

Bio Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: The following propaganda was published within the calendar year of 2004. While some of the following reports may have been legitimate news stories, most if not all of them appear to be blatant propaganda with the overall goal of convincing American and the World that it is on the precipice of a bio-terror induced pandemic. The fact that this propaganda 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.

Title: Bioterror Back, But Panic Is Not

Date: February 4, 2004

Source: [CS Monitor](#)

Abstract: As the nation's capital once again responds to what may have been a bioterror attack, one element from the anthrax scare that surfaced two years ago is largely missing: panic.

True, the anthrax spores that were found in letters mailed to news outlets and to the Senate majority leader in 2001 surfaced just after the 9/11 attacks, when the nation was still on edge, and they did end up killing five people.

But this week's discovery of possible small amounts of ricin - a deadly poison - in the mailroom of Senate majority leader Bill Frist hasn't evoked the mass evacuations and national paroxysms of the earlier attacks. Though three Senate office buildings remained closed Tuesday while authorities awaited conclusive results that the white powder was, in fact, ricin, the capitol remained open and committee hearings proceeded. Other than an inhospitable sleet that slowed morning traffic, Washingtonians seemed largely unfazed.

One reason, in addition to ricin being less lethal and contagious than anthrax, is a better-educated public and now familiar emergency procedures. "The government tried to educate people about it," says Juliette Kayyem, an expert on terrorism at Harvard University's Kennedy School. "The consequences of that [education] could explain the lack of public hysteria."

For one thing, she says, the government explained to Americans how difficult it is to cause large-scale deaths through such attacks - and even illnesses. Moreover, it is likely, as in the anthrax case, that the attack was homegrown and not a result of international terrorism.

Still, just the presence of such a substance in a senator's office is cause for concern. After the anthrax investigation, procedures were established to prevent such attacks. All mail, for example, is radiated. But that would not affect ricin, which is a biotoxin, not a bacteria or virus.

Officials caution it is too early to draw conclusions. For instance, it isn't yet clear whether the substance was sent through the mail. And at presstime, officials were trying to confirm their initial findings that the powder is ricin. The tests were being performed at the US Army's Medical Research Institute for Infectious Diseases (USAMARIID) at Fort Detrick, Md.

Still, the episode has parallels with the 2001 anthrax attacks, which caused major disruptions on Capitol Hill, closing Senate mailrooms for extended periods.

There are also significant differences between the two events. For one thing, ricin is not considered as deadly as anthrax, although there is no antidote or vaccine. The US Centers for Disease Control ranks it as a "B" class weapon, a serious threat, but not as deadly as class "A" weapons such as anthrax. But ricin is also relatively easy to make. The anthrax that was sent through the US mail was of such a pure strain that investigators have focused their attention on scientists with specific training in biological weapons programs. Indeed, to this day, the FBI still hasn't been able to re-create the kind of anthrax that was used in the 2001 attacks.

"We never had an incident like this before," says FBI spokesman Bill Carter. "We had to start from the beginning."

Ricin, on the other hand, is derived from the mash left from the extraction of castor oil from the bean of the castor plant, and can be made with ordinary kitchen tools. After World War I, the US studied its potential use as biological weapon. In collaboration with the British, a ricin bomb was developed and tested, "but apparently never used in battle," according to the "Textbook of Military Medicine."

"It's the third most toxic substance known to mankind," says Bruce Hoffman, an expert on terror at the RAND Corp. in Washington. "But short of injection, it is not very effective, nor is it contagious, as is anthrax."

Still, it's not surprising that it would turn up. "It is the easiest to fabricate," he says. "There are recipes for making it all over the Internet."

There is a recent record of ricin being used in terror attacks - both at home and abroad. As recently as October, a vial of ricin was discovered at the mail facility for the Greenville-Spartanburg International Airport in South Carolina. A letter accompanying the poison complained about new federal regulations requiring more rest for truck drivers, and threatened to taint the local water supply if demands were not met. The FBI has identified the sender as a fleet owner of a tanker company, although no arrests have been made.

Traces of ricin have also been discovered recently at a Paris train station and in a London apartment. Military officials say they found remnants of ricin manufacturing equipment at an Ansar al-Islam camp in northern Iraq during the war campaign. And manuals that described how to manufacture and use the toxin were discovered in Afghanistan, after the US forced out the Taliban regime in 2001.

Ricin as an Assassination Weapon

One of the most well-known uses of it as a killing agent was the alleged assassination of Bulgarian dissident Georgi Markov, who was jabbed with a poisoned umbrella in London in 1978.

But if the anthrax investigation - the largest ever carried out by the FBI - is any indication, it may be some time before a culprit is caught in the latest case.

After 28 months, the FBI still has not solved the anthrax crimes. In tandem with the US Postal Service, it is offering a \$2 million reward for information leading to the arrests and convictions of people responsible for mailing the anthrax letters ([CS Monitor, 2004](#)).

