

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIO TERROR BIBLE.COM:** [Starting in 1957](#), there have been [18 mainstream movies and documentaries](#) dealing specifically with bio-terror and pandemics. Although these films have been sporadic over the last 55 years, they have intensified over the last 10 and appear to be peaking in 2012 or 2013.

**Title:** [Smallpox 2002](#)

**Date:** [2012](#)

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

**Abstract:** [Smallpox 2002: Silent Weapon](#) is a [fictional docudrama](#) produced by [Wall to Wall](#), showing how a single act of [bioterrorism](#) leads to terrifying consequences globally.

### Background

The premise of it was one man who, in 2002, creates the [smallpox](#) virus himself, infects himself, and touches ten people in [New York City](#). This eventually leads to a [pandemic](#) across the world that is later defeated, but not before 60 million people are killed.

The film was commissioned before the [September 11 attacks](#) and is presented in the form of a [fictional documentary](#), including false interviews and stock footage. The tagline for the movie was, "Drama, until it happens".

### Reception

Newspaper reviews of the documentary were mixed, varying from "a sick stunt" to "extraordinarily good". The docudrama proved very popular with viewers, attracting 3.4m viewers, 15% of the audience, to a 9pm slot on [BBC2](#) according to overnight returns.

### Plot Summary

In 1962 the [World Health Organization](#) launched a vaccination campaign to rid the world of smallpox forever. By 1980 they had succeeded and vaccination stopped. The only living samples of the virus were safely locked inside two maximum-security laboratories, one in [Russia](#) and one in the [United States](#). Or so the world believed.

In New York City on April 9, 2002, 29-year-old sales assistant Cynthia Sheldon had been feeling unwell for 24 hours. She brought herself to [Long Island](#) College Hospital, where she was treated by Dr. Carl Jocelyn. She had a high fever and was complaining of a headache and back pain, she had a mild rash at that time on her hands, kind of red. At the time there was a mild flu epidemic going on in the city. Cynthia's fever was nothing too alarming and her symptoms were nothing outside of symptomatic of the flu. A routine anthrax test on Cynthia came back negative. Dr. Jocelyn did what any doctor would have done, he gave her some Tylenol and told her to drink plenty of fluids and get plenty of rest. If anything went wrong come back in a couple of days.

On April 11 at 6:20 P.M. Cynthia Sheldon was brought back to the hospital. Her state had deteriorated greatly. The fever was very high and the rash she before had on her hands had spread over her body and had erupted into small pus-filled blisters that all up and down on her arms and on her face. Upon examining her further, Dr. Jocelyn found that the blisters were all over; up and down her torso, on her neck, down her throat. It obviously wasn't the flu. Dr. Jocelyn didn't know what it was, only that it looked highly infectious. In response, the hospital sealed off its emergency room. The speculation in the public was that it was another bioterrorist scare. For the previous six months, the Department of Health had been on heightened alert for any unusual outbreaks of disease. Dr. Sam Wiseman was

the head of the New York City bioterrorism unit and he was called in to examine Cynthia Sheldon in the isolation unit.

He was convinced he was looking at a case of smallpox. To establish how widespread the outbreak might be, the Department of Health immediately faxed every hospital in the city requesting information on any patients that might be showing early symptoms of the disease. Within a half an hour they were hearing about possible cases in four of the five boroughs. Fifteen of the hospitals that they heard from had not only seen such cases in the last 48 hours, but sent them home like Cynthia had been sent home. Dr. Wiseman realized that the disease was spreading in a geometric fashion; one person infects twenty and each of the twenty infects another twenty, and so on. And they don't even know they're infected until they become sick 10 to 12 days later at which point they're infectious.

