

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following propaganda was published within the calendar year of 2010. 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:** Obama Orders US Government To Begin Preparing For Biological Attack

**Date:** January 2, 2010

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

**Abstract:** The US Post Office could play a key role in distributing medical aid in the event of a biological attack, according to an executive order released by the White House. The order signed by President Barack Obama directs government agencies, local law enforcement and the US Post Office to work on a model for distribution of medical countermeasures in the wake of a biological attack.

“This policy would seek to: (1) mitigate illness and prevent death; (2) sustain critical infrastructure; and (3) complement and supplement State, local, territorial, and tribal government medical countermeasure distribution capacity,” the order said. “The US Postal Service has the capacity for rapid residential delivery of medical countermeasures for self administration across all communities in the United States,” the order added.

The US Health and Human Services Secretary Kathleen Sebelius and Homeland Security Secretary Janet Napolitano were instructed to work with the post office to develop a “dispensing model for US cities to respond to a large-scale biological attack, with anthrax as the primary threat consideration.” The order calls for the model to be drawn up within 180 days, but gives no details as to whether the idea of using the US postal system to assist Americans in the wake of a biological attack is a new one.

The United States has sought to bolster its capacity to respond to biological attacks since 2001, when anthrax-laced letters mailed to people across the United States led to five deaths. The order came amid heightened security concerns here following an attempt to bring down a US-bound jetliner on Christmas Day. A 23-year-old Nigerian has been charged in the case ([Infowars, 2010](#)).

**Title:** Senator Demands Answers On Government Anthrax Investigation Mystery

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**Title:** Obama To Outline New Bioterror Steps In State Of The Union

**Date:** January 26, 2010

**Source:** [USA Today](#)

**Abstract:** President Obama will announce plans in his State of the Union address tonight to improve the government's ability to respond to a bioterror attack and other major public health threats, the White House said Tuesday.

Spokesman Nick Shapiro said Obama aims to enhance the nation's ability to quickly produce vaccines and other antidotes that could be distributed to save lives in case of another pandemic flu, [anthrax attack](#) or other crisis.

"The goal is a national capability for the rapid, reliable and affordable production of an array of medical countermeasures," Shapiro said. The announcement came hours after the bipartisan Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism gave the federal government an "F" for its preparations to respond to a biological attack that could cause mass casualties.

The commission also issued failing grades to Congress for not reorganizing itself to better oversee anti-terror efforts and to the government generally for failing to recruit and train new national security experts.

Efforts that won an "A" grade: a government review of security at laboratories where scientists work with dangerous pathogens, a new national strategy to improve bioforensic capabilities and the appointment of a White House adviser on weapons of mass destruction.

Commission Chairman [Bob Graham](#), a former Democratic senator from Florida, called the report a "stinging indictment."

The report followed recent embarrassments for the government: months of delays in offering vaccines to counter the H1N1 flu and the White House's own review citing intelligence failures before the alleged attempt by a Nigerian man to blow up a Detroit-bound airliner on Christmas Day.

Former [Republican](#) senator [Jim Talent](#) of Missouri, the commission's vice chairman, said there is ample intelligence showing "the terrorists are actively trying" to get weapons of mass destruction.

"They are trying to hit us as hard as they can," he said.

He said the government has stopped some attacks. But "this is like Russian roulette — eventually that bullet's in the chamber."

House Homeland Security Committee Chairman [Bennie Thompson](#), D-Miss., called the report a "reminder that even as we struggle against conventional terrorist plots such as the one Christmas Day, we mustn't lose focus on the risk of nuclear or biological attacks."

Shapiro said Obama signed an executive order last month to use the [U.S. Postal Service](#) to help deliver medicine in case of a large-scale bioterror attack.

The upcoming announcement, Shapiro said, takes into account the fact that "despite years of effort and millions of dollars in taxpayer funds," the government and pharmaceutical industry have not been able to develop and produce the medications needed to counter an attack ([USA Today, 2010](#)).

**Title:** [Heeding The Warning Of Bioterrorism](#)

**Date:** January 26, 2010

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

**Abstract:** The warning is clear: Bioterrorism is a serious danger to the United States, says the *Report Card Grading Government on Protecting the United States*, released Tuesday by the congressionally-mandated commission charged with assessing threats of weapons of mass destruction. We are unprepared for a catastrophic bio-attack, and the rest of the world is in far worse shape.

The commission's warning is not the first high-level statement to focus attention on bioterrorism. Hopefully, it will prompt the action that the threat deserves.

Disease weapons have an awful capacity to infect tens of thousands of casualties (perhaps far more). Al Qaeda leaders have long recognized that disease weapons are a uniquely cheap way to spread mass panic. Indeed, intentionally inflicted disease ideally serves the goals of terrorism.

An attack could happen invisibly, and no one would know until victims arrive in emergency rooms and morgues. And anyone who can make enough lethal germs for one city can make enough for dozens of cities. The attacks can go on and on until the perpetrators are captured or killed.

The danger is global. Lethal biological agents and the laboratories to weaponize them are on every continent. Disease weapons can be readily smuggled through any airport. A contagious disease will spread across nations unimpeded by fences or border guards. As the President recently stated, "a biological incident that results in mass casualties anywhere in the world increases the risk to all nations from biological threats."

Moreover, bioscience's progress opens new and wondrous ways to make disease weapons. Technological barriers that have thwarted terrorists from inflicting disease are dissolving; eradicated diseases can be synthetically reincarnated; and altogether new diseases can be created. Looking forward, the threats of terrorists, criminals, or lunatics using disease weapons will grow.

Whatever the risk is today, it will be greater tomorrow.

We do not have to be vulnerable. Much can be done to reduce dangers of bioterrorism by focusing on its global dimensions.

This spring, President Obama will convene a *Global Nuclear Terrorism Summit*. That is fine, but bioterrorism is far more likely than nuclear terrorism. The President should call for a *Global Biological Terrorism Summit* and make this a foreign policy priority. Our allies appreciate the risks of bioterrorism and would join in a synergistic strategy that encourages progress on two principal challenges.

First is strengthening capabilities for interdicting bioterror preparations. Disease weapons can be made in nondescript buildings with few tell-tale signs. It is foolhardy to rely on the remote surveillance techniques that only recently identified Iran's secret nuclear weapons facility to find and stop bioterrorists from making disease weapons.

Better intelligence is needed about where lethal biological agents exist and where they are being transported. We need more and better trained eyes on the ground. Local law enforcers are the best positioned to identify strange activities, but most foreign police could walk past a bioterrorism laboratory without a clue. Strengthening global monitoring and detection capacities to stop bioterrorism should be the Summit's first challenge.

Yet, no matter how capably we try to prevent a bio-attack, there can be no guarantee that an attacker will be stopped. We need to be prepared. Thus, the Summit's second challenge is how to have enough medicines (antidotes and vaccines) to treat victims and contain the spread of disease. Delivery networks must be established to rapidly move these medicines to wherever they are needed, and emergency responders must be authorized, equipped and trained to administer treatment to huge populations.

The challenge of preparedness is not centrally about devoting enormous resources to new medicines, although better medicines to treat emerging diseases will be useful long-term. For now, we should increase stockpiles of available medicines and link those stockpiles to logistical capacities for rapid deployment. A global transport system that can move medicine is the best way to prepare against pandemic disease.

Currently, the United States bears too much of the global burden of confronting bioterrorism. When foreign officials need to be trained to recognize and interrupt bioterrorism (for example, in connection with world sporting events), U.S. government personnel lead the way. When diagnostic facilities need to be built, the U.S. devotes the resources and expertise to the effort. And when medicines are needed to treat anthrax, those medicines come from the U.S. stockpile.

United States leadership in this context is commendable, but bioterrorism's global dangers compel engagement of foreign nations. Solutions will be more successful if our allies comparably appreciate why bioterrorism should be a high priority and how collectively we can reduce risks. A Global Summit would be a valuable step in the right direction ([Bio Prep Watch, 2011](#)).

**Title:** Obama Gets 'F' On Stopping Spread Of Weapons Of Mass Destruction

**Date:** January 26, 2010

**Source:** [Fox News](#)

**Abstract:** A bipartisan, independent commission on stopping the spread of weapons of mass destruction says that the Obama administration has failed in its first year in office to do enough to prevent a germ weapons attack on America or to respond quickly and effectively should such an attack occur.

In a 19-page report card being published Tuesday, the Commission on the Prevention of Weapons of Mass Destruction, Proliferation and Terrorism, chaired by former Senators Bob Graham, a Democrat from Florida, and Jim Talent, a Missouri Republican, gives the new administration the grade of "F" for failing to take key steps the commission outlined just over a year ago in its initial report.

Specifically, the commission concludes that the Obama administration, like the three administrations before it, has failed to pay consistent and urgent attention to increasing the nation's ability to respond quickly and effectively to a germ attack that would inflict massive casualties on the nation.

