorists gain access to the expertise of a state-sponsored biological warfare program. An attack involving anthrax, for example, could kill tens or hundreds of thousands, if the agent were properly prepared and disseminated.
4. In the United States there is growing concern that terrorists will employ biological agents. Law enforcement officials have arrested individuals associated with white supremacist and militia groups for acquiring biological agents. As a consequence of this heightened awareness, the U. S . is improving its ability to respond to biological attacks on American population centers. Both the legislative and executive branches are working to strengthen the federal, state, and local capabilities in the areas of crises and consequence management. Yet, much more will need to be done if we are minimize the potential casualties from a bioterrorist attack.

## The Threat of Biological Agents

Biological agents are organisms, or toxins derived from living organisms, that can be used against people, animals, or crops. In contrast, chemical agents, poisonous substances that can kill or incapacitate, are man-made materials. The agents used for biological warfare are drawn from pathogens and toxins that exist in nature. Among the pathogens that have been adopted as biological warfare agents are the organisms that cause smallpox, anthrax, plague, tularemia, brucellosis, and Q-fever. However, a terrorist could use virtually any pathogen or toxin.

Terrorists could employ agents or dissemination techniques different from those adopted by military programs. Thus, while military biological warfare programs have concentrated on aerosol dispersal of biological agents, terrorists have shown a greater interest in contamination of food and water.

**Aerosol dissemination:** State-sponsored biological warfare programs have concentrated on agents that can be delivered through the air, either when released from an exploding munition or as an aerosol cloud generated by a sprayer. The potential threat from aerosol clouds is evident from a World Health Organization estimate that 50 kilograms of dry anthrax used against a city of one million people would kill 36,000 people and incapacitate another 54,000. While the technology needed for aerosol dissemination is commercially available, so far only one terrorist group has attempted to master this technology.

**Water:** Water systems have been targeted by terrorist groups, but they are less vulnerable than often imagined. Municipal water systems are designed to eliminate impurities, especially pathogens, to protect public health. As part of this process, communities filter water to remove harmful organisms and add chlorine to kill those remaining. Although extremely difficult, there have been several attempts to deliberately contaminate water supplies with biological agents.

**Food:** Terrorists also have tried to contaminate food. In general, only uncooked or improperly stored food is vulnerable to biological agents, since the heat generated during cooking readily destroys most pathogens and toxins. This implies that a terrorist would need to target foods that are commonly eaten uncooked, or that are contaminated after being cooked. Alternatively, the terrorists would need to rely on a toxin that can survive cooking.

**Anti-Agriculture:** Biological agents also can be used against agricultural targets. During the First World War, German spies used biological agents to infect animals purchased for use by Allied military forces. Iraq admits that during the 1980s it was developing at least one biological agent for use against crops, including wheat smut rust, which makes infected grain unusable for human consumption.

The selection of an agent, agent availability and the resources of a terrorist group for producing and disseminating the agent will be influenced by the terrorists' objectives. This may lead to selection of unusual agents not associated with state-sponsored biological weapons programs. Fortunately, many of the alternative agents are unlikely to result in mass fatalities, even if they affect large numbers of people. Fear that a terrorist group might use biological agents that could inflict mass casualties, such as anthrax, is at the heart of the concern about bioterrorism.

## Terrorist Interest in Biological Agents

Few terrorists have demonstrated real interest in bioterrorism, and fewer still have made an attempt to acquire biological agents. Indeed, it is possible to identify about a dozen instances in which a terrorist group possessed, attempted to acquire, or threatened to use a biological agent. Only six instances of actual or suspected acquisition are known. In some of the cases it is impossible to determine the seriousness of the interest in biological agents.

The motivations of those interested in biological agents are varied. The Aum Shinrikyo in Japan and RISE in Chicago both wanted to kill large numbers of people. In contrast, the Rajshneeshee in Oregon

deliberately selected agents that would only incapacitate large numbers of people. The Minnesota Patriots Council intended to use ricin, a toxin, to murder law enforcement officials.

### **Terrorist Use of Biological Agents**

The FBI reports that there is only one case in the United States in which a terrorist group actually used biological agents. A comprehensive review of all public sources identifies only three instances of terrorist use of biological agents anywhere in the world, although there are probably more that have never been publicly identified.

The one bioterrorism incident that occurred in United States took place in September 1984, and involved the Rajneeshee, a religious cult, who had established a large commune in Wasco County, a rural area east of Portland, Oregon. Relations between the county's residents and the cult were extremely contentious, leading the cult to adopt a plan to take over the county by manipulating the results of the November 1984 election. They planned to bus homeless people into their commune and register them as voters, and they decided to make the opposing voters sick and thus unable to vote on election day.

To make the people of Wasco County sick, the cult grew *Salmonella typhimurium*, a diarrheal disease, from a culture purchased from a medical supply house (the Rashneeshee had a state-certified medical laboratory in their commune). To test their new weapon, members of the cult attempted to spread the disease during August 1984 in the county seat, the small town of The Dalles. These initial attacks were largely ineffective. On August 29, they gave water laced with *S. typhimurium* to two county commissioners the Rashneeshee considered hostile. Both became sick; one required hospitalization. Although the Rajneeshee were suspected of deliberately poisoning the commissioners, there was no evidence to support such a claim and there was no criminal investigation.

In September 1984, the Rajneeshees redoubled their efforts contaminating the salad bars of 10 restaurants in The Dalles. They spread the disease by pouring vials of media containing the organism over the foods. The result was an estimated 751 cases of salmonellosis. The actual number could have been higher, since the community is on an interstate and some of the infected travelers may not have reported their illness.

Despite the success of this effort, no follow-on attacks were made. The Rajneeshee abandoned their efforts to take over Wasco County by early October, when publicity and legal pressure made it evident they would fail. Two of the Rajneeshees were eventually convicted for their involvement in the plot.

Another bioterrorism incident involved the group responsible for the 1995 dissemination of sarin nerve gas, a chemical agent, in the Tokyo subway system. Aum Shinrikyo, a Japan-based religious cult, produced biological agents and tried to use them. According to Japanese press reports, as recounted in *The Cult at the End of the World*, written by David E. Kaplan and Andrew Marshall, the Japanese police discovered that the Aum included among its members skilled scientists and technicians, including some with training in microbiology, who attempted to generate weapons using anthrax, botulinum toxin, Q-fever, and even ebola. These accounts also suggest that there were four separate attempts to use biological agents, including anthrax once and botulinum toxin three times.

1. In April 1990, the Aum Shinrikyo outfitted an automobile to disseminate botulinum toxin through the engine's exhaust. The car was then driven around Japan's parliament building.
2. In early June 1993, the cult attempted to disrupt the planned wedding of Prince Naruhito, Japan's Crown Prince, by spreading botulinum toxin in downtown Tokyo using a specially-equipped automobile.
3. In late June 1993, the cult attempted to spread anthrax in Tokyo using a sprayer system on the roof of an Aum-owned building in eastern Tokyo. The anthrax was disseminated for four days.