Title: Democrats' Report Criticizes Bioterror Response Plan

Date: October 25, 2004

Source: [Boston.com](#)

Abstract: Efforts to distribute the government's stockpile of drugs and vaccines in the event of a biological attack would fall short in "the last mile" of distribution to state and local areas, according to a Democratic report critical of the Bush administration.

The administration is dismissing the report, due out today, as election-year politicking.

The Democratic staff on the House Homeland Security Committee surveyed health officials in all 50 states. The aides to Texas Representative Jim Turner, the panel's top Democrat, received 41 responses to a series of five questions about states' readiness and funds in the event of a biological attack or serious infectious disease.

Only three states reported that they are at the optimal level of preparedness for a biological attack, based on a three-point scale established by the Centers for Disease Control and Prevention. Four states reported that they were at the bottom of the scale, and six states had not been rated.

Health and Human Services Department spokesman Tony Jewell said the Democrats' report was "petty partisan politics."

"No president in history has done more to strengthen our public health and emergency response capabilities than President Bush," he said.

While the report criticizes the government for not providing enough money, Jewell said not one state has been able to use all the funds the administration has provided to improve hospital readiness and public health programs since the terrorist attacks of Sept. 11, 2001.

That total is about \$5.4 billion in four years.

In 1999, the government established a national stockpile of drugs, vaccines, and other medical supplies to deal with natural or terrorist-created attacks, including anthrax and smallpox.

An important part of the program are so-called "push packs" of supplies that can reach any state within 12 hours. Each pack could fill a 747 jet.

The Democrats' report raises questions about whether the drugs could make it smoothly through "the last mile" to state and local health officials, who would ultimately treat patients exposed to deadly pathogens.

The Democratic staff also received 63 responses to 104 surveys sent to cities and localities about plans for handling a biological attack. Some local health officials replied with concerns about finding trained people to administer treatments and getting proper equipment ([Boston.com, 2004](#)).

Title: Is The United States Ready For A Bioterrorism Attack?

Date: December 2, 2004

Source: [ABC News](#)

Abstract: During the anthrax scare of 2001, when envelopes containing the deadly bacteria were mailed to locations throughout the country, 22 people were infected with the disease. Five eventually died.

The incident, occurring shortly after the Sept. 11 terrorist attacks, underscored the vulnerability of the United States to bioterrorism. Those responsible for the anthrax scare have never been found.

But has our preparedness improved since then? According to many experts, the answer is no.

And anthrax is only one of several bacteria and viruses that could be used in a bioterrorist attack.

"Anthrax is easier to come by and people have used it recently," said Kyle Olson, vice president of CRA, a consulting firm specializing in bioterror under contract to the Department of Homeland Security.

Referring to the anthrax scare of 2001, Olson said, "He/she/they are still out there and may be biding their time and making more. If you can make a little, you can make a lot. That's a scenario that has a lot of people bothered."

Easily Spread & Deadly

The Centers for Disease Control and Prevention classifies six pathogens as Class A bioterrorism agents: smallpox, plague, botulism, tularemia, hemorrhagic fever and anthrax.

Michael Greenberger, director of the University of Maryland Center for Health and Homeland Security in Baltimore, explains that the Class A pathogens share some common traits: they can be easily spread, all of them can be deadly, and even a small dose could cause widespread damage and fear throughout a populated area.

To address these concerns, the CDC in 1999 began to develop the Strategic National Stockpile, a nationwide system of storage facilities with equipment and supplies to address an emergency like a bioterrorist attack.

The SNS would supplement efforts by state and local agencies to respond to a public health emergency. And by most accounts, the stockpile has the equipment to do so.

"The SNS is in pretty good shape," said Olson. "There are multiple stockpiles in numerous sites around the country of drugs, antibiotics, medical equipment, even things like gloves and tongue depressors."

Are Emergency Preparations Inadequate?

How these SNS supplies might reach their intended population, however, is a matter of some concern.

"It's one thing to say that stockpile is in good shape -- it's another thing to say that the preparations for using the stockpile are in good shape," said Olson.

"Very few places in the U.S. have plans for using [the SNS] in place. There are some good efforts, but by and large the majority of American cities do not have good plans or plans that have been tested," said Olson.

Olson and Greenberger note that a handful of cities, like Denver, Seattle and Chicago, have tested some portion of their emergency plans, and say tests are now being planned for other large cities.

But Greenberger said that in large cities like Chicago, "things did not go well."

"The major problem with the stockpile is that once it gets to the field, there are no plans to distribute the medications from the stockpile once they arrive on the scene," he said.

Charles Schable, director of Terrorism Preparedness and Emergency Response for the CDC, believes great improvement in coordinating the distribution of emergency supplies and medication has been made in recent years ([ABC News, 2004](#)).