The commission repeated its warning that unless nations acted decisively and urgently, it was more likely than not that a WMD will be used in a terrorist attack somewhere in the world by the end of 2013, and that the terrorists' weapon of choice would be biological, rather than nuclear.

The administration's delayed response to the [H1N1](#) virus, the report concludes, demonstrated that the United States was "woefully behind in its ability to rapidly produce rapidly [vaccines](#) and therapeutics, essential steps for adequately responding to a biological threat, whether natural or man-made."

Even with time to prepare, the report noted, the epidemic peaked "before most Americans had access to vaccine."

And a bio-attack, it warned, would have no such warning.

The administration's lack of urgency was also reflected in its lack of priority on producing and distributing enough vaccines and other medical countermeasures for Americans, its reluctance to insist that hospitals have enough surge capacity to treat people who would be infected in a bioterror attack, and the lack of a national plan to coordinate federal, state and local efforts following a bioterror strike, the document asserts.

Ultimately, the commission chairman and vice chairman say, the "lack of preparedness" and "consistent lack of action" reflect "a failure of the U.S. government to grasp the threat of biological weapons."

Unlike its effort to prevent a nuclear attack, the Obama administration has shown "no equal sense of urgency" about preventing or responding to germ warfare that might cause comparable death and suffering, the commission concludes.

The report assigns 17 grades that it says highlight the issues of greatest priority in protecting Americans from WMD. The commission gave the administration a "D+" for its efforts to tighten oversight of high-containment labs in which experiments involving the deadliest pathogens are conducted. There were still far too many Federal, state, and local agencies regulating germs in sometimes conflicting ways, it states.

The commission also gave Congress a failing grade for failing to consolidate the estimated 82 to 108 committees and subcommittees that oversee some part of the Department of Homeland Security.

"Virtually no progress has been made since consolidation was first recommended by the 9/11 Commission in 2004," the report asserts.

The Obama administration disputed the findings of the report Tuesday, arguing that the president has accomplished a "great deal" in his first year in office.

[White House](#) spokesman Nick Shapiro cited a recently signed executive order establishing "federal capability to rapidly provide medical countermeasures to supplement state and local response in the event of a large-scale biological attack." He said Obama would launch a new initiative aimed at addressing potential "public health threats" during his State of the Union address Wednesday.

The Graham/Talent WMD Commission, as it is known, is a legacy of the 9/11 Commission, which recommended its creation to examine WMD proliferation threats in its own report. In December, 2008, the WMD commission concluded in its final report that American national security faced ever growing threats from unconventional weapons, and from biological weapons in particular.

Its report, "World at Risk," unanimously concluded that bioterrorism was the most likely WMD threat the nation confronted given the exponential growth of biological technology and the stated desire of [Al Qaeda](#) and other terrorist groups to acquire such weapons. It called upon the administration to take 13 steps to reduce America's vulnerability to such an attack. The new report card assesses the progress that the Obama administration has made in implementing its recommendations.

The report is not uniformly negative. It gives the Administration high marks -- an "A" -- for the reviews it has conducted into how best to store and secure dangerous pathogens, and two "A-minus" grades for appointing a WMD coordinator and restructuring how the White House oversees homeland security issues.

But it warns that such steps are not commensurate with the threat the nation faces from terrorist groups searching for unconventional weapons in asymmetrical warfare.

Robert Kadlec, President Bush's former special adviser on bio-defense policy, declined to comment on the commission's failing grade in the area in which he worked, saying there was still "ample opportunity to provide more focus and resources" for bio-preparedness in the administration's remaining three years. "This is a hard problem which deserves high priority," he said.

Two defenders of the administration's policies, both of whom asked not to be identified by name because they were speaking without authorization, said that the Obama White House gave bio-defense and countering nuclear proliferation high priority.

One official said that Obama's second presidential security directive -- the first being the reorganization of the White House national security apparatus -- mapped out a national strategy to defend the nation against biological attacks. He also predicted that the administration would seek increases in its new budget for bio-defense and global surveillance programs.

Having been extended for one more year of work in 2009, the 9-member WMD Commission is disbanding after issuing this final report card. But staff members said that its chairman and vice-chairman intend to form a non-profit organization to continue pressing the government to do more to counter WMD threats ([Fox News, 2010](#)).

**Title:** [Biological Threats: A Matter Of Balance](#)

**Date:** February 2, 2010

**Source:** [Bulletin of the Atomic Scientists](#)

**Abstract:** The Graham-Talent WMD Commission asserted again last week that a bioterrorism attack that "will fundamentally change the character of life for the world's democracies" is highly likely to occur within the next four years. The commission argues that the United States must urgently expand its efforts to develop vaccines and other medical countermeasures against potential bioterrorism agents.

We disagree with the commission on both points. It exaggerates the bioterrorist threat and proposes solutions that won't produce the comprehensive approach needed to strengthen public health security.

The bioterrorist threat must be kept in perspective. Although many fictional "tabletop" scenarios and exercises have predicted bioterrorism catastrophes, these scenarios often have used unrealistic values for critical disease parameters and have routinely ignored the organizational and technical difficulties that terrorists would have in organizing, and successfully carrying out, a bioweapons attack. The history of both state-operated bioweapons programs and unsuccessful terrorist attempts to develop and use such weapons (e.g., the Japanese cult Aum Shinrikyo) have demonstrated, again and again, the significant difficulties that confront making and disseminating a biological weapon. The 2001 anthrax letter attacks, which were seen as validating the catastrophic scenarios, appear to have been executed with anthrax

developed in a U.S. biodefense laboratory with capabilities vastly superior in scale and quality to anything a terrorist could achieve.

Advances in the life sciences may gradually put bioweapon capabilities closer within terrorist reach, but scientific and technological progress alone doesn't warrant exaggeration of the bioterrorist threat. Rather than basing policy on worst-case scenarios, the United States should develop and conduct more plausible, sophisticated threat assessments that take into account the complex set of political, social, and technical factors that would affect bioweapons development and use.

Since the 2001 anthrax attacks, the federal government has spent nearly \$60 billion responding to the perceived threat of bioterrorism. Roughly one-half of that money has funded detection systems, dramatically expanded research on bioweapon agents, and the development, procurement, and stockpiling of vaccines and other medical countermeasures against these agents.

As bioterrorism has commanded policy and funding attention over the last decade, domestic influenza-related deaths have likely exceed 300,000 people. The growing problem of multi-drug resistant tuberculosis, the lack of progress on reducing food-borne infections and disease outbreaks, and annual U.S. mortality figures from AIDS (14,000 deaths) and opportunistic infections such as MRSA (19,000 deaths) all speak to significant ongoing public health needs. Policy and funding decisions must be based on more than just mortality statistics. For instance, government is expected to respond effectively to acute disease outbreaks. Nonetheless, these figures underscore that continuing to emphasize and spend billions of dollars on measures to specifically counter exaggerated bioterrorist threats diverts attention and resources from other pressing natural disease threats and public health concerns.

Moreover, all the money and effort spent on biodefense hasn't produced demonstrably better overall health security for the country. Detection systems remain unreliable triggers for immediate responses. Expansion of biodefense research has increased the number of people with access to dangerous pathogens and toxins, which increases the risk of accidents, infiltration by outside groups, or attack by a rogue insider. Programs to develop stockpiles of vaccines against bioweapon agents continue to face questions relating to efficacy, safety, shelf life, and timely distribution. Many other bioweapon-specific countermeasures will be useless against serious infectious disease problems, other acute public health threats, or even bioterrorist attacks that differ from the threat predicted. Despite promises of broad-based "synergies," most of these efforts haven't produced benefits for public health, as illustrated by the problems experienced in the responses to pandemic influenza A (H1N1).

Nonetheless, the Graham-Talent Commission wants U.S. policy makers to continue down this questionable path with more urgency, more money, and more intense focus on bioterrorist threats. Such an approach will exacerbate the political and funding gaps between defense against bioterrorism and protection of the U.S. population from naturally occurring infectious diseases. Strangely, the Commission points to the H1N1 pandemic as evidence that the United States should devote more funding to biodefense, when the proper conclusion to draw from the troubles experienced with H1N1 is that Washington isn't paying enough attention to public health capabilities in its efforts to strengthen national health security.

Rather than continuing to argue, despite accumulated evidence to the contrary, that bioterrorism-centric policy and spending will produce meaningful and sustainable positive "spillover" effects for public health, a better, more comprehensive approach to national health security would focus on improving public health capabilities to respond to any kind of infectious disease threat. As the recently released U.S. National Health Security Strategy states, "Investments should focus, to the extent possible, on new technologies and countermeasures that could also have uses in non-public health emergency situations."