4. On March 15, 1995, the Aum planted in the Tokyo subway three briefcases designed to release botulinum toxin. Apparently, the individual responsible for filling the botulinum toxin had qualms about the planned attack and substituted a non-toxic substance. The failure of this attack led the cult to use sarin in its March 20, 1995 subway attack.

Fortunately, the Aum scientists apparently made mistakes in either the way they produced or disseminated the agents, and, so far as is known, no one became ill or died from the attacks.

Other than Rashneeshee and the Aum Shinrikyo, the only other confirmed attempt by a terrorist group to use bioagents involved the Mau Mau, who used a plant toxin to poison cattle.

### **Assessing the Bioterrorism Threat**

Reviewing published accounts describing terrorist interest in biological agents, it is possible to draw some preliminary conclusions. First, few terrorist groups have attempted to acquire biological agents, and even fewer have actually attempted to use the agents. Second, the number of incidents involving use or attempted use of biological agents is extremely small, especially when compared to the thousands of known terrorist incidents. Third, the number of known victims from bioterrorist incidents is limited to the 751 people who became sick during the 1984 Rashneeshee attacks. There are no known fatalities. Finally, most terrorist groups have used dissemination techniques unlikely to cause mass casualties. Some have specifically targeted individuals, while others have focused on contamination of food and water. Aum Shinrikyo is the only group known to have shown an interest in developing aerosol dissemination capability ([National Defence University, 1997](#)).

# Bio & Terror Bible

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**Title:** Local Government Response To Bioterrorist Acts

**Date:** May 24, 2002

**Source:** [PERI \(Public Entity Risk Institute\)](#)

**Abstract:** The events of September 11, 2001 brought home to many of us the reality that massive terrorist attacks can occur on American soil. The attacks and subsequent media speculation about the future caused many citizens to seriously contemplate the possibility of biological or chemical terrorism in this country. Those concerns became reality in October of 2001, when a case of inhalational anthrax was reported in a 63 year old Florida man, followed by other anthrax infections at the same location, and in New York City, Washington DC, New Jersey, and Connecticut. Most of these infections were linked to anthrax contaminated letters sent through the United States Postal System. Two cases have not been definitively linked to contaminated mail.

Even prior to last Fall's events, the possibility of a bioterrorist attack in the United States was under consideration and analysis by various governmental and nongovernmental organizations, which were working to assess the threat, our state of readiness, and what we could do to improve our ability to respond to such incidents. Consequently, there is substantial information available on the Internet about the risks of biological or chemical terrorism and the potential actions that local governments can take to address this issue. The purpose of this article is to identify some basic actions local governments can take to address the risk of biological terrorism, and to provide links to resources that provide additional information. Although the discussion focuses on biological terrorism, many of the resources identified also provide information on chemical terrorism.

It is tempting to assume that the federal government will protect our communities from biological terrorist acts through intelligence and other defensive activities. As past events have demonstrated, however, this is not practical because the United States is a large and open society. Local governments are the key players in keeping American communities as safe as possible from terrorism by responding effectively if an attack does occur. If a terrorist event does occur, the federal government would be of little immediate help with emergency response. If the community relies upon federal assistance, it may well miss a crucial window of opportunity for reducing casualties.

Fears about bioterrorism often focus on the mass disaster scenario: dissemination of a biological agent to a large number of people, with resulting mass casualties. The difficulties of disseminating biological agents to the entire population of a city via its water supply or contamination of the open air are discussed in some of the resources below. While such mass attacks should be considered, the release of biological agents in a smaller area, such as large building ventilation or water systems, or areas where the public is gathered inside, such as schools, shopping centers, subways, or sporting, cultural and other public events, may be more feasible. *Chemical and Biological Terrorism: The Threat According to the Open Literature*, Ron Purver, Canadian Security Intelligence Service, 1995, available online at: [http://www.csis-scrs.gc.ca/en/publications/other/c\\_b\\_terrorism01.asp](http://www.csis-scrs.gc.ca/en/publications/other/c_b_terrorism01.asp).

Last Fall's anthrax attacks proved that an effective biological attack can be mounted through a low-tech vehicle such as regular mail. Actual casualties were relatively low, by post September 11 standards; but, in addition to the loss of life and serious illness caused by the attacks, the cost was substantial in other ways. Affected buildings were closed for costly decontamination efforts, requiring the occupants to find other temporary locations to conduct business. Mail service was disrupted in some areas as postal facilities were inspected and decontaminated. Large numbers of potentially exposed people were tested and given prophylactic antibiotics to prevent them from developing the disease. Response to copycat hoaxes and frightened citizens taxed government response capabilities. Postal facilities and mail recipients in all sectors of the economy changed mail-handling procedures, often incurring additional cost in the process. And some of the public lost faith, at least temporarily, in the safety of the U.S. Mail and the government's ability to protect its citizens. The disruptive potential of actual or feared bioterrorist attacks was demonstrated again on May 21, 2002, when incoming mail at the World Bank and the International Monetary Fund had positive field test results for anthrax. Subsequent tests were negative for anthrax contamination, but in the interim some employees received prophylactic antibiotics and approximately 1,000 World Bank employees worked from home.

Although it is difficult to anticipate the next move that terrorists will make, local governments can harden their facilities and communities against biological attack to some extent. Governments can encourage the managers of potentially vulnerable private sites to secure and limit access to ventilation and water systems, install HEPA (high efficiency particulate air) filters in their HVAC (heating, ventilation and air conditioning) systems where possible, and hire trained security guards to control building access. They can take similar actions in public buildings. Governments can encourage (or require) promoters of public events to provide additional security for those events by hiring adequate numbers of security personnel who have been trained to recognize the signs of a possible biological terrorist attack. Governments can assess their internal procedures (such as mail handling and package receipt) for any weaknesses that might increase vulnerability to a bioterrorist attack, and can encourage other organizations in the community to do the same. Governments can also educate citizens to be alert, and to report to the proper authorities potential problem behaviors that they observe, such as attempts to gain unauthorized access to secured areas.

These are just a few examples of actions local governments can take to manage the risk of a biological terrorist attack in their community. Each community's risks are different. To identify and manage these risks, a local government should follow the basic risk management process of identifying the community's most likely vulnerabilities, evaluating its options for addressing those exposures within the bounds of the law, choosing the best options, and implementing those options.

The impact of, and response to, a biological terrorist attack is in many ways very similar to those of a naturally occurring epidemic. The initial damage caused by a successful biological terrorist attack is illness or death, and it may be some time before the nature and source of the biological agent is discovered. There may be many or few cases involved, and the illness may be communicable (capable of being passed from one infected person to another, example, smallpox or influenza) or non-communicable (example, anthrax). In a naturally occurring epidemic the illness is likely to be communicable, but in other respects the response will be much the same as that required for a biological terrorist attack. In any serious epidemic, whether naturally occurring or caused by a terrorist attack, consequential damages may include overloading and breakdown of the health care system, and possible social disruption. *A Plague on Your City: Observations from TOPOFF*, Thomas v. Inglesby, Rita Grossman, Tara O'Toole,

Clinical Infectious Diseases 2001; 32:436 (on the Internet through Johns Hopkins Center for Civilian Biodefense Strategies, see link below) A community's preparation to identify and respond to large scale biological terrorist attacks will help it avoid or reduce these consequential damages, whether the illnesses result from deliberate attacks or naturally occurring events, such as influenza pandemics.