By 10:00 that night over 30 suspected cases of smallpox had been identified. It would take 24 hours before the disease could be confirmed by a laboratory diagnosis, but a plan of action was needed. The mayor called a crisis meeting at the office of emergency management. Jack Hill, the director of New York City's Office of Emergency Management, wanted the city to mobilize the [National Guard](#), close down the airports and train stations, restrict movement in and out of the city, and vaccinate anybody exposed to the virus, and quarantine anybody who had contracted smallpox. Since there were only a handful of cases, no one had died and it was still not confirmed as smallpox, the other members of the meeting saw this as an overreaction that would cause panic, so Hill was voted down. As a precaution it was agreed that anyone that had been in direct contact with the suspected case should be vaccinated. No further action was deemed necessary at that stage.

In [Geneva](#) the World Health Organization was checking for any smallpox outbreaks elsewhere in the world. But none had been reported.

By the time New York had diagnosed its first case it was too late, the virus had moved on. Two days before Cynthia Sheldon first went to the hospital, New York businessman Mark Smits was preparing to leave for an urgent business meeting in [London](#). Before he left, he was ill but still left for London.

At 10:30 A.M. on April 8, Mark Smits checked in to his hotel in central London. When he arrived he complained of a high fever, so a hotel doctor was called. The doctor diagnosed flu and said he would check in on him the next morning. By 11:30 A.M. the following day Smits's condition had deteriorated dramatically. He was immediately transferred to St. Mary's Hospital in Paddington. There was clearly a public health emergency. His symptoms were closest to [Ebola](#), [Marburg](#) virus and other [hemorrhagic](#) diseases, but at the time there was no question as to smallpox.

The Kingsway Hall hotel was isolated and decontaminated. Anyone that Smits had been in contact with was quarantined and an investigation began to trace Smits's movements over the past few days. The trail quickly led back to his home in New York City.

By April 12, Mark Smits had died and the disease had still not been diagnosed. At 2:10 A.M. that morning the doctors heard about the possible smallpox outbreak in New York on [CNN](#). They knew that in 3% of smallpox victims there are hemorrhagic symptoms that kill the victim. They knew they needed to find anyone that had breathed the same air as Mark Smits that day. To contain the virus, the authorities had to locate everyone at risk, vaccinate them within four days of exposure and persuade them to stay at home for 17 days, the maximum incubation for the disease. But Cynthia Sheldon in New York and Mark Smits in London were just the tip of the iceberg.

Within 24 hours 38 new cases were confirmed in New York plus six further cases in three other countries.

On April 13 at 8:30 A.M., the [President of the United States](#) addressed the nation with realization that the outbreak was an act of terrorism.

Three days after the first case was diagnosed there was still no clue as to who had unleashed the virus and why. No one had claimed responsibilities, no witnesses, no motive. There was no common

thread that tied the early cases together. What they needed to do was to track the movements of all of the initial patients at least for the first two weeks, the incubation period.

On day four the investigation made its first breakthrough. The [CDC](#) in [Atlanta](#) identified the strain of smallpox as India-1; this proved that the virus originated in a Russian bioweapons lab and somehow found its way into the hands of terrorists.

In the 1960s the [Soviet Union](#) was one of the driving nations behind the campaign to eradicate smallpox. But this was the height of the [Cold War](#). Unwittingly many of the Soviet doctors were sending smallpox samples back to the [Soviet military](#). To the generals, the eradication of the disease presented a unique opportunity. If there was no smallpox, it meant no one would be vaccinated anymore. If nobody is vaccinated a new biological weapon based on smallpox would be the most powerful and effective weapon ever created to eliminate human life.

In the 1980s [Dr. Ken Alibek](#), holding the rank of [Colonel](#) in the [Soviet Army](#), oversaw the secret development of a massive bio-weapons program using a specially selected strain of smallpox. The major strain used in the Soviet Union was codenamed India-1. It was highly virulent and highly contagious. Although it was consistently denied to the [Western world](#), [Biopreparat](#), the Soviet biological weapons program, was producing deadly disease on an industrial scale. Inside their laboratories, Ebola, [Tularemia](#), [Anthrax](#), and Smallpox were all weaponized and then loaded into missiles to be unleashed on the West in the event of total war.