**This more comprehensive approach would focus political attention and fiscal resources on addressing important public health and national health security needs, including:**

1. Ensuring that the nation's public health system is capable of addressing all public health needs, including infectious disease outbreaks. Only by ensuring adequate staffing and resources in all program areas will the United States build a sustainable public health system that can strengthen individual resistance to disease, improve early detection and treatment, and contain disease outbreaks, whether natural, deliberate or accidental.
2. Increasing support for the basic tools necessary for public health surveillance and epidemiology, including skilled personnel, public health laboratories, and data collection, management, analytic, and information-sharing systems. In this respect, the roughly \$15 billion in biodefense spending to strengthen state and local public health capacity and fund other public health efforts *has* been important and needs to be maintained and even enhanced.
3. Enhancing animal disease surveillance and response capabilities and their integration with public health systems, which would improve the ability to rapidly detect and diagnose both animal and zoonotic infections and disease outbreaks, whether natural or deliberate.
4. Improving disaster preparedness and response capabilities, especially medical surge capacity. The capabilities needed to respond quickly and effectively to an event that produces a large number of casualties are similar whether the event is a natural disease outbreak, a bioterrorism event, or a natural disaster such as an earthquake or tsunami.
5. Strengthening research on new diagnostics, antibiotics, and antivirals for emerging or established diseases that cause significant mortality or morbidity. An ability to more rapidly develop, test, and verify the safety of new vaccines after an epidemic or pandemic is also important. However, emergency-response strategies shouldn't overly focus on vaccination because vaccines usually need to be given prior to exposure. New vaccines will continue to take time to produce, and stockpiled vaccines are highly disease-specific (often even strain-specific) and often have a limited shelf life.

Public health in the United States faces many challenges; bioterrorism is just one. Policies need to be crafted to respond to the full range of infectious disease threats and critical public health challenges rather than be disproportionately weighted in favor of defense against an exaggerated threat of bioterrorism. Nine years after the anthrax letters, we know better than to expect narrowly construed biodefense policies to produce comprehensive health security for the U.S. people ([Bulletin of the Atomic Scientists, 2010](#)).

**Title:** Ireland Calls For Tougher Restrictions On Bioweapons

**Date:** February 11, 2010

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

**Abstract:** A spokesman for Ireland's Labour Party has called for new legislation banning biological weapons to also include the prohibition of transmission of bioweapons through Irish airspace.

"There is evidence of the use of biological weapons in practically every other major conflict, so this legislation is urgent," a Labour TD told the Irish Times. "It is very important that we not only prohibit any work in this regard but also, as a country interested in international law, that we bring forward the legislation dealing with Shannon

Ireland's Cabinet approved the Biological Weapons Bill this week, which prohibits the use, development, production, manufacture, possession, stockpiling, acquisition and retention or transfer of biological weapons.

Ireland's new ban will apply to all vessels and aircraft registered in Ireland as well as to members of the Defence Forces and citizens of Ireland outside of the nation.

Michael Higgins, the spokesman on foreign affairs for Labour, told the Irish Times that the bill, as it currently stands, does not extend the ban to the transmission of biological weapons through Shannon and other airports.

Higgins also said that the bill should be brought forward in conjunction with the newly announced Air Navigation Bill, which is being discussed by the Cabinet subcommittee on extraordinary rendition ([Bio Prep Watch, 2011](#)).

**Title:** 6 Vulnerable Potential Terrorist Targets

**Date:** March 30, 2010

**Source:** [U.S. News](#)

**Abstract:** *Willful Neglect: The Dangerous Illusion of Homeland Security* author Charles Faddis says that terrorists have an ample number of targets to attack in the U.S. and that some are more vulnerable than others. Here are some targets that Faddis says are particularly dangerous and could cause catastrophic damage were they to be struck.

#### #4 Chemical Plants

Chemical plants have long been a concern for the Department of Homeland Security. "Tens of millions of Americans live surrounded by what are, from a terrorist perspective, giant, prepositioned chemical weapons," Faddis writes. "There is no need to construct a weapon and design some mechanism for bringing it onto our soil...They exist in mass quantities, and they are already in position in proximity to major population centers. All that is required is to set them off."

**Example:** An accidental leak of toxic gas in Bhopal, India in 1984 killed between 16,000 and 30,000 people and injured 500,000 others. The substance discharged in Bhopal, methyl isocyanate, is manufactured in a number of different locations within the U.S., most of them in proximity to large urban areas.

#### #7 Bio-Labs

"Since 2001, over \$20 billion has been spent on bio defense programs...The number of laboratories working with dangerous pathogens has exploded," Faddis writes. "...We have a lot more labs now and a lot more people in them, but that may have made us much less safe than we were before. While we worry about germs and the possibility of someone setting them loose against us, we are rapidly growing the pathogens ourselves and placing them in facilities all over this country, including major population centers." Research labs work with various types of pathogens, not all of which get the attention of anthrax. These include rift valley fever, Japanese encephalitis, foot and mouth disease, contagious bovine pleuropneumonia, and the nipah virus to name a few.

**Example:** In 2001, letters with anthrax were sent to numerous news organizations and congressional offices. Five people died as a result; 17 more were infected but survived ([U.S. News, 2010](#)).

**Title:** U.S. Not Ready For Clean Up Effort After A Bioterror Attack

**Date:** April 10, 2010

**Source:** [Homeland Security News Wire](#)

**Abstract:** The small 2001 anthrax attack in the United States cost hundreds of millions of dollars in decontamination costs, and some of the facilities attacked could not be reopened for more than two years; a large-scale biological release in an American city, though, could potentially result in hundreds of thousands of illnesses and deaths and could cost trillions of dollars to clean up.

Following the 2001 anthrax attacks, the government and private sector undertook the task of cleaning up anthrax-contaminated facilities — a job that had never before been attempted on that scale. Decontaminating congressional office buildings, postal facilities, and media buildings cost hundreds of millions of dollars, and some of the facilities could not be reopened for more than two years.

Nine years later, what progress has been made in policy and practice that would make decontamination easier in the event of another attack? A recent assessment, sponsored by the [Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism](#) and appearing in the journal *Biosecurity and Bioterrorism*, [found](#) that the process of environmental decontamination would still be very difficult and costly and that the lines of responsibility at the federal level are still unclear.

The 2001 anthrax attack is considered to be a small attack, because relatively few facilities were involved and anthrax contamination was limited to indoor environments. A large-scale biological release, though, could potentially result in hundreds of thousands of illnesses and deaths and could cost trillions of dollars to clean up. An attack on a U.S. city could contaminate both indoor and outdoor areas, including buildings, street, parks, and vehicles.

Researchers from the [Center for Biosecurity](#) of the University of Pittsburgh Medical Center looked at current decontamination policy and technical practices at the federal level to determine what gaps exist that might hamper response to a future large-scale attack with a biological agent. The government agencies with primary responsibility for decontamination are the Environmental Protection Agency (EPA), the Department of Homeland Security (DHS), and the Department of Defense (DoD). Federal roles and responsibilities for decontamination research and response are not clearly spelled out, overlap, and are often underfunded..

The article also describes some of the technical and scientific issues that remain unresolved: After an anthrax release, what is the risk of secondary aerosolization? What is the federal standard for decontamination — or, how clean is clean? How clean is safe?

The authors note that there are too few personnel trained in decontamination among all of the agencies and including private contractors. In the event of an attack, private building owners and government agencies would likely be calling on the same limited pool of experts and contractors to help with remediation.

**Among the recommendations the authors propose:**

1. DHS should clarify federal roles and responsibilities
2. Congress should increase funding for decontamination research
3. In addition to research, additional investment in personnel is needed ([Homeland Security News Wire, 2010](#)).

**Title:** Secretary Of State Clinton Says U.S. Will Consider Nuclear Response To Bioterror

**Date:** April 12, 2010

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

**Abstract:** U.S. Secretary of State Hillary Clinton has struck back at critics of the nation's new nuclear weapons stance, telling CBS' "Face the Nation" that "all bets are off" in the event of a biological attack.

Clinton was joined by Defense Secretary Robert Gates, who said that both Iran and North Korea would be exceptions to the new policy of nuclear response as both nations have defied UN resolutions on their atomic programs.

"If we can prove that a biological attack originated in a country that attacked us, then all bets are off," Clinton said in an interview on "Face the Nation."

Gates, when asked why Iran and North Korea were exceptions to the newly unveiled nuclear policy, added, "They're not in compliance with the nuclear non-proliferation treaty. So for them, all bets are off. All the options are on table."

A new arms control deal with Russia, Clinton and Gates said, along with the revised nuclear policy, bolsters the diplomatic leverage held by President Obama in his quest to isolate Iran and North Korea over their nuclear programs.

The duo also rejected Republican criticism that the new nuclear policy sent signals of weakness to the world.

"We have still a very powerful nuclear arsenal," Gates told NBC's "Meet the Press" ([Bio Prep Watch, 2010](#)).

