

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following propaganda was published within the calendar year of 1999. 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:** Silent Weapons: Growing Fear Of Bioterrorism Prompts Action

**Date:** July 26, 1999

**Source:** [Nurse Week](#)

**Abstract:** Civilian nurses could well be the first responders to a bioterrorist attack—but they might not realize it initially. Victims could look as if they had the flu or a cold. But if the weapon were aerosolized anthrax, those seemingly commonplace symptoms might escalate to respiratory distress and death in only a couple of days for thousands of victims, experts warn.

What was once the exclusive realm of the military has become a leading public health concern. Although the armed forces have long been interested in biological weapons, nonmilitary organizations such as the national Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology Inc. (APIC), the American Public Health Association (APHA), and disaster planners nationwide are beginning to focus on bioterrorism.

"It wouldn't be the military who are responding to the patients," explained Donna E. Davis, MPH, project director for Public Health Grand Rounds for the University of North Carolina at Chapel Hill. In June, the school in conjunction with the CDC presented a program on bioterrorism.

### What's the Difference?

Previously, civilian training for responding to bioterrorism went to traditional first responders to a tragedy, such as police, firefighters, and rescue workers, said D. A. Henderson, MD, MPH, director of the Johns Hopkins University Center for Civilian Biodefense Studies in Baltimore. The organization was established in September 1998 to spearhead efforts to respond effectively to bioterrorist threats.

"When it comes to a biological event, that's an epidemic," Henderson said. "The whole first responder group is different than for chemical or explosive events." Victims will likely initially trickle into emergency rooms and healthcare facilities looking for relief of symptoms such as nausea, respiratory problems, fever, or myalgia. Health professionals need a good understanding of potential biologic agents and of the appropriate response to the resulting disease to minimize its effect and spread.

Detecting bioweapons is difficult. They leave no visible fingerprint until their toxins steadily decimate a population. Unlike nuclear weaponry, biologic agents require no telltale equipment to produce. "Purely from a public health standpoint," said Mohammad Akhter, MD, MPH, executive director of APHA, "the

threat is real because these are concealed substances that can't be detected by any means that we know."

### **Silent Assault**

This insidious nature is one of the foremost challenges of reacting to bioterrorism. Attacks will likely transpire without fanfare, such as the silent release of an agent like anthrax or smallpox, experts predict.

"We're not likely to know that it occurred until the first case is diagnosed," said certified infection control nurse Judith English, MSN, RN, chair of the bioterrorism task force for APIC and head of the infection control branch of the infectious diseases division at the National Naval Medical Center in Bethesda, Md. "It doesn't smell; it's invisible. It would just be by syndromes— which healthcare providers need to be aware of— that an attack could be identified," she said.

Timely response requires recognizing an assault's aftermath quickly. Bioterrorism needs to be in the back of all health professionals' minds whenever they begin to see large numbers of patients with similar symptoms, said Rachel Stevens, EdD, RN, director of the public health nursing program at the University of North Carolina at Chapel Hill. "A cluster of similar symptoms should make any nurse suspicious," Stevens said. A close look at the epidemiology of the outbreak could then confirm or refute bioterrorism as the source and set in motion effective response measures.

### **Healthcare Response**

Key to an efficient response, English said, is having policies and procedures in place that can be accessed readily. She is co-author of *Bioterrorism Readiness Plan: A Template for Healthcare Facilities*, a joint project of APIC and the CDC. The plan can be downloaded from either agencies' Web sites free of charge ([www.apic.org/html/educ/readinow.html](http://www.apic.org/html/educ/readinow.html) and [www.cdc.gov/NCIDOD/HIP/Bio/bio.htm](http://www.cdc.gov/NCIDOD/HIP/Bio/bio.htm)) and can be easily modified to meet a facility's needs. The guide divulges agent-specific recommendations for anthrax, botulism, plague, and smallpox. It also describes infection control practices, postexposure management, patient information, and reporting requirements.

Even if terrorism hasn't been determined as a cause, suspicious symptoms need to be reported immediately to local infection control personnel, hospital administration, and local and state health departments, English said. She recommends notifying the FBI field office, local police, the CDC, and medical emergency services. The readiness plan includes phone numbers for many of these agencies and leaves room to write in local numbers.

Communication between agencies is critical to a coordinated effort, said Raouf Arafat, MD, MPH, chief of epidemiology for the City Health Department in Houston. Too often, health professionals delay contacting the health department to report suspicious signs and symptoms, no matter what the origin. Hesitancy in reporting can obscure the big picture and hamper spotting an outbreak in the early stages, he said.

Nurses' roles after a bioterrorist incident would be similar to their usual jobs. "Infection control professionals would do the gumshoe investigation: Where was this person that could have been exposed to this organism that has been diagnosed?" English said. "We have this experience in our daily work life."

But the scope would probably be on a much larger scale in the event of bioterrorism, Henderson said. "A lot of disease goes around, whether at a church picnic or whatever, but it doesn't bring a city to its knees," he said. Anthrax, smallpox, plague, botulism, hemorrhagic fevers, and other biologic agents could cripple a city's population and its economy.

### **Preparation as Deterrence**

“The better prepared we are, the less likely we are to have such an event,” Henderson said. “If it’s recognized that we’re prepared to respond quickly and effectively, then a biological weapon is less likely to be selected for use.”

By being prepared for a possible bioterrorist attack, healthcare systems are also ready to combat naturally occurring infections, he said. “What we need to do is come out of the complacency we’ve had about infectious disease,” Henderson said. Many people feel that infectious disease is confined to our past, he said, yet new virulent diseases are developing all the time. Henderson cautioned, “We’ve got to be alert and ready to deal with new and emerging infections, whether natural or man-made” ([Nurse Week, 1999](#)).