The size and scope of the research and development program was enormous. Upwards of 60,000 people worked in Biopreparat alone. Large numbers of experts in every aspect of the biological sciences and microbiological, almost a generation of the most clever people, ended up in the program.

In the 1980s and 1990s hundreds of tons of smallpox were stockpiled in Soviet laboratories. Real concerns existed over the security of these facilities. With the break-up of the Soviet Union, the support to the laboratories where the virus was being made diminished sharply and between a third and a half of all the scientists left the laboratories to go to many places. Because these were scientists with families and no money, you could certainly hire these people as consultants very easily at very low prices and many countries did. Samples of the virus had traveled with them.

By day 7 of the [epidemic](#) in New York, the number of smallpox cases had stabilized at 62. But that was all about to change, as the epidemic was moving into its next phase. By April 18 new outbreaks were confirmed in the densely populated cities of [Delhi](#), [Tokyo](#), [Karachi](#), and [Moscow](#). Other nations took action to prevent the further spread of the disease to their shores. All [Eurotunnel](#) and ferry services between [France](#) and [England](#) were suspended.

In London, the authorities were also beginning to count the cost of Mark Smits legacy. They vaccinated more than 4,000 and still it slipped through the nails. In just four days, between April 18 and April 21, London saw nearly a hundred new cases. By day 11 outbreaks were confirmed in [Glasgow](#), [Manchester](#), [Bristol](#), and [Birmingham](#). The [United Kingdom](#) was in the grip of a major nationwide epidemic.

A decision was made to withhold information about the size of the UK vaccine stockpile. They had only enough to vaccinate 14 million people, yet the UK had a population of 60 million people, which meant that only a quarter of the UK could be vaccinated.

By refusing to go public with the figures it appeared the government had something to hide. The press immediately became suspicious and published inaccurate information and the public started to disbelieve what the British government told them. The transport and general workers unions demanded vaccinations. With almost no trucks delivering, panic buying led to food and fuel shortages. Within days London transport workers joined the protest, refusing to work unless they too receive vaccine. With the UK's infrastructure unraveling, the authorities were rapidly losing their grip on the epidemic.

On day 12 Cynthia Sheldon died and by that time there were 202 cases in New York City. Within the first ten days things went from 10 reported cases a day to 20 reported cases a day to 150 cases a day.

As fear turned to panic, tens of thousands of New Yorkers had begun to flee the city. But by then outbreaks were occurring all over the United States. Suddenly every state was clamoring for vaccine. There was only one solution: to dilute the existing stockpile. They could dilute the vaccine five times safely. Although some said they could dilute it ten times, five was chosen because that was what was needed and they wanted the vaccine to be as potent as possible. But it wasn't that simple. The amount of vaccine given to a recipient depended on how the vial was held, and the way it was usually held meant people received more than they should. This meant that although one vial may be meant for 100 people, doctors were lucky if they vaccinated 50 with that vial.

Even where vaccine was available for many it had serious side-effects. Pregnant women, anyone with a chronic skin condition or an immune deficiency disease like [AIDS](#) couldn't take the vaccine. In many cases it could kill them. There is a preparation called [vaccinia immune globulin](#), or VIG, which is [antibodies](#) taken from the serum of people who have been vaccinated and given to people who can't take the vaccine. It's a very painful series of intramuscular injection taken over two days, and there were only 700 courses of it throughout the United States.

In New York, because the hospitals were overwhelmed with smallpox victims and couldn't deal with the daily routines they needed to deal with, the authorities created special hospitals. They took the armories throughout the city and turned them into smallpox hospitals. Thousands of beds were set up inside each building in preparation of the anticipated cases. The hospitals were manned by volunteer health workers and the National Guard was posted on the perimeter to prevent anyone from getting out.