**Title:** Chemical Terror Remains A Threat

**Date:** June 1, 2010

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

**Abstract:** Jerome Hauer, the former assistant secretary for Public Health Emergency Preparedness at the U.S. Department of Health and Human Services, writes in an opinion piece that while chemical terrorism remains a threat in the U.S., President Obama should be praised for his nuclear nonproliferation efforts since he took office.

But according to Hauer's commentary on [fireengineering.com](#), some experts believe the focus on nuclear weaponry may be unintentionally taking "from other, more likely terrorist threats, such as biological and chemical agents, conventional explosives, or a combination thereof."

Hauer references two recent New York City threats that were thwarted before anyone was harmed – the car bomb detonation attempt in Times Square and the arrest of a suicidal college student who was traversing the city through the subway with a backpack full of sodium cyanide and flares.

"Unlike nuclear or biological weapons, chemical weapons are relatively easy and inexpensive to acquire and deploy," Hauer writes. "Commercially available chemicals, such as malathion and parathion – organophosphorus pesticides commonly used in agriculture – are highly toxic and have the potential to inflict significant casualties in minutes, especially if used by someone willing to die in the effort. Pesticides, cyanide and other poisons are readily accessible in the U.S., traveling via road and rail through our cities every day."

Hauer recommends arming first-responding units with better protective gear and up-to-date antidotes for a wide range of chemical threats.

"And it means training and exercising specifically to deal with chemical terrorism," he writes. "Specialized exercises by individual groups, and large-scale exercises that involve the medical community and local, state and federal agencies, help identify gaps in response protocols and strengthen partnerships between agencies so they work together more effectively" ([Bio Prep Watch, 2010](#)).

**Title:** Vaccine Against 2009 Pandemic Flu Also Protects Mice Against 1918 Strain

**Date:** June 16, 2010

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

**Abstract:** In 2005, a group of American scientists [resurrected](#) one of history's deadliest killer – the H1N1 flu virus of 1918 that killed approximately 50 million people worldwide. Using samples from a patient buried in Alaskan permafrost, they deciphered the virus's genome and structure, rebuilt it from scratch and infected mice with it.

The move was understandably a [controversial one](#). It has led to a greater understanding [of the 1918 pandemic](#), and [other important flu strains](#), but scientists have [cited the possibility](#) that this infamous killer could be accidentally released from a lab ([as has happened before with other H1N1 strains](#)). Worse still, it

could be developed into a bioterror weapon. But according to Rafael Medina from the Mount Sinai School of Medicine, these worries may be unfounded. He has shown that since 1918, the world has gained an ally that will protect people against the deadly strain should it ever reemerge. That ally is a most unexpected one – the H1N1 swine flu virus from 2009.

The virus that went pandemic last year is actually a fourth-generation descendant of the 1918 virus. It's [part of a 'pandemic era'](#) that was kicked off by the original strain and that has lasted for almost a century. Despite the 91-year gulf between them, the 1918 and 2009 viruses have some [important similarities](#) that set them apart from seasonal strains. This likeness means that antibodies that target one strain should work against the other. Indeed, elderly people who survived the 1918 pandemic [still carry such defensive antibodies](#), and these can [neutralise the 2009 virus too](#). This probably explains why elderly people, who are usually most at risk from flu viruses, were largely spared the brunt of the recent pandemic.

Now, Medina has found that the protection works the other way too, at least in mice. He gave mice the vaccine against the 2009 pandemic or antibody transfusions from humans who had themselves been vaccinated. Either way, the rodents produced antibodies that completely protected them against extremely lethal doses of the 1918 virus. Without the vaccine, all of the mice were dead within 8 days. With it, they barely showed any signs of illness and lost trivial amounts of weight. By contrast, vaccines against other strains of seasonal flu failed to provide any sort of protection against the 1918 monster.

Of course, this study has only looked at mice and Medina acknowledges that the next step will be to see if the 2009 vaccine will protect against 1918 flu in other animal models, such as guinea pigs, monkeys and ferrets. But for now, the results are encouraging

The 2009 pandemic spread worldwide and it is still [the dominant strain of seasonal flu](#). Huge numbers of people were vaccinated when the pandemic hit, and the World Health Organisation has recommended that the standard annual flu vaccine should also target the pandemic strain. This means that large swathes of the population should now be immune to the 1918 virus should it ever rear its proteins again. It's good news for scientist too; as Medina says, the current vaccine "should also serve as an additional layer of safety for researchers working with the 1918 influenza virus" ([Discovery, 2010](#)).

**Title:** Experts Warn Bioterror Could Be Future Of War

**Date:** June 21, 2010

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

**Abstract:** The continued proliferation of chemical, biological, nuclear and radiological weapons is a major concern for U.S. military officials and could end up changing the battleground for troops according to experts.

Commanders under U.S. Central Command recently expressed such concerns during a Special Operations Forces Industry Conference, [nationaldefensemagazine.org](#) reports. While the panelists agreed that they did not know where the next wars will be fought, they agreed troops should be prepared for a number of possibilities, including chemical and biological attacks.

One concern expressed by Air Force Major General Charles Cleveland is that the Defense Department has not invested enough in next-generation protective gear to protect troops from a combination of different terrorist attacks, including biological or chemical weapons.

Air Force Brig. Gen. Richard Haddad, commander of Special Operations Command Korea, voiced similar concerns, noting that tensions remain high in North Korea and South Korea, following the March sinking of a warship. He told [nationaldefensemagazine.org](#) that North Korea recently threatened to attack South Korea if the U.N. leveled sanctions against them.

"We've heard those provocations before and are waiting to see what happens," Hadda told [nationaldefensemagazine.org](http://nationaldefensemagazine.org). "I have no question in my mind that they will do quite well in war."

Hadda noted that U.S. operator needs would include infiltration programs and radio communications ([Bio Prep Watch, 2010](#)).

**Title:** Monkeypox Rising In Wake Of Smallpox Eradication

**Date:** August 31, 2010

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

**Abstract:** Some thirty years after authorities doled out the last dose of smallpox vaccine, the world faces another multiplying menace: monkeypox.

A new study suggests that the monkeypox virus, which the smallpox vaccine also grants immunity against, is now at least 20 times as common as it was shortly after victory over smallpox had been declared.

"The eradication of smallpox was one of the greatest achievements known to man," lead researcher Anne Rimoin of the University of California, Los Angeles School of Public Health told Reuters Health. "But a consequence of ceasing smallpox vaccinations is that now the world's population is vulnerable to other (related viruses) such as monkeypox."

While the infection is somewhat less serious than smallpox, it can still scar and even kill its victims. And in contrast to its cousin, monkeypox is not only able to jump between humans, but can infect through contact with small animals that harbor the virus. As a result, its control could be all the more challenging, warned Rimoin.

Converging political, social, economic and environmental factors make African nations -- in particular, the Democratic Republic of the [Congo](#) -- especially vulnerable to the infection, she explained. The virus's favorite animal hosts such as squirrels and monkeys are endemic there, and civil war has forced many people to rely heavily on hunting wildlife for sustenance. Some have even migrated deep into the animals' forest habitats to seek refuge from the violence.

"The virus has probably been on the rise for years, but the country lacked surveillance," Rimoin noted. "To find disease, you have to look for it."

So she and her colleagues, who included many local Congolese, did just that. Using Chinese bicycles like pack mules to transport supplies, and with funding from the U.S. National Institutes of Health, they surveyed nine local health zones for signs of monkeypox between November 2005 and November 2007. They identified 760 cases of laboratory-confirmed monkeypox.

Compared to similar surveillance conducted in the 1980s, Rimoin's team found a 20-fold increase in monkeypox cases -- far more than they ever expected to find. In a single health zone, the average number of yearly cases rose from less than 1 to roughly 14 per 10,000 people.

Most of the victims were born after smallpox vaccination was officially discontinued in 1980. Vaccinated individuals were more than five times less likely to become infected with monkeypox compared to those without the vaccine's protection, the researchers report in the Proceedings of the National Academy of Sciences.

"What we're seeing is a harbinger of things to come," said Rimoin. She warned that the virus could grow more widespread with further deforestation, continued movement of people from rural to urban areas, bushmeat trafficking and importation of exotic pets.

"And every new infection provides the virus with the opportunity to evolve into a more serious or transmissible virus," she added.

It's already clear that the Democratic Republic of the Congo isn't the only home for the virus. The Republic of the Congo and Sudan also reported cases in recent years. And in 2003, monkeypox arrived in the U.S. Midwest with imported African rodents, before spreading among prairie dogs and sickening 90 people.

Experts fear an even more virulent and efficient virus could return to the western world.

"The higher the rate of new infections, the greater the chance that travelers from the U.S. will be exposed, and that the disease will be imported into the U.S. -- possibly establishing itself in U.S. rodent populations," Dr. Dan DiGiulio of Stanford University School of Medicine in California, who was not involved in the study, noted in an email to Reuters Health.