The response to biological attacks is likely to differ from the response to chemical attacks, because biological attacks are more likely to be made covertly, and without notice, until the population begins falling ill. *Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response*, Morbidity and Mortality Weekly Report, Vol. 49, No. RR-4, April 21, 2000. (Link below through Centers for Disease Control and Prevention) Recognition of a covert attack with a biological agent may be complicated by the initial resemblance of the symptoms to those of less serious illnesses. Even if the attack is recognized, as with the anthrax attacks last Fall, health care personnel may have difficulty diagnosing the resulting illness if it occurs in populations the medical community did not expect to be affected, as it did with the postal workers in the District of Columbia. The community's response will include identifying the type and source of the illness, treating the victims, and dispensing prophylactic medication (such as vaccines) to exposed populations that are not yet ill. Local public health departments and private health care providers will be the first to see the illnesses resulting from a biological attack, and therefore have the primary responsibility for identifying and responding to the resulting illnesses. The earlier the pattern and type of illness can be identified, the source of exposure determined, and medical care and prophylaxis initiated, the more effective the community's response will be.

One of the most crucial actions a local government can take to prepare for a possible bioterrorist attack is to be certain that the local public health department and health care community have the resources and knowledge to quickly identify and coordinate medical response to an infectious disease outbreak. The July 2001 Centers for Disease Control and Prevention publication entitled *The Public Health Response to Biological and Chemical Terrorism: Interim Planning Guidance for State Public Health* (Link below through Centers for Disease Control and Prevention) says that public health departments need to do the following in order to plan for and respond to terrorist events:

1. Identify the types of events that might occur in their communities;
2. Plan emergency activities in advance to ensure a coordinated response;
3. Build capabilities necessary to respond effectively to the consequences of those events;
4. Identify the type or nature of an event when it happens;
5. Implement the planned response quickly and efficiently;
6. and Recover from the incident.

What type of activities might a local government undertake to meet these objectives? We provide some examples below.

1. **Strengthen Information and Communications Technology**

Be certain that the local public health department has the information and communications technology it needs to respond effectively in a public health emergency. These include surveillance technology, e-mail, high-speed Internet access, fax capability and reliable and secure alternative voice communication services – such as radios.

2. **Strengthen Working Relationships and Communications**

Strengthen the local health department's working relationships and communications capabilities with local community stakeholders and the health care community, and with state health department and federal agencies. Examples of potential partners are FEMA, EPA, the FBI, The U.S. Department of Justice, the CDC, the state health department, state and local offices of emergency management, regional councils of government, neighboring local health departments, emergency medical services, hospitals, primary care medical offices and clinics.



3. **Educate the Health Care and Emergency Response Community about Identification of Bioterrorist Attacks and Agents**  
Be certain that the local health care and emergency response community is familiar with possible biological agents that could be used in terrorist attacks; the signs and symptoms of infectious diseases most likely to be caused by those agents; appropriate disease surveillance procedures; the indications of a covert biological attack, such as an unusually large number of affected people with similar illnesses or the occurrence of an unusual illness; and the appropriate protocol for reporting unusual disease activity to local and/or state public health departments.
4. **Educate the Health Care and Emergency Response Community about Medical Treatment and Prophylaxis for Possible Biological Agents**  
Be certain that the local health care and emergency response community is familiar with the appropriate protocols for caring for victims of biological attacks and providing prophylaxis to people who were exposed but are not yet ill. Have written and current protocols readily available for reference.
5. **Educate local health department about state and federal requirements and assistance**  
Be certain that the local health department is familiar with the appropriate channels for reporting disease outbreaks to the state health department and requesting state and federal assistance with management of infectious disease outbreaks.
6. **Maintain Locally Accessible Supply of Medications, Vaccines and Supplies**  
Be certain that the local health department knows which medications, vaccines and supplies will be needed for each potential biological agent, and maintains, or has arrangements to immediately access, a stockpile of those materials in the event of an infectious disease outbreak. Have easily accessible, up to date, written inventories of materials and their locations. Consider making advance arrangements to obtain materials from other facilities and vendors in an emergency. Do not rely solely on federal sources (such as the National Pharmaceutical Stockpile Program) for materials that can be assembled in advance from other sources.
7. **Address Health Care Worker Safety Issues**  
Be certain that public health workers and emergency responders are trained about transmission of infectious diseases and worker biosafety issues and provide appropriate personal protective equipment and emergency prophylaxis. Advance preparation for worker safety may help prevent needed health care workers from becoming ill or refusing to work during an epidemic.
8. **Designate a spokesperson to maintain contact with the public**  
Identify a primary and back up spokesperson to inform and reassure the public, interact with the news media, and provide educational materials to the public. Ensure that spokespersons are well informed and familiar with state and local procedures.
9. **Become familiar with state and local laws relating to isolation/quarantine**  
Be certain that local officials are familiar with local and state health regulations restricting the movement of people exposed to communicable diseases.
10. **Develop, maintain and practice an infectious diseases emergency response plan**  
Develop, regularly update, and practice a written infectious diseases emergency response plan that details the local government's plans for managing infectious disease outbreaks. This plan should include but not be limited to: appropriate and current contact lists; identification of local government positions and their responsibilities in any response effort; description of interaction between local, state and federal governments in managing a biological incident; procedures for maintaining and obtaining local stores of medications and supplies for use by first responders; current treatment protocols; prearranged locations for treating casualties, if hospital space is exhausted; prearranged locations for counseling worried well and dispensing prophylactic care; procedures for accessing state and federal stockpiles of medications or supplies if local supplies are insufficient; and procedures for obtaining additional health care workers.

**11. Practice with surrounding jurisdictions**

Consider testing the infectious diseases emergency response plan by conducting a practice exercise with surrounding jurisdictions.

**12. Stay current**

Keep aware of current developments. As this issue has reached the front burner, developments will come more quickly.

In rural or farming communities, it is also important to remember that biological terrorism can also be directed at farm animals or crops. Unusual diseases or disease clusters in animals or plants should also be evaluated and addressed. The local government should be certain that veterinarians and farmers are alerted to this possibility and told where to report any unusual outbreaks ([PERI, 2002](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following whitepapers were published by think-tanks, universities, NGO's and various governmental agencies and have at the very minimum set the stage psychologically for the impending bio-terror induced pandemic. The simple fact that these whitepapers exists in mass confirms that an upcoming bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and militarial control of society.