Title: Report: America Is Not Ready To Defend Against Bioterrorism

Date: December 16, 2004

Source: [Daily News Central](#)

Abstract: Three years after 9/11, America is not ready to respond effectively to a bioterrorist attack, according to a report issued by [Trust for America's Health](#) (TFAH). This is the second year in a row that TFAH has conducted a review of bioterrorism and public health preparedness. "Ready or Not? Protecting the Public's Health in the Age of Bioterrorism -- 2004" examined 10 key indicators to gauge state preparedness and determine America's overall readiness to respond to bioterrorist attacks and other health emergencies.

Not Enough Improvement

Over two-thirds of states and D.C. achieved a score of six or less. Florida and North Carolina scored the highest, achieving nine out of the possible 10 indicators, and Alaska and Massachusetts scored the lowest, at three out of 10.

Although direct comparisons are difficult because the indicators were modified to reflect the changed expectations of additional time and funding, in this year's report, 34 states and D.C. obtained higher scores, nine scores remained the same, and seven scores declined.

The scores demonstrate continued incremental progress; however, preparedness is still lagging behind goals and expectations. With most states still in the middle range of the scale and no states meeting all of the indicators, there are still major areas of vulnerability that leave Americans at risk.

Overall, the report found that many basic bioterrorism detection, diagnosis, and response capabilities are still not in place. This report found that more than three years after 9/11 and the anthrax tragedies, we've only made baby steps toward better bioterrorism preparedness, rather than the giant leaps required to adequately protect the American people, said Lowell Weicker, Jr., TFAH Board President and former three-term U.S. Senator and Governor of Connecticut.

What Will It Take?

The conclusions of this study demand an answer to the big question here: What will it take to make bioterrorism and public health preparedness a real national priority?

Some of the report's major concerns include the following:

1. Nearly one-third of states cut their public health budgets between Fiscal Year 2003 and 2004, and federal bioterrorism funding decreased by over \$1 million per state in 2004;
2. Shifting federal priorities and programs are distracting from improvement efforts, and there is little, if any, accountability to the public;
3. Only six states -- Florida, Illinois, Louisiana, and three undisclosed states -- have achieved "green" status for the Strategic National Stockpile, which means that they are recognized as being adequately prepared to distribute vaccines and antidotes in an emergency;

Brain Drain Imminent

4. Only five public health labs report sufficient capabilities (facilities, technology, and/or equipment) to fully respond to a chemical terrorism threat, and only one-third of states report sufficient bioterrorism lab response capabilities;
5. Nearly 60 percent of states do not have adequate numbers of laboratory scientists to test for anthrax or the plague if there were to be a suspected outbreak;
6. Two-thirds of states do not electronically track disease outbreak information by national standards, causing serious delays in reporting making early warning of disease threats difficult;
7. The public health workforce is on the brink of a "brain drain" as the baby boomers retire and next-generation recruitment efforts suffer;

8. Concerns remain that states are unprepared to implement a quarantine, although every state except Alaska has adequate statutory authority to quarantine in response to a hypothetical bioterrorism attack scenario;

9. Although planning for a flu pandemic, which is often viewed as requiring a similar response to a bioterror attack, has improved, 20 states still do not have publicly available response plans in place; and

10. Based on model estimates, a pandemic flu hitting the U.S. could result in 89,000 to 207,000 deaths and could cost the economy between \$71.3 and \$166.5 billion. Sixteen states could face over 5,000 deaths and 33 states would face over 10,000 people hospitalized in the first wave of the disease hitting the U.S.

'Flash Distracting from Substance'

"Germs in the hands of terrorists is a frightening proposition. Americans deserve to know how their tax dollars are being used to better protect the homeland," said Shelley A. Hearne, DrPH, Executive Director of Trust for America's Health. "Sadly, what we found is that public health professionals have been left to juggle competing priorities with limited resources, and that flash is distracting from substance. We need to focus on fixing the fundamentals and get back to the tried-and-true basics."

During a news conference announcing his resignation earlier this month, departing HHS Secretary Tommy Thompson highlighted the importance of bioterrorism preparedness issues, saying, "for the life of me, I cannot understand why the terrorists have not attacked our food supply, because it is so easy to do," and that a pandemic flu is "a really huge bomb out there that could adversely impact on the health care of the world."

Better Bio-Game Plan Needed

To improve bioterrorism and public health preparedness, TFAH recommends the following:

1. Building a better bio-game plan, with consistent, measurable standards for improvement that require demonstration of how funds were used to achieve progress. In anticipation of the reauthorization of the Public Health Security and Bioterrorism Response Act of 2002, a systematic review of preparedness gaps should be conducted;

2. Getting back-to-basics, by building on fundamental components of a comprehensive public health system that is fully prepared to meet both emergency and ongoing challenges from threats of terrorism to the flu and cancer;

3. Conducting practice drills to assess capabilities and vulnerabilities, to help identify gaps and improve coordination of roles and responsibilities; and

4. Limiting liability to encourage vaccine development and protect health care workers. The report was supported by grants from The Robert Wood Johnson Foundation (RWJF), the Bauman Foundation, and the New York Community Trust. The report and state -specific information is available on TFAH's [Web site \(Daily News Central, 2004\)](#).