So what can be done to keep the virus at bay? Rimoin suggested that behavioral interventions may be the most effective strategy at this point, including teaching people at risk of infection what animals may be most likely to carry monkeypox and how to handle them to avoid infection, as well as isolating infected individuals.

Continued active surveillance is also important to better identify the animal reservoirs and rates of animal-to-human versus human-to-human transmission. "Once we understand more about this virus and what it may mean for us," she said, "we may be able to consider specific interventions, perhaps vaccinating groups that are at significant risk of infection."

DiGiulio added the need for animal importation policies, and research into effective antiviral treatments and vaccine development.

"Three decades after the eradication of smallpox, pox viruses still deserve our close attention," said Rimoin. "And we shouldn't only worry about its accidental introduction but also as a deliberate terrorist release" ([Reuters, 2010](#)).

**Title:** Russian Expert Says Terror Networks Searching For Bioweapons

**Date:** October 6, 2010

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

**Abstract:** The head of Russia's Security Council recently announced that the country's security agencies believe international terror networks are doubling their efforts to gain access to biological and chemical weapons of mass destruction.

Nikolai Patrushev voiced his concerns during a recent security conference at the Black Sea Resort, in Sochi, Russia, [MonstersAndCritics.com](#) reports.

"We have such indications," Patrushev said, [MonstersAndCritics.com](#) reports. "Worldwide, terrorists have also tried to buy radioactive material for a dirty bomb."

Following the Security Council meeting, Patrushev told the press that intelligence reports indicate that energy production would be one area targeted by terrorists. He specifically named the Suez Canal in Egypt and the Strait of Gibraltar as potential targets.

Patrushev also said that he believes al-Qaeda is involved in the bloody conflict unfolding in Russia's Caucasus region, [MonstersAndCritics.com](#) reports. The region, which has seen two Chechen wars, could be of great interest to terrorists.

"Al-Qaida's main goal is to establish an Islamic caliphate spanning Central Asia, North and Central Africa and the North Caucasus," Patrushev said, MonstersAndCritics.com reports ([Bio Prep Watch, 2010](#)).

**Title:** EU Member States Urged To Prepare For Biological, Chemical attacks

**Date:** November 9, 2010

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

**Abstract:** As a result of a rise in terrorist attacks, European Union member states were recently urged to include chemical, biological, radiological and nuclear weapons attacks in their emergency response planning.

This decision came about after a November 8, 2010, meeting between EU justice and home affairs ministers, SofiaEcho.com reports.

The ministers implored the EU states to integrate the response elements of police, rescue, intelligence, health and communication with CBRN risks to create new preventative plans. These plans would incorporate simulation exercises and information exchanged among EU states to solve problems at the EU level and to increase public awareness about potential risk.

The ministers said that public awareness must be raised so that people know the appropriate actions to take and that the member states had the first responsibility in protecting people against CBRN attacks, according to SofiaEcho.com.

Since 2002, the EU has taken several steps to respond to attacks of this nature, including a 2008 Europol program to develop a European CBRN database.

While some EU member states has specific response and preparedness plans to deal with attacks involving CBRN materials or terrorist threats, others had specific plans for nuclear or radiological risks, general emergency plans with all-hazard approaches, emergency plans to deal with CBRN threats or specific procedures to deal with CBRN material attacks, the EU ministers said, according to SofiaEcho.com ([Bio Prep Watch, 2010](#)).

**Title:** Report Warns Of Bioterror Attack On Public Transportation

**Date:** December 28, 2010

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

**Abstract:** A USA Today examination has found that, despite the government's attempts to upgrade rail and subway defenses against terrorist attacks, there are major holes in the public transportation system that may be impossible to fix.

These security holes may leave over four billion passengers vulnerable, whereas the tighter security at airports affects fewer than 700 million people. There have been six terrorist plots that have targeted the U.S. rail and subway systems since the September 11, 2001, terrorist attacks, USA Today reports.

"Mass transit systems are much less secure than the aviation sector or certain key government buildings," Clark Kent Ervin, the former inspector general of the Department of Homeland Security, said, according to USA Today.

The Transportation Security Administration has mostly given the responsibility of rail security to local governments, which USA Today said does not have the money and capabilities to make systems secure.

"We know that some terrorist groups see rail and subways as being more vulnerable, because there's not the type of screening that you find in aviation," Ervin said, USA Today reports.

It is possible, according to USA Today's report, that the only way to truly secure rail and subway cars is to screen every passenger.

"Mass transit systems in the U.S. are vast, a literal black hole," James Carafano, a homeland security expert at The Heritage Foundation, said, according to USA Today. "They would consume every cent we spend on homeland security, and there still would be vast vulnerabilities" ([Bio Prep Watch, 2011](#)).

**Title:** The Threat Of Bioterrorism And The Ability To Detect It

**Date:** December 29, 2010

**Source:** [Homeland Security Today](#)

**Abstract:** A day after Congress passed legislation to overhaul food safety laws and on the heels of the Department of Homeland Security's (DHS) disclosure that terrorism intelligence threat streams indicated Al Qaeda (AQ) has discussed an attack on US soil by contaminating "salad bars" and "buffets" with poisons, a Salmonella attack by Mother Nature sickened 89 people (23 percent of whom had to be hospitalized) in 15 states and the District of Columbia, reported the Centers for Disease Control and Prevention (CDC).

The outbreak appeared to be linked to contaminated alfalfa sprouts "at a national sandwich chain," CDC said in a statement. And it was widespread. According to CDC, 50 people were sickened in Illinois, 14 in Missouri, nine in Indiana, three in Wisconsin and two in Pennsylvania. Connecticut, Georgia, Hawaii, Iowa, Massachusetts, New York, South Dakota, Tennessee, Texas, Virginia and the District of Columbia all reported at least one confirmed case of Salmonella-induced illness linked to the reputedly contaminated alfalfa sprouts.

According to a variety of public health authorities, this and other foodborne outbreaks during the last several years "should be a wake-up call" to what could happen if terrorists were able to pull off an attack on the nation's food supplies with pathogenic bacteria like the Salmonella recently found on Alfalfa sprouts that can be found at salad bars and buffets across the nation. Even though the sprouts are washed, CDC and other authorities said the only way the pathogenic bacteria on them can be killed is by thoroughly cooking the sprouts.

Biological weapons have been called "the poor man's atom bomb" because the capacity to produce and spread pathogens requires relatively little in the way of sophisticated technology. And as recent federal and private sector studies have concluded, surveillance, reporting and situational awareness capabilities remain deficient for both naturally occurring and terrorism-caused incidents of biological foodborne contamination.

Unintended contamination of food provides an example of the potential widespread threat that could be posed by terrorists. Eight months ago, more than 500 million eggs had to be recalled in response to a nationwide Salmonella outbreak federal authorities said they linked to two egg manufacturing plants. At least 1,300 people are believed to have been sickened by the tainted eggs between May and July, or roughly 200 a week, according to CDC. The historical average is about 50 Salmonella-related illnesses a week. The government eventually said it determined that unsanitary processing practices are believed to have been responsible for the contamination.

A year earlier, the Food and Drug Administration (FDA) ordered a recall of Salmonella contaminated peanut butter and products containing peanut butter made by a specific company. In this case, federal investigators also linked the *Salmonella Typhimurium* strain in the poisoned peanut butter to improper food processing procedures. The investigations also reportedly found recurring shoddy inspection practices.

What was particularly alarming was that “this [was an ingredient-driven outbreak; that is, potentially contaminated ingredients affected many different products that were distributed through various channels and consumed in various settings,” FDA said.

Moreover, in each of these outbreaks, the actual number of people who were sickened is probably much higher. CDC’s Dr. Christopher Braden, a medical epidemiologist who currently serves as Acting Director, Division of Foodborne, Waterborne and Environmental Diseases, explained that only about one in 30 cases of Salmonella-induced illness during an outbreak is reported to health officials.

CDC considers Salmonella to be a "Category B" pathogen because it’s moderately easy to disseminate.

### **Deliberate Contamination has Precedents**

In 1984, followers of the bizarre religious cult, Bhagwan Shree Rajneesh, contaminated local salad bars in Dalles, Oregon with *Salmonella Typhimurium* in an attempt to incapacitate so many voting residents of Wasco County that the cult’s own candidates would win the county elections. The attack sickened 751 people and required 45 to be hospitalized.

In 1996, a disgruntled laboratory worker deliberately infected food to be consumed by co-workers with *Shigella Dysenteria* Type 2, causing 12 people to be sickened, four of whom had to be hospitalized and five sent to emergency rooms.

In May 2003, a supermarket employee pleaded guilty to intentionally poisoning 200 pounds of ground beef with an insecticide containing nicotine. Although the tainted meat was sold in only one store, more than 100 people, including about 40 children, were sickened.