**WHITEPAPERS:** [Army War College](#) , [ASM \(American Society for Microbiology\)](#), [CATO Institute](#), [Center for a New American Security](#), [Center for Biosecurity of UPMC](#), [Center for Counterproliferation Research](#), [Chemical and Biological Arms Control Institute](#), [CRS \(Report for Congress\)](#), [GAO \(General Accounting Office\)](#), [Institute for National Strategic Studies](#), [Institute for Science and Public Policy](#), [Johns Hopkins University](#), [National Academy Of Engineering](#), [National Defence University](#), [PERI \(Public Entity Risk Institute\)](#), [RIS \(Research & Information System\)](#), [Terrorism Intelligence Centre](#), [The Federalist Society](#), [UNESCO \(United Nations\)](#), [University of Laussane](#), and the [WMD Center](#).

**Title:** Strategies Of Preparedness Against The Threat Of Biological Warfare And Bioterrorism In South-East Asia

**Date:** 2005

**Source:** [RIS](#) (Research and Information System for Developing Countries)

**Abstract:** Risks associated with deliberate use of biological agents to harm human health and the need for a strong public health system are well recognized. In spite of infrequent occurrences of such episodes, the potential use of selected biological agents, with or without genetic alterations, is mounting everyday especially with growing political dissidence as well as religious and resource conflicts in several countries.

Countries in the South-East Asia Region of WHO have considerable vulnerability because of dense susceptible populations, poverty, inadequate response capacity and large number of outfits having continuous low intensity conflicts with the established administrative system. Though the high prevalence of communicable diseases and frequent epidemics have stimulated national health authorities to strengthen their early recognition and response systems; these may not be adequate to combat a deliberate onslaught with biological agents. WHO has been sensitizing the countries with the need to integrate preparedness against biological weapons in their national disaster preparedness plans as well as strengthen their core competences in early detection of biological agents, mounting a quick response; strengthening public health and case management infrastructure; creating mechanism for risk communication and forging strong collaborations with other national agencies namely intelligence, defense sector and police ([RIS, 2005](#)).

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**Title:** The Historical Pedigree And Relevance Of Suicide 'Martyr' Bio-Terrorism

**Date:** July 19, 2004

**Source:** [The Terrorism Intelligence Centre](#)

**Abstract:** The history of warfare is terrible in its brutal nature, but is insightful in the lucid education it offers both terrorist operatives and counter-terrorism experts alike. History illustrates that both the terrorist and counter-terrorism expert read from the same pages of history. Yet more effort must be made to use such knowledge towards a constructive threat analysis of biological weapons and suicide terrorism.

After examining the history of biological warfare, and examining scientific aspects of biological weapons, this report blends the use of 'biological terrorism' with a means the delivery by a 'suicide terrorist'. A complex 'piggyback' attack by a suicide terrorist using both the 'plague' and 'smallpox' illustrates how difficult the containment of an orchestrated outbreak would be. Only through predicting the means and potential of a complex threats can anti-terrorism and counter-terrorism initiatives mitigate the horror.

Around the world, security and intelligence disciplines are facing new challenges since the end of the Cold War. Symmetrical threats between super-powers are no longer foremost in the minds of world leaders, rather the asymmetric threat posed by terrorism is the issue of greatest concern to global security. Nation states are seeking to contain the threat of terrorism through preventing terrorists acquiring weapons of mass destruction (WMD). Failing this, nations seek to prevent the effective delivery of a WMD attack.

Efforts must be made to clearly understand and disseminate knowledge of the history of biological weapons, of suicide terrorism, and scientific aspects of biological weapons amongst emergency response planners, and those at the coal face – hospital staff and physicians in all fields. Only then can complex scenarios be developed that accurately depict the terrible potential of terrorism and develop containment

strategies. This report finds that a suicide terrorist – a martyr for their belief, could employ a biological weapons attack where both the plague and smallpox (piggybacking) is used. Only through recognising such a threat, can the international community engage in an informed debate on methods to respond to the suicide 'martyr' bio-terrorist ([The Terrorism Intelligence Centre, 2004](#)).

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**Title:** Combating Bioterrorism: The Product Liability Threat

**Date:** December 1, 2003

**Source:** [The Federalist Society](#)

**Abstract:** The September 11 attack and recent anthrax scare have shown that our nation is ill-prepared to respond to a large-scale bioterrorist attack. Although lawmakers have introduced a flurry of bills to increase national readiness by improving centralized government planning, no measures encouraging the research, development, manufacture, distribution, or administration of "priority countermeasures"-i.e., drugs and biologics used to counter bioterrorist threats-have been introduced. Yet, such measures are necessary to ensure national preparedness. The fight against bioterrorism will almost certainly require priority countermeasures to be developed and distributed rapidly, but those with the greatest development and distribution ability-private entities-may be discouraged from doing their full part by the threat of massive tort liability. As a result, our nation's ability to effectively counter bioterrorist threats may well be hampered.

Developers and distributors can face massive tort liability if their priority countermeasures are discovered to have harmful long term or late-arising effects, even if those effects could not reasonably have been foreseen at the time they were developed and distributed. The possibility of undiscovered and unwarnable harmful effects is important because developers and distributors will have inadequate time and information to test exhaustively for such effects. Additionally, because they will be unable to adequately assess long term risks, they cannot factor the likelihood of those risks into the prices of their products (and thus insure against the threat of future liability). Even if developers and distributors could somehow assess these risks and increase prices accordingly, it would likely be socially unacceptable for them to sell countermeasures at prices that reflect their full risk premiums. Rather, the government would probably demand that these products be sold at or close to their development and distribution costs (as it did with Cipro®). Consequently, developers and distributors may well decide that involvement with priority countermeasures would create unacceptable future risks.

Given the urgent public need for the rapid development and distribution of priority countermeasures and the fact that the tort system will act as a hindrance to this goal, the federal government should alter the incentives created by tort law here. The system could be changed in a number of ways, either by shifting all or part of the risk to the individuals who are harmed by the countermeasures or by shifting the risk to

the government. Shifting too much risk to individuals is unworkable because it will decrease individual incentives to take the countermeasures and thus could harm the public as a whole (if enough people decided not to take the countermeasures, the countermeasures' effectiveness would be limited). If the risk is shifted to the government, the appropriate level of risk and the mechanism for risk-shifting must be determined.

This paper summarizes the most prominent legislative proposals to improve government's centralized planning, analyzes the only current plan to alter tort law incentives, and discusses alternative approaches to establish adequate incentives for the development and distribution of priority countermeasures. Once lawmakers understand the strengths and weaknesses of the possible approaches, they can craft an informed and appropriate solution.

### **Current Legislative Proposals Do Not Establish Adequate Incentives for the Development and Distribution of Priority Countermeasures**

While the bills that have progressed the farthest in the legislative process-H.R. 3448 (the Tauzin-Dingell bill which passed the House on December 12) and S.A. 2692 (which passed the Senate on December 20 after originating as S.1715, the Frist-Kennedy bill)-propose to create incentives to encourage the development and distribution of priority countermeasures, these measures are inadequate. The primary focus of these bills is improving the government's centralized response to bioterrorist threats by, inter alia, expanding the national pharmaceutical stockpile, improving the Center for Disease Control and Prevention's ability to counter relevant threats, expanding the authority of the Secretary of the Department of Health and Human Services (HHS) to respond to public health emergencies, and establishing a working group to prioritize countermeasure research and development.

Although these bills also propose to establish some incentives for manufacturers to produce priority countermeasures by accelerating research, development, and Food and Drug Administration (FDA) approval of countermeasures, it is uncertain how great an incentive these provisions will actually create. It is questionable what effect accelerating this typically 15-year process will have on a manufacturer's ultimate incentives, especially in the likely situation where a manufacturer is pressed by the government to put its product on the market quite rapidly and there is a substantial risk that the product may adversely affect some recipients in the future, thus creating an unusually large product liability risk. In short, while the incentive provisions in the Tauzin-Dingell and Frist-Kennedy bills are laudable, they are likely insufficient to effectively counter a large-scale bioterrorist threat because they fail to adequately protect at risk entities from a threat that looms large on their corporate balance sheets: potentially massive product liability exposure.

### **Executive Order 10789, as Amended on October 20, 2001, Cannot Provide Comprehensive Protection Against Product Liability Exposure**

The only effort that either the executive or legislative branches have made to limit the product liability exposure of responsible entities arising from contact with priority countermeasures is President Bush's October 20, 2001 action amending Executive Order 10789. While the President has taken an important step in moving this issue to the forefront of public debate using all the tools at his disposal, his action is almost certainly insufficient because the scope of the Executive Order is limited and its legal authority is questionable. Accordingly, stronger action is necessary.

President Bush's action authorizes the Secretary of HHS "to enter into contracts . . . whenever . . . the national defense will be facilitated thereby" and to agree by contract to "hold harmless and indemnify the contractor" against otherwise uncompensated claims or losses made by third parties "for death, personal injury, or loss of, or damage to, or loss of use of property," claims for loss or damage to the contractor's or the government's property, and claims for indemnification arising against a contractor and its subcontractors. Exec. Order 10789 1, 2(a), 2(b)(1). In other words, President Bush's action enables the Secretary of HHS to enter into contracts with, and indemnify, private entities for the development and distribution of priority countermeasures.



Even assuming that the indemnification provisions work as intended, the indemnification provided by Executive Order 10789 is limited. Most notably, it applies only to those entities that enter into contracts with the federal government and with whom the federal government elects to enter into an indemnification agreement. Thus, it does not encourage private entities that do not have a contract with the federal government, or whose contract does not contain an indemnification agreement, to develop or distribute priority countermeasures. It would not apply in a situation where a state or locality contracted with a developer or distributor to provide priority countermeasures. Nor would it apply in the event that a developer or distributor of a priority countermeasure sold its countermeasure in large quantities overseas to reduce prices at home and was sued by a foreign claimant. Moreover, if a countermeasure (such as Cipro TM) were on the market at the time of a bioterrorist attack and the Secretary of HHS contracted with-and agreed to indemnify-the manufacturer, distributor, and administrator of such countermeasure, it is unlikely that any entity that previously researched or developed the product could take advantage of the indemnification provisions because it would not likely be a "subcontractor" within the meaning of the Executive Order.

Given this incentive scheme, is unlikely that more than a few entities will develop or distribute priority countermeasures. Thus, a desirable market force, namely, competition, may be weak or nonexistent. Moreover, because indemnification, by its very nature, is uncertain (encouraging disputes over whether particular claims or losses are covered by the indemnification agreement) and provides more limited protection than other possible legal schemes (such as limitation or assumption of liability by the government discussed below), it is uncertain how much practical protection the indemnification regime set forth in Executive Order 10789 will provide.

Perhaps the most serious problem with Executive Order 10789 is its questionable legal basis. The legal authority for the Order arises from 50 U.S.C. §§ 1431, 1432, 1433, 1435. These provisions permit the President, "during a national emergency declared by Congress or the President and for six months after the termination thereof" (50 U.S.C. § 1435), to "authorize any department or agency . . . to enter into contracts . . . whenever he deems that such action would facilitate the national defense" (id. § 1431). Significantly, the contract and indemnification provisions of Executive Order 10789 apply only when Congress or the President has declared a national emergency. They do not apply prior to, or in preparation for, a national emergency. Moreover, the statutory provisions are silent on the President's authority to enter into indemnification agreements. In fact, the only statutory provisions regarding liability (which limit U.S. liability on a contract entered into under these sections to \$50,000 without prior approval of an Assistant Secretary or his Deputy, and to \$25 million without prior approval of the Committee on Armed Services of the Senate and the House of Representatives), may be inconsistent with the unlimited indemnification authority claimed in the Executive Order. Based upon these potentially significant statutory limitations, Executive Order 10789 may do little to encourage entities that are well-equipped to develop or distribute priority countermeasures to do so.

### **In Search of Comprehensive Incentives To Encourage Development and Distribution of Priority Countermeasures**

Given that Congress has not addressed the issue and that the President's tools for handling the issue are limited, lawmakers should consider how to establish incentives encouraging the development and distribution of priority countermeasures. A number of issues are raised by this question, including: (1) the scope and mechanics of the incentive scheme-i.e., creation of an alternate compensation scheme, liability limitation, or partial or total assumption of liability by the government; (2) what products and entities should be covered-i.e., whether researchers, manufacturers, producers, distributors, and/or administrators should be protected for their role in the development and distribution of vaccines, new products developed specifically to combat bioterrorism, and/or marketed products that are used to combat bioterrorism; and (3) whether the incentives should be combined with an existing legislative scheme or whether they should stand alone. In determining which options are best, lawmakers must weigh the value and effectiveness of the incentives against the risk faced by developers and distributors of priority countermeasures to assess the appropriate level of governmental stimulus.

## Scope and Mechanics of the Incentive Scheme

The first issue that must be addressed is the scope and mechanics of the incentive scheme. Three obvious options present themselves: (1) restraint on traditional tort liability by the creation of an alternate compensation scheme; (2) limitation of private entities' liability through the creation of a federal cause of action; or (3) partial or total assumption of liability by the government.

## Options for Restricting Tort Liability

### The National Vaccine Compensation Injury Act

Although Congress does not often oust the tort regime for claims or losses that arise from business entities' performance of certain duties, it nonetheless has adopted a non-judicial compensation scheme in the pharmaceutical context: the National Vaccine Injury Compensation Act of 1986, 42 U.S.C. § 300aa-1 et seq. Congress adopted the Vaccine Compensation Injury Program (VCIP) to stimulate what had become the unprofitable business of developing and distributing vaccines. A prominent reason that manufacturers were ceasing vaccine development and distribution was their very real fear that massive product liability exposure would result from the adverse effects of vaccine administration on patient populations where a number of injuries were inevitable. As one court explained, "an important federal purpose of the Act is to free manufacturers from the specter of large, uncertain tort liability, and thereby keep vaccine prices fairly low and keep manufacture[r]s in the market." *Schafer v. American Cyanamid Co.*, 20 F.3d 1, 4 (1st Cir. 1994) (Breyer, C.J.).