About 40,000 cases of Salmonella poisoning are reported every year in the US, CDC said. Counterterrorism officials told *HSToday.us* that that number undoubtedly would be “much, much higher” as the result of a terrorist attack, and that it would take “precious time” before public health authorities realized that the escalating number of sickened persons were actually victims of a biological attack.

In the case of a Salmonella terrorist attack, the young, elderly and persons with weakened immune systems would be most at risk, CDC said.

According to CDC, there are an estimated 76 million illnesses, 325,000 hospitalizations and 5,000 deaths annually from food that has been inadvertently contaminated by pathogens - at a cost of somewhere around \$35 billion. Based on current population data, this roughly translates to an estimate that, each year, one out of every four Americans will develop a foodborne illness.

According to a report by CDC researchers in *Morbidity and Mortality Weekly Report*, the leading causes of foodborne disease outbreaks in 2007 were due to Norovirus and Salmonella contamination of mostly poultry, beef and leafy greens. But surveillance data also indicated that no cause was ever determined for about one-third of foodborne disease outbreaks in nearly a quarter of victims.

Counterterror authorities said this data illustrates the difficulty officials will have in quickly determining that an outbreak is the result of an attack and just how widespread the attack is when so many people who get sick from contaminated food either do not see their doctor or go to a hospital.

### **Terror Bio-Attack is Real**

DHS has stated that “the prospect of a mass-scale food contamination event is of particular concern because the nation is subject to major unintentional foodborne illness outbreaks. Experts reason that ... an individual or individuals with malevolent aims could reproduce these outbreaks with more dire consequences.”

"Now, can you imagine what a well-coordinated terrorist attack could do if they're using a really nasty pathogen?" asked a veteran counterterrorism official who has been dealing with the threat of a biological terrorist attack.

The October 2003 Department of Health and Human Services (HHS) and FDA report, [Risk Assessment for Food Terrorism and Other Food Safety Concerns](#), noted that just "major outbreaks of foodborne illness occur all too frequently," and sometimes affect hundreds of thousands of people.

"Among the largest reported outbreaks caused by unintentional biological contamination," the report stated, "was an outbreak of *Salmonella Typhimurium* infection that sickened approximately 170,000 people in 1985 and was linked to post-pasteurization contamination of milk from a US dairy plant. An outbreak of hepatitis A caused by tainted clams affected nearly 300,000 people in China in 1991 and may be the largest foodborne disease incident in history."

Then, "in 1994, an outbreak of *Salmonella Enteritidis* infection linked to a contaminated ice cream pre-mix sickened an estimated 224,000 people in 41 states in the US," and "in 1996, about 8,000 children in Japan became ill, and some died, after eating *E. coli* 0157:H7-tainted radish sprouts served in school lunches."

"In today's global marketplace, the contamination of food in one country can have a significant effect on public health in other parts of the world," the joint HHS-FDA report emphasized, noting that "in 1989, approximately 25,000 people in 30 states in the US were sickened by *Salmonella Chester* in cantaloupes imported from Mexico."

And, "in 1996 and 1997, 2,500 people in 21 states in the US and two Canadian provinces developed *Cyclospora* infections after eating tainted Guatemalan raspberries."

"If an unintentional contamination of one food, such as clams, can affect 300,000 individuals, a concerted, deliberate attack on food could be devastating, especially if a more dangerous chemical, biological or radionuclear agent were used," the HHS-FDA report concluded, adding, "it would be reasonable to assume that a terrorist using the food supply as a vehicle for attack would use an agent that would maximize the number of deaths associated with the contamination," and that "many of these agents are the same pathogens that have been linked to significant outbreaks of foodborne illness due to unintentional contamination."

A top government public health official told *HSToday.us* on background because of the politically sensitive nature of his position that while "most foodborne pathogens cause relatively mild self-limited illnesses, [they] certainly could cause nationwide distress. The ones which would have a greater potential for more serious life-threatening illnesses would include *E. coli* O157 and Botulism. The later is especially of great concern due to the fact that very miniscule amounts of the toxin are needed to contaminate food to cause the paralytic disease, and you don't need viable replicating organisms - only the pre-formed toxin. The incubation period for both would be very short, within 24 hours or so depending on dosage."

In 2000, the World Health Organization (WHO) adopted a resolution stating it was "[d]eeply concerned that foodborne illness associated with microbial pathogens, biotoxins and chemical contaminants in food represent a serious threat to the health of millions of people in the world."

The recent scare that Al Qaeda or one of its affiliated movements (AQAM) might try to carry out a biological attack in the US was brought to light by a DHS intelligence alert distributed to selected hotel and restaurant executives. Officials said the alert was in response to a "credible" threat. But this is isn't a new AQ threat, veteran WMD counterterrorism intelligence officials stressed.

The officials told *HSToday.us* that they've been aware "for some time" of AQ's desire to contaminate fresh foods in the United States, especially with highly pathogenic bacteria cultured in large batches that, for

example, could be put in syringes that could then be used to spray the potentially deadly pathogens on fresh food like produce and vegetables.

The officials said intelligence indicated AQ has considered deploying cadres of Americans who'd been recruited and converted into jihadists who could get jobs in fresh food production, distribution and transportation. Through their access to large bulk packaging, distribution and transportation inside the nation's massive food processing system, they might be able to contaminate large amounts of fresh food shipments.

Former Director of National Intelligence Michael McConnell said "one of our greatest concerns continues to be that a terrorist group or some other dangerous group might acquire and employ biological agents ... to create casualties greater than September 11."

In his 2004 resignation speech, former HHS Secretary Tommy Thompson declared: "I, for the life of me, cannot understand why the terrorists have not ... attacked our food supply because it is so easy to do."

*Homeland Security Today* earlier reported (see [The WMD Connection](#) in January 2010) that counterterrorism authorities have long been concerned that AQ is much more likely to attempt to carry out a mass casualty attack using biological agents rather than lethal chemicals or radiological or nuclear weapons.

Pathogenic bacteria are bacteria that cause bacterial infection like tuberculosis, which is caused by the bacterium *Mycobacterium Tuberculosis*, which kills roughly two million people a year.

Other pathogenic bacteria include those that cause foodborne illnesses like Salmonella. Pathogenic bacteria also are responsible for tetanus, typhoid fever, diphtheria, syphilis and leprosy.

### **But are Mass Casualties Likely?**

But not all of these pathogenic bacteria could successfully be used to contaminate food and produce mass illnesses, authorities pointed out. But some could, and that's what worries homeland security officials.

Some of these officials said in the wake of the disclosure of the DHS alert that the tactic of contaminating food with biological agents is beyond the capabilities of Al Qaeda.

DHS spokesman Sean Smith said in a prepared statement that "we get reports about the different kinds of attacks terrorists would like to carry out that frequently are beyond their assessed capability," noting, however, that Al Qaeda "has publicly stated its intention to try to carry out unconventional attacks for well over a decade."

In his March 3, 2009 S. Rajaratnam School of International Studies paper, *Food Terrorism: How Real? A Historical Survey Since 1950*, Gregory Dalziel stated that "there is very little clear evidence of actual intent from terrorist groups to attack the food supply chain in order to produce mass casualties, whether with CBRN materials or otherwise."

Earlier, the Congressional Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism's final report, [World at Risk](#), concluded that "because of the difficulty of weaponizing and disseminating significant quantities of a biological agent in aerosol form, government officials and private sector experts believe that no terrorist group currently has an operational capability to carry out a mass casualty [biological] attack."

"But they could develop that capability quickly," the report added, noting that "in 2006 congressional testimony, Charles Allen, Under Secretary for Intelligence and Analysis at the Department of Homeland

Security, noted that the threat of bioterrorism could increase rapidly if a terrorist group were able to recruit technical experts who had experience in a national biological warfare program, with knowledge comparable to that of the perpetrator of the 2001 anthrax letter attacks. In other words, given the high level of know-how needed to use disease as a weapon to cause mass casualties, the United States should be less concerned that terrorists will become biologists and far more concerned that biologists will become terrorists.”

Continuing, the panel’s report stated that “the last point bears repeating. We accept the validity of intelligence estimates about the current rudimentary nature of terrorist capabilities in the area of biological weapons but caution that the terrorists are trying to upgrade their capabilities and could do so by recruiting skilled scientists. In this respect the biological threat is greater than the nuclear; the acquisition of deadly pathogens, and their weaponization and dissemination in aerosol form, would entail fewer technical hurdles than the theft or production of weapons-grade uranium or plutonium and its assembly into an improvised nuclear device.”