The VCIP allays manufacturers' fears and ensures the continuing public availability of vaccines by requiring persons who suffer adverse effects from the administration of authorized vaccines either to file a petition for compensation under the VCIP or to limit their civil actions to damages of \$1,000 or less. 42 U.S.C. § 300aa-11(a). If a person opts to file a petition for compensation under the VCIP, their claim is adjudicated by a special master acting under the authority of the United States Court of Federal Claims. Id. § 300aa-11(a)(1). The special master determines the amount of compensation to which the person is entitled by reference to whether the injury falls within the Vaccine Injury Table, which lists common injuries from vaccines and the time frame for manifestation of those injuries, and individual factors. Id. §§ 300aa-13 - 300aa-15. If a person suffers an injury outside the time provided in the Table, compensation may still be awarded, but the amount is usually lower. Id. § 300aa-13(b)(2). Punitive and exemplary damages may never be awarded. Id. § 300aa-15(d)(1). Only after the special master has decided the claim may a person reject the determination and file a civil action for damages greater than \$1,000. Id. §§ 300aa-11(a)(2), 300aa-21. The detailed procedure by which such actions must be litigated is set forth in the statute. Id. § 300aa-23.

The VCIP has been quite successful in controlling claims against vaccine manufacturers. The fund, which is financed by a 75 cent excise tax on each vaccine dose, has a reserve of approximately \$1.5 billion. 26 U.S.C. §§ 4131(b), 9510(b); GAO Report, Vaccine Injury Trust Fund at 3 (March 2000).

The benefits of establishing a program like the VCIP are numerous: the program is financed through an excise paid by those vaccinated and is not financed through general tax revenues, thus ensuring the continued public availability of vaccines. While the benefits of a scheme like the VCIP may be desirable in the bioterrorism context, expanding the actual VCIP to cover priority countermeasures would probably be unworkable. This is because the VCIP protects a known set of entities against known injuries arising from predictably similar events: vaccination by a pre-established category of vaccines against traditional childhood diseases. However, the risks that may arise from a bioterrorist threat and priority countermeasures administered to fight that threat are largely unknown. Even in a simple case-if such countermeasures were administered as vaccines-the risks that might arise from such vaccinations and the time in which injuries might manifest themselves would be largely unknown. Because the factual circumstances created by administering an unknown countermeasure to respond to an unknown threat are complex, it will be difficult-if not impossible-to predict the liability arising from these threats in an actuarially accurate manner.

Unless the scheme were carefully and narrowly drawn, it could potentially provide expansive protection that would outspend the fund created to finance the scheme. Certainly, Congress could not, a priori, draft a table like the Vaccine Injury Table for priority countermeasures: the countermeasures that may be covered and the injuries that may arise are still unknown. On the other hand, if the provisions were narrowly drawn, they might limit too drastically claims arising from the development or distribution of priority countermeasures.

### **Limitation of Liability**

Another possibility for limiting the product liability exposure of developers and distributors of priority countermeasures would be for Congress, in the exercise of its commerce power, to create a federal cause of action encompassing claims and losses arising from contact with priority countermeasures. This is essentially the approach Congress adopted when it passed the Air Transportation Safety and System Stabilization Act, Pub. L. No. 107-42, 115 Stat. 230 (2000) (ATSSSA). ATSSSA implements a dual mechanism to handle claims arising from the September 11 terrorist attacks. First, it permits qualifying claimants to file for compensation with a Special Master appointed by the Attorney General, and provides that the Special Master's determination is final and not subject to judicial review. Pub. L. No. 107-42 § 405(b)(3); 115 Stat. 239. Payment of the award determined by the Special Master is funded by appropriations and individual contributions. Pub. L. No. 107-42 § 406(b), (c); 115 Stat. 240. Second, ATSSSA establishes an exclusive federal cause of action "for damages arising out of the hijacking and subsequent crashes of American Airlines flights 11 and 99, and United Airlines flights 93 and 175, on September 11, 2001" and provides that "[t]he United States District Court for the Southern District of New York shall have original and exclusive jurisdiction over all actions brought for any [such] claim." Pub. L. No. 107-42 § 408(b); 115 Stat. 240-41. While ATSSSA does not limit the amount that the federal court can award in any individual case, it limits the airlines' aggregate liability to the levels of their insurance coverage. Pub. L. No. 107-42 § 408(a); 115 Stat. 240.

The main advantage of a scheme like ATSSSA is that it encourages claimants to seek speedy resolution of their claims with the Special Master rather than filing a protracted civil action, the final monetary award of which will remain uncertain until all claims filed with the Special Master have been determined. This scheme has obvious benefits in a mass-casualty/mass-tort situation like that of September 11. However, a primary disadvantage of the system is that it is funded largely by insurers and the federal government. While the ex post establishment of such a scheme may do little to alter insurers' behavior, the creation of such a scheme prior to a large-scale bioterrorist event will almost certainly alter insurers' behavior and make it difficult, if not impossible, for the responsible entities to retain the necessary insurance coverage.

Another disadvantage of an ATSSSA-like scheme for claims or losses arising out of contact with a priority countermeasure is that the universe of facts giving rise to such claims or losses will be harder to identify than those arising out of the September 11 attacks. If Congress drafts legislation before a bioterrorist event takes place, it will very likely be either under- or over-inclusive in its identification of covered claims and losses. Under-inclusion will permit claimants to file successful lawsuits outside the scope of the newly-created federal cause of action, thus limiting the effectiveness of the scheme. On the other hand, over-inclusion may sweep in too many claims and lead a court to invalidate the scheme on the ground that Congress impermissibly exercised its power under the Commerce Clause in creating an exclusive federal cause of action for claims and losses that have little relation to the protection of interstate commerce, or for which Congress has made inadequate findings of the relationship to interstate commerce.

### **Assumption of Liability by the Government**

Yet another option for Congress to consider is partial or total assumption of liability by the U.S. of claims or losses arising out of contact with a priority countermeasure. Assumption of liability schemes are, for obvious budgetary and practical reasons, highly disfavored by both Congress and the courts. However, Congress has implemented such schemes in the past. For instance, in 1976, Congress established the National Swine Flu Immunization Program, which authorized the establishment of an emergency national swine flu immunization program and provided an exclusive remedy for personal injury or death arising out

of the manufacture, distribution, and administration of the swine flu vaccine under the program. Pub. L. 94-380, 90 Stat. 1113. The "exclusive remedy" created by the Program provided that all claims for injury or death arising from the manufacture, distribution, and administration of the vaccine would be asserted directly against the United States. Pub. L. 94-380 § 2, 90 Stat. 1114. The Program was funded by congressional appropriations. See *id.* The Swine Flu epidemic never became the public emergency that was expected, and the Program has since been repealed.

The problems with establishing a scheme that provides either total or partial assumption of liability by the Government are obvious. Given the possible enormity of such liability and the breadth of claims, it is almost certain that total assumption of liability for claims or losses arising from contact with a priority countermeasure would be unworkable. However, partial assumption of liability for the manufacture, distribution, and administration of certain vaccines necessary to combat bioterrorism, such as vaccines for smallpox and anthrax, might well be both workable and serve the public interest. Under such a scheme, Congress might, like the Swine Flu Program, authorize the Secretary of HHS to "establish, conduct, and support (by grant or contract) needed activities" to carry out a national bioterrorism vaccination program. Pub. L. 94-380 § 2, 90 Stat. 1113. Then, Congress could create an exclusive federal cause of action against the United States for specified injuries arising out of vaccination program. This limited assumption of liability scheme would work best if public health experts first determined that there were a limited number of vaccines the national administration of which would serve the public interest, and Congress determined there were inadequate marketplace incentives to encourage the development and distribution of such vaccines.

### **Covered Products and Entities**

Once the basic scope of covered claims and the mechanics of the scheme are established, one must consider what products and specific claims will be covered. While there is no "correct" answer to this question, awareness of the possibilities is necessary to make an informed decision. This paper has referred to coverage for "contact with priority countermeasures." However, the scope of this category must be decided. As suggested in the prior section, a scheme could apply only to injuries arising from administration of vaccines, or it could cover administration of other drug and biologic therapies as well [2]. It could apply only to new drugs and biologics developed or distributed for the purpose of fighting bioterrorism, drugs and biologics that are in the process of being developed but which have not yet been presented to or finally approved by FDA, or already marketed products that are useful for this purpose, such as Cipro<sup>TM</sup> or doxycycline. Whether any one or all of these product categories should be included depends in large part upon Congress's assessment, as a national security matter, of the gravity of the threat faced by the country and the incentive scheme that is established. For instance, it may be unnecessary to limit liability for the production or distribution of marketed products such as Cipro<sup>TM</sup> because market forces do not currently indicate that manufacturers lack an incentive to distribute the drug. Additionally, because FDA has already approved the drug as safe and effective, and the drug has been used without incident in the past, the product liability risk may be significantly less than it would be for a new product developed and approved on an accelerated basis.

In addition, there is a question of whether the scheme will cover researchers, manufacturers, distributors, and administrators of covered products, or only some subset of these individuals. It is important to remember that each of these entities plays a role in product development and that each could be liable for an injury arising out of contact with a covered product. Of course, the liability risk for any one of these entities will increase dramatically if claims against another entity in the product development and distribution chain are limited.

### **Structure of Incentive Scheme: Stand Alone or Integrated with an Existing Program**

Once the mechanics, scope, and coverage of the scheme are decided, the main issue that remains is whether the scheme will stand alone or be integrated into an existing program. No scheme could be integrated into the Swine Flu Program, which has been repealed, and it would not be feasible to amend ATSSSA for this purpose, since ATSSSA is narrowly tailored to respond only to claims arising from the September 11 attack. The only program into which the scheme could realistically be included is the VCIP.

Some of the practical difficulties that would arise from integration have been discussed above: namely, the VCIP deals with known, fairly predictable, and repeated risks that have a specifically enumerated category of associated harms. Because a bioterrorist threat and the priority countermeasures that will be needed to respond to it are unknown and not predictable, assessment of the risks and categorization of the compensable harms will be quite difficult. In any event, these risks and injuries are unlikely to overlap in any meaningful fashion with those set forth in the VCIP. Accordingly, inclusion in the Vaccine Act would be impractical.

Moreover, inclusion in the Vaccine Trust Fund would create enormous cross-subsidization problems: because the risk of a bioterrorist threat is unknown, it is impossible to estimate (with any reasonable likelihood of success) the claims that will arise from covered injuries or to appropriately calibrate the excise tax on covered priority countermeasures. Accordingly, there is a considerable risk that using a single trust fund for both priority countermeasures and traditional vaccines would deplete the monies available for vaccine claims and require Congress to appropriate more funds for this purpose. Additionally, because the special masters who administer the Fund are overburdened, more special masters would have to be appointed. This would heighten the burden on the United States Court of Federal Claims. Thus, it is advisable for Congress-if it decides to implement a system similar to the VCIP for priority countermeasures-to establish separate compensation requirements, a separate administrative scheme, and a separate trust fund.

## **Conclusion**

The issues raised by a bioterrorist threat are difficult to assess, in part because our nation has never faced such a threat before, and in part because the practical effects of such a threat cannot be known at this time. In deciding how to best protect the nation against this threat, Congress should focus not solely on government's centralized response but should also consider the effect of private incentives on those entities in the best position to develop and distribute priority countermeasures. These incentives must adequately protect developers and distributors against an unreasonable product liability threat while at the same time not imposing too great a burden on individual recipients, the federal government, or taxpayers. While a number of viable options for establishing such incentives exist, lawmakers must determine the best course by weighing the value and effectiveness of the proposed incentives against the levels of risk faced by developers and distributors of priority countermeasures ([The Federalist Society, 2003](#)).

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following whitepapers were published by think-tanks, universities, NGO's and various governmental agencies and have at the very minimum set the stage psychologically for the impending bio-terror induced pandemic. The simple fact that these whitepapers exists in mass confirms that an upcoming bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and military control of society.

**WHITEPAPERS:** [Army War College](#) , [ASM \(American Society for Microbiology\)](#), [CATO Institute](#), [Center for a New American Security](#), [Center for Biosecurity of UPMC](#), [Center for Counterproliferation Research](#), [Chemical and Biological Arms Control Institute](#), [CRS \(Report for Congress\)](#), [GAO \(General Accounting Office\)](#), [Institute for National Strategic Studies](#), [Institute for Science and Public Policy](#), [Johns Hopkins University](#), [National Academy Of Engineering](#), [National Defence University](#), [PERI \(Public Entity Risk Institute\)](#), [RIS \(Research & Information System\)](#), [Terrorism Intelligence Centre](#), [The Federalist Society](#), [UNESCO \(United Nations\)](#), [University of Lausanne](#), and the [WMD Center](#).

**Title:** Biological Warfare, Bioterrorism, Biodefence And The Biological And Toxin Weapons Convention

**Date:** December 15, 1999

**Source:** [UNESCO](#) United Nations Educational, Scientific and Cultural Organization

**Abstract:** Biological warfare is the intentional use of micro-organisms, and toxins, generally, of microbial, plant or animal origin to produce disease and/or death in humans, livestock and crops. The attraction for bioweapons in war, and for use in terroristic attacks is attributed to their low production costs, The easy access to a wide range of disease-producing biological agents, their non-detection by routine security systems, and their easy transportation from one location to another are other attractive features. Their properties of invisibility and virtual weightlessness render detection and verification procedures ineffectual and make non-proliferation of such weapons impossibility. Consequently, national security decision-makers defence professionals, and security personnel will increasingly be confronted by biological warfare as it unfolds in the battlefields of the future.

Current concerns regarding the use of bioweapons result from their production for use in the 1991 Gulf War; and from the increasing number of countries that are engaged in the proliferation of such weapons i.e. from about four in the mid-1970s to about 17 today. A similar development has been observed with the proliferation of chemical weapons i.e. from about 4 countries in the recent past to some 20 countries in the mid-1990s.