But, the Commission ultimately concluded, “the difficulty of quantifying the bioterrorism threat to the United States does not make that threat any less real or compelling. It involves both motivation and capability, and the first ingredient is clearly present. Al Qaeda had an active biological weapons program in the past, and it is unlikely that the group has lost interest in employing infectious disease as a weapon. That roughly a half-dozen countries are suspected to possess or to be seeking biological weapons also provides ample grounds for concern.”

Some WMD counterterrorism authorities and other officials disagreed, saying post-9/11 intelligence has continued to indicate that Al Qaeda remains interested in carrying out biological attacks. The concerns have been serious enough that beginning in May 2005, the Heart of America Joint Terrorism Task Force (HOA-JTTF), in conjunction with the Kansas City Division of the FBI and the greater Kansas City metro area police, convened the [International Symposium on Agroterrorism](#) to bring together experts and officials from around the world to discuss this threat.

There have been three symposiums since then that have been attended by thousands of authorities and government officials from dozens of countries to brainstorm how to protect and monitor the global food supply from terrorism. The 4th symposium will again be held in Kansas City next April 26-28.

“It would be foolish to think that Al Qaeda doesn’t have the resources and skill sets to develop pathogenic bacteria” that it could use to contaminate food stuffs, an official told *HSToday.us*.

“What they lack,” said another official, “are the jihadists in the right positions necessary to carry out a large-scale attack” that would result in mass casualties. “That’s their [AQ] problem.”

All of the officials though stressed that Al Qaeda today “is thinking out of the box – things that a lot of people probably would consider to be science fiction,” as one said.

Continuing, the official emphasized that Al Qaeda “represents a determined Islamist jihad-inspired religious mindset that’s thinking in terms of fighting infidels – us – using wide-ranging asymmetrical attack methodologies. Before 9/11, how many would have believed that terrorists could – or would - fly planes into the World Trade Center buildings ... or the Pentagon ... or that someone could send anthrax spores through the mail ... or that some terrorist would be such a true believer that he’d stuff a bomb up his ass or in his underwear?”

The official stressed that “these are religious inspired terrorists who believe that killing themselves to kill infidels will send them to be with Allah; they really believe that jihad is the one sure fire way to get to heaven. We’re facing a motivated enemy that is thinking so far out of the box that’s sometimes even I find what they’re thinking about doing is ridiculous. But it isn’t! And that’s the reality!”

The HHS-FDA study stated that “the threat to the US food supply is more than theoretical,” explaining that “when US troops entered the caves and safe houses of members of the Al Qaeda terrorist network in Afghanistan in the months following the September 11th attacks, they found hundreds of pages of US agricultural documents that had been translated into Arabic.”

“A significant part of the group's training manual is reportedly devoted to agricultural terrorism - specifically, the destruction of crops, livestock and food processing operations,” the study noted. Moreover, recent threats of food sabotage from known terrorist groups have been reported. Specifically, the Central Intelligence Agency stated in January 2003 that it was investigating whether one of Al Qaeda's leading experts on chemical and biological warfare was involved in a plot to poison food intended for British troops. The investigation stemmed from the discovery of ricin in a London apartment linked to suspected militants, one of whom worked for a catering company. The suspects were believed to have been in contact with people who worked on at least one British military base.”

Then, “in early September 2003,” the HHS-FDA report pointed out, the Federal Bureau of Investigation issued a bulletin warning that terrorists might use two naturally occurring toxins, nicotine and solanine, to poison US food or water supplies. The FBI noted that terrorist manuals and documents recovered in Afghanistan refer to the use of these substances as poisons.

Citing the supermarket employee that deliberately contaminated ground beef with an insecticide containing nicotine, FBI officials advised: “Such lone offenders, whether Al Qaeda [sic] sympathizers or domestic criminals, are a concern to FBI because they are so difficult to detect.”

And “the US is not alone in its concern about a food terrorist event. The WHO Secretariat noted [in 2002] that several countries have reported heightened states of alert for a biological or chemical attack on air, water, or food,” the study said, stressing that “the events of September 11, 2001, and evidence from Al Qaeda validate concerns about threat of terrorism against the United States.”

### **The Economic Threat**

Retired Air Force Col. [Randall Larsen](#), who served as executive director of the Congressional Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism, told *HSToday.us* that while the nation's food supply system is certainly vulnerable to a terrorist attack “at many points ... I'm not convinced that an attack on the food supply could ever reach the level of being a mass destruction attack.”

The first witnesses to testify before the National Commission on Terrorist Attacks Upon the United States (known as the 9/11 Commission), Larsen continued: “Yeah, you could do that, but you could easier also probably kill just as many with a bomb at the food court of a shopping mall.”

Director of The Institute for Homeland Security and the National Security Advisor to the Center for Biosecurity at the University of Pittsburgh Medical Center, Larsen said “I believe there's a small likelihood of a mass destruction” attack on the food supply.

Larsen explained that while there are indeed “choke points” for the production of specific food products that potentially could be targeted, he said the food production and processing industry is very cognizant of internal security because of the potential threats they face every day from disgruntled and sloppy employees and “mother nature.”

An attack or attacks could cause “mass disruption” and pockets of illnesses, Larsen said, but the larger impact would be economic, noting that “one in seven people work in the food industry in production, processing and retail sales.”

Larsen pointed out that a sophisticated attack on our meat supply using Hoof and Mouth disease “would require the destruction of 50 million cloven-hoofed animals to get the disease under control and to control the economic impact.”

“I worry more about the economic impact than I do a mass casualty impact,” Larsen said.

Indeed. The HHS-FDA report stated that the “deliberate or accidental contamination of food [could] have enormous economic implications in the US, where one out of every eight Americans is estimated to work in an occupation directly linked to food production.”

The study said “food terrorists may have economic disruption as their primary motive.”

“At least three types of economic effects may be generated by an act of food terrorism,” the study concluded. These could be from “direct economic losses attributable to the costs of responding to the act; indirect multiplier effects from compensation paid to affected producers and the losses suffered by affiliated industries, such as suppliers, transporters, distributors and restaurant chains; and international costs in the form of trade embargoes imposed by trading partners.”

“Though the costs associated with the food sabotage ... are unavailable,” the study said, “reports from unintentional contamination incidents demonstrate the tremendous costs of responding to such events. In 1998, a company in the US recalled nearly 16,000 metric tons of frankfurters and luncheon meats potentially contaminated with *Listeria monocytogenes*, at a total cost of \$50 million to \$70 million. The company reported spending more than \$100 million in the following two years to improve food safety and convince consumers that its products were safe.”

“Indirect costs,” HHS and FDA concluded, “can be staggering as well. The US Department of Agriculture estimates that foodborne illnesses linked to five pathogens costs the economy \$6.9 billion annually,” noting that “the outbreak from Salmonella-contaminated ice cream was estimated to have cost the US economy about \$18.1 million in medical care and time lost from work.”

“Agriculture and the general food industry remain absolutely critical to the social, economic and, arguably, political stability of the US, indirectly constituting roughly two percent of the country’s overall domestic gross domestic product (GDP),” stated RAND Corp. policy analyst Peter Chalk during a Senate Subcommittee on Oversight of Government Management, Restructuring and the District of Columbia, in October 2001.

Reiterating that “one in eight people work in some component of agriculture – more if food production is included,” this makes “the industry one of the US’ largest employers. Cattle and dairy farmers alone earn between \$50 and \$54 billion a year through meat and milk sales, while roughly \$50 billion is raised every year through agricultural exports. The share of produce sold overseas is more than double that of other US industries, which gives agriculture major importance in terms of the American balance of trade.”

Chalk told the subcommittee that “these figures represent only a fraction of the total value of agriculture to the country, as they do not take into account allied services and industries such as suppliers, transporters, distributors and restaurant chains.” He noted that “the downstream effect of any deliberate act of sabotage/destruction to this highly valuable industry would be enormous; creating a tidal wave effect that would be felt by all these sectors, impacting, ultimately, on the ordinary citizen him/herself.”

“Unfortunately,” Chalk warned lawmakers, “the agricultural and food industries remain highly vulnerable to deliberate (and accidental) disruption.”

But, Chalk said although “over the [previous] decade many states, particularly in North America and Western Europe, have made substantial investments in improving their ability to detect, prevent and

respond to terrorist threats and incidents [that] has fed into an increasingly well-protected public infrastructure throughout much of the developed world where, at a minimum, effectively developed vulnerability-threat analyses have been used to maximize both anti-terrorist contingencies and consequence management modalities ... Agriculture [nevertheless] is one area that has received very little attention in this regard.”

“In terms of accurate threat assessments, response structures and preparedness initiatives,” Chalk said, “the sector continues to exist as a glaring exception to the wide-ranging emphasis that has been given to critical infrastructure protection in this country.”

And still does, authorities told *HSToday.us*.

### **The Ability to Monitor and Detect**

The recent alarm over terrorist “chatter” about possible bioterror attacks on the nation’s food supply comes at a time when there are growing worries about the ability of the country’s medical community to be able to monitor and quickly detect a foodborne bio-attack.

CDC has stated that “disease reporting is likely incomplete, and completeness might vary depending on the disease and reporting state. The degree of completeness of data reporting might be influenced by the diagnostic facilities available; control measures in effect; public awareness of a specific disease; and the resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in methods for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.”

More recently, the Government Accountability Office (GAO) reported HHS has failed to “develop and deliver to congressional committees a strategic plan that demonstrated the steps to be taken toward the establishment and evaluation of an electronic public health situational awareness network, as required by” the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006.”

The Act “mandated actions” by the HHS secretary “for efficient sharing of real-time information to help prevent potentially devastating consequences that could result from public health emergencies.”

PAHPA directed use of information technology to collect and share real-time information electronically among public health entities to aid in creating the situational awareness needed to enable early detection of and effective response to emerging events.

But “while multiple offices within HHS have developed related strategies that could contribute to a comprehensive strategic plan for an electronic public health information network to enhance situational awareness, these strategies were not developed for this purpose,” GAO reported. “Instead, the offices developed the strategies to address their specific goals, objectives, and priorities and to meet requirements of executive and statutory authorities that mandated the development of strategies for nationwide health information exchange, coordinated biosurveillance, and health security.”

Continuing, GAO stated that “HHS has not defined a comprehensive strategic plan that identifies goals, objectives, activities, and priorities and that integrates related strategies to achieve the unified electronic nationwide situational awareness capability required by PAHPA. The department has developed and implemented information technology systems intended to enable electronic information sharing to support early detection of and response to public health emergencies; however, these systems were not developed as part of a comprehensive, coordinated strategic plan as required by PAHPA. Instead, they were developed to support ongoing public health activities over the past decade, such as disease and syndromic surveillance.”

Consequently, GAO concluded, “without the guidance and direction that would be provided by an overall strategic plan that defines requirements for establishing and evaluating the capabilities of existing and planned information systems, HHS cannot be assured that its resources are being effectively used to develop and implement systems that are able to collect, analyze, and share the information needed to fulfill requirements for an electronic nationwide public health situational awareness capability.”

One senior state public preparedness official told *HSToday.us* that “I scanned the GAO report and discussed it with my in-house colleagues. The premise [of the PAHPA-mandated plan] makes good sense, but from an operational standpoint I see very little in the way of effective, manageable, timely, intelligently linked, workable communication protocols. I would guess it comes under the heading of ‘devoutly to be wished.’”

Continuing, the official said “I believe that the sheer weight and complexity of our multilevel local state and federal bureaucracies dooms such a program. What we have done [in my state] is to identify a small network of individuals who are linked to other small networks who in turn are linked to others, etc, and share local and regional data as it affects our jurisdictions. We have done this because our view of the Feds is colored by their lamentable foot dragging when it comes to immediate and intelligent response to rapidly changing events.”

The Washington, DC-based Trust for America’s Health (TFAH) stated in its recently released eighth annual [\*Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism\*](#) report that seven states cannot currently share data electronically with health care providers and that ten states do not have an electronic syndromic surveillance system that can report and exchange information to rapidly detect disease outbreaks.

The report also looked at findings from a recently released report from CDC based on activities in 2007-08 that focus on emergency operations and food outbreak identification. Among the findings: 21 states were not able to rapidly identify disease-causing *E. coli* O157:H7 and submit the lab results in 90 percent of cases within four days.

According to the report, while states have made progress, there are still major ongoing gaps in preparedness, including biosurveillance and maintaining an adequate and expertly trained workforce.

TFAH concluded that “the United States lacks an integrated, national approach to biosurveillance, and there are major variations in how quickly states collect and report data which hamper bioterrorism and disease outbreak response capabilities.”

Fears were further stoked in December when North Texas Rep. Dr. Michael Burgess (the top Republican on the House Subcommittee on Oversight and Investigations and a member of the Committee on Health Care, Energy and Environment and chairman of Congressional Health Care Caucus) expressed consternation over the failure of CDC and DHS to prevent three people known to have an infectious disease from boarding flights this year.

According to Burgess, who spoke to *HSToday.us*, three out of nine people with an infectious disease who were supposed to be on the “Do Not Board” list were able to get on their flights – one in January and the other two in March.

DHS and CDC established the “Do Not Board” list in June 2007 after an Atlanta man known by CDC to have a drug-resistant strain of tuberculosis managed to fly in and out of the United States despite reportedly having been told by federal authorities not to fly and to get medical attention.

According to CDC, 32 people currently are on the “Do Not Board” list because they have tuberculosis. Several have hard to treat drug-resistant strains.

Burgess said he's asked DHS and CDC why the three people were allowed to fly when they were supposed to have been on the "Do Not Board" list.

"This issue is clearly a problem that only affects a small number of people [those who are infected], but which has the potential to affect many people if they're allowed fly," Burgess said.

"I want to know why they aren't able to administer this" list, Burgess said, adding, "there appear to be weak spots in the system."

In one case, TSA said the airline didn't know that a passenger's name had been put on the "Do Not Board" list because at the time the airline was only required to check the list every 24 hours. The person's name was put on the list at 9:38 PM, and the passenger checked in at 11:53 AM the following day. The other two infected persons on the "Do Not Board" list weren't caught for other reasons TSA would not explain.

As of last month, TSA became the authority responsible for cross-checking passengers on all flights against the variety of watch lists that the airlines previously were responsible for checking. The TSA program is called Secure Flight, and is supposed to fix the problem some airlines had in updating and checking the lists.

Burgess, however, said he has asked DHS to prove to him that the new system will work as intended. But he also still wants to know why three persons with a highly infectious disease were able to board passenger planes given that the technology was in place to ensure that the airlines knew that these individuals were not to be allowed to board.

"That's what you would think," Burgess said. "We have this enormous apparatus in place, so this shouldn't have been very hard to do."

Some authorities also wonder whether terrorists known to have an infectious disease who are covertly being monitored by the Intelligence Community will be put on the "Do Not Board" list. Not all suspected and known terrorists are put on the "No Fly" list because intelligence authorities want to be able to track their comings and goings.

National Counterterrorism Center (NCTC) Director Michael Leiter, a veteran intelligence practitioner, disclosed during the public portion of a January 20, 2010 Senate Committee on Homeland Security and Governmental Affairs hearing that some terrorists on terrorist watch lists are sometimes secretly allowed into the country for clandestine counterterrorism intelligence collection purposes.

Leiter told the Committee "that when people come to the country and they are on the watch list, it is because we have generally made the choice that we want them here in the country for some reason or another."

Leiter didn't go into further detail during the public portion of the hearing, but veteran counterterrorists explained in interviews with *HSToday.us* at the time that there are individuals in terrorism databases and suspected and known terrorists who've necessarily been left off the "No Fly" list and allowed into the country so that counterterrorism agents can gather vital intelligence on them, their movements, activities and associations.

Public health authorities expressed their concern that this could be "a loophole" that could allow a terrorist or terrorists "deliberately infected" with a highly contagious pathogen to enter the country. *HSToday.us* reported in 2005 that intelligence indicated Al Qaeda had discussed infecting "bio-martyrs" with pandemic influenza ([Homeland Security Today, 2010](#)).

**Title:** U.S. Not Ready For Bioterrorism  
**Date:** December 30, 2010  
**Source:** [Homeland Security News Wire](#)

**Abstract:** New report finds that if a major disease incident or bioterrorism attack were to occur today, the United States would not be ready for it; significant local, state, and federal budget cuts have had a negative impact on public health departments' ability to maintain staff capabilities, and their ability to respond to crises

If a major disease incident or bioterrorism attack were to occur today, the United States would not be ready for it. This is according to a [new report](#) supported by a grant from the Robert Wood Johnson Foundation.

*Cattlenetwork* [quotes](#) the report to say that "there's an emergency for emergency health preparedness in the United States." It calls attention to significant local, state, and federal budget cuts and the impact they have had on public health departments' ability to maintain staff capabilities, and their ability to respond to crises.

**Key findings include:**

1. Twenty-one states were not able rapidly to identify disease-causing E.coli O157:H7 and submit the lab results in 90 percent of cases within four days during 2007-8.
2. Thirty-three states and D.C. cut funding for public health from Fiscal Year 2008-9 to FY 2009-10.
3. Seven states can not currently share data electronically with health care providers.
4. Ten states do not have an electronic syndromic surveillance system that can report and exchange information.
5. Six states reported that pre-identified staff were not able to acknowledge notification of emergency exercises or incidents within the target time of sixty minutes at least twice during 2007-8.
6. Six states did not activate their emergency operations center a minimum of two times in 2007-8.
7. Two states did not develop at least two After-Action Report/Improvement Plans (AAR/IPs) after exercises or real incidents in 2007-2008 ([Homeland Security News Wire, 2010](#)).