Other alarming issues are the contamination of the environment resulting from dump burial the use of disease-producing micro-organisms in terroristic attacks on civilian populations; and non-compliance with the 1972 *Biological and Toxins Weapons Convention*. The diverse roles of micro-organisms interacting with humans as "pathogens and pals" has been described with *Leishmania* infections, and with the presence of *Bacteroides thetaiotaomicron* in the intestines of humans and mice. Also the development of "battle strains" of anthrax, bubonic plague, smallpox, Ebola virus, and of a microbe-based "double agent" has been reported ([UNESCO, 1999](#)).

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**Title:** Bioterrorism – The Modern-Day Threat

**Date:** 2004

**Source:** [University of Lausanne](#)

**Abstract:** On 11 September 2001, a new form of terrorism was unleashed onto the world. This event, followed shortly afterwards by the US anthrax attacks, led to a consensus that the world must prepare for the possibility that terrorists might use biological weapons to further their aims. Currently, the issue is no longer the 'cold war' threat of biological warfare between superpowers, but of biological terrorism and biosecurity.

Prior to the events of 2001, the world was beginning to think about 'the looming threat of bioterrorism'<sup>1</sup> and in 1998 the World Health Organization (WHO) decided to establish an expert group to review and revise its 1970 document, Health Aspects of Chemical and Biological Weapons.

The list of category A agents collated by the US Centers for Disease Control and Prevention (CDC) identifies variola virus, the causative agent of smallpox, as the greatest bioterrorism risk.<sup>3</sup> Category A agents have a high public health impact and public perception, a moderate-to-high dissemination potential and require comprehensive public health preparedness. Russian scientists also agree that of all potential bioterrorism agents, variola virus poses the greatest threat.

**A potential bioterrorist threat has been defined by three factors:**

1. The vulnerability of a population;
2. The capability of an adversary to attain, develop and deploy a pathogenic agent; and
3. The intention to do so.

It would be a huge task for any government to prepare separate plans for each type of potential bioterrorist agent. While each organism may require some specific action to be taken, a range of general measures to enhance the existing health and emergency infrastructure should go a long way in dealing with the deliberate release of pathogenic organisms.



These measures would include detection systems, healthcare infrastructure, development of integrated responses, education, training and a crisis communication plan. Smallpox is a good example of a disease where an outbreak could be contained and the consequences minimised if appropriate preparedness plans exist and if counter-measures could be taken rapidly ([University of Lausanne, 2004](#)).

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

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**WHITEPAPERS:** [Army War College](#) , [ASM \(American Society for Microbiology\)](#), [CATO Institute](#), [Center for a New American Security](#), [Center for Biosecurity of UPMC](#), [Center for Counterproliferation Research](#), [Chemical and Biological Arms Control Institute](#), [CRS \(Report for Congress\)](#), [GAO \(General Accounting Office\)](#), [Institute for National Strategic Studies](#), [Institute for Science and Public Policy](#), [Johns Hopkins University](#), [National Academy Of Engineering](#), [National Defence University](#), [PERI \(Public Entity Risk Institute\)](#), [RIS \(Research & Information System\)](#), [Terrorism Intelligence Centre](#), [The Federalist Society](#), [UNESCO \(United Nations\)](#), [University of Lausanne](#), and the [WMD Center](#).

**Title:** Bio-Response Report Card

**Date:** October 2011

**Source:** [WMD Center](#)

**Abstract:** Although naturally occurring disease remains a serious threat, a thinking enemy armed with these same pathogens, or with multi-drug-resistant or synthetically engineered pathogens could produce catastrophic consequences.

These threats are not new. Naturally occurring diseases have devastated societies throughout history. Sophisticated biological weapons, however, did not become a threat until the early days of the Cold War, and a combination of the Biological Weapons Convention (BWC) and the threat of nuclear retaliation provided credible prevention and deterrence.

Unfortunately, the biotech revolution now affords non-state actors the capability to produce sophisticated biological weapons. Although traditional deterrence may not be effective against non-state actors, a strong bio-response capability may provide a deterrent effect. Therefore, the primary means of defending the American homeland against bioterrorism is the capability to effectively respond after an attack has occurred.

The purpose of this report card is to provide a strategic, end-to-end assessment of America's bio-response capabilities. It is intended to complement other recent reports that have offered detailed assessments of various components of bioresponse, such as public health, medical countermeasures, and hospital preparedness. Our strategic overview of national bio-response capabilities is designed to provide broad context to policymakers and government leaders for setting priorities.

Many of the nation's top biodefense, public health, and medical experts guided this project. A Board of Advisors informed project methodology, the seven categories of bio-response, the scale of potential bio-events, and the proposed metrics by which to assess capabilities in each category. A separate group of diverse subject-matter experts helped with subsequent research and early analysis. Other biodefense stakeholders— both inside and outside of government—provided numerous briefings and recommendations that also informed this report. The conclusions and content are the sole responsibility

of its authors—the directors and officers of the WMD Center.

Findings are summarized in the chart on page 9. It includes letter grades in each bio-response category as assessed for each level of biological event. Trend lines project likely future progress, or lack thereof, assuming baseline funding.

No one in the fields of biodefense, public health, or medicine will be surprised by the report's finding that the United States is unprepared to respond to a global outbreak of a deadly virus for which we have no medical countermeasures. Likewise, by definition, a response to bioweapons that have been made resistant to our current medical countermeasures would fail to meet fundamental expectations. If Congress and the Administration focused primarily on addressing these most extreme, less common scenarios, it could easily expend most available biodefense resources, without a measurable return on investment.

The WMD Center recommends that future preparedness programs focus on the center two columns in the chart—largescale events. It is possible to improve these grades in the relative near-term, and doing so would significantly improve readiness for small-scale events as well.

**This report suggests that moving from Orange to Yellow (Ds to Cs) will provide the best return on investment. To do so, the nation should focus its efforts on three strategic priorities:**

1. Leadership that sets clear priorities and engenders commitment and unity of effort,
2. Mobilizing “whole of nation” response planning, and
3. Sustained investment in purposedriven science.

Throughout the past year, the leadership of the WMD Center has met with many senior-level officials throughout government and the bio-response enterprise. They are incredibly hard working and dedicated and they represent the very best America has to offer in the fields of biodefense, public health, medicine, and the biological sciences. Although their efforts have yielded considerable progress over the past decade, the nation does not yet have adequate bio-response capability to meet fundamental expectations during a large-scale biological event.

The nation's leaders need to ensure that those responsible for defending America against bioterrorism are provided the resources, organizational framework, policies, and leadership to meet this growing national security challenge.

### **History of the WMD Commission**

A legacy of the 9/11 Commission, the Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism (the WMD Commission) was chartered by the U.S. Congress in 2007 to assess the nation's efforts to prevent the use of weapons of mass destruction. To fulfill its mandate, the WMD Commission released *World at Risk* in December 2008. The report provided a roadmap with specific recommendations to address WMD threats.

### **Among its Findings:**

1. Unless the world community acts decisively and with great urgency, it is more likely than not that a weapon of mass destruction will be used in a terrorist attack somewhere in the world by then end of 2013.
2. Terrorists are more likely to use a biological weapon than a nuclear weapon, and the U.S. government needs to move more aggressively reduce the prospect of a bioterror attack ([WMD Center, 2011](#)).