By April 29 a hundred people had died. Each body was still infectious, making it impossible to return the victims to their families. As the dead increased it became apparent they weren't going to be able to deal with it in a conventional manner in the city morgues. So they took over [Governors Island](#) and turned it into a [morgue](#). And they took Army issue air conditioned tents and every morning when the bodies were collected from the hospitals, they were taken to Governors Island and laid out and they filled one tent and another tent, etc.

As more and more people avoided coming into the city, [Wall Street](#), the world's greatest financial district, fell silent. In just over two weeks, New York had ground to a halt.

By day 16 there were still no clues as to who had unleashed the virus. But the date of the attack had been pinpointed: April 1, 2002. A pattern started to emerge. Among the early cases, there were two groups. The first group had traveled on the subway, between Wall Street and [Grand Central Terminal](#), between 7:30 and 8:30 in the morning. The second group were in or around Penn Station between 8:30 and 9:30. So clearly and without a doubt the killer had targeted these sections of the city.

The [FBI](#) pulled thousands of hours of [CCTV](#) footage in the target area with ten separate teams working 24 hours a day scanning the footage, frame by frame. Best of all, some of the survivors had described seeing an extremely ill man coughing on the subway.

By day 21 as news of the suspect was broadcast, the next phase of infections had begun. By the first day of May, over 30 countries were fighting outbreaks. International trade and transport slowed to a trickle. Many nations without vaccine had to take harsh action to quell panic and contain the outbreaks. Every country was increasingly left to fend for itself.

In the US, the number of cases was rising by a thousand a day. Strict rationing of vaccine led to riots, the worst was in south central [Los Angeles](#), where six suspected were reported. Officials, however withheld vaccine because the suspected outbreak remained unconfirmed. The government was accused of racial discrimination in its vaccination policy.

In London, life moved behind closed doors.

As fear and panic took hold, random acts of violence broke out. People all over the world turned their fear and suspicion on each other.

By day 36, in the UK it was clear that the measures taken by the authorities to contain both the spread of the disease and public panic were failing. [Draconian](#) measures were needed, armed troops enforced a curfew on the streets of London. The British government set up special quarantine centers around the country with the help of the Army.

With smallpox outbreaks in over 36 states, the American government was also forced to introduce harsh containment and quarantine measures.

By May 19 the number of cases in the UK had risen to 13,000.

Five weeks after the virus had been released in New York, a man fitting the description of the suspect had been identified on CCTV footage from the target locations. Between 7:54 A.M. and 9:47 A.M. he was captured on over 20 different cameras, then he vanished. But on the 40th day of the investigation, an extraordinary discovery was made. A maintenance worker at a subway station literally tripped over a body that had been tucked into an alcove in a service tunnel. Even though it was vastly decomposed and half eaten by rats, the FBI knew who it was because of the clothes.

The forensic examination concluded that the body was heavily infected with smallpox over a week before the outbreak began. But it wasn't the virus that killed him, the cause of death was an overdose of barbiturates.

Although the killer had taken great care to conceal his identity, the corpse provided the FBI with its first substantial leads.

By late May smallpox epidemics were taking hold in [Africa](#), [South America](#) and [Asia](#). One of the worst hit cities was [Bombay](#); within a week the number of cases leaped from 3,000 to 18,000. Medical staff were staying away from hospitals and millions were fleeing the city. No one had ever seen smallpox spread this fast before.

What compounded the problem is that in the years since assumed eradication, AIDS had become a problem in many of these countries, which made it doubly horrible. In many parts of Africa nearly a quarter of the population was [HIV](#)-positive. Because of their weakened immunity smallpox was nearly always fatal.

By day 46, there were 100,286 cases in New York City, with 12,310 dead. As the number of smallpox cases exploded, it became almost impossible to keep track of the epidemic. In New York, no one was left untouched by the nightmare. Families were ripped apart. By June 4, there were 509,013 cases in the United States, with 76,005 dead.

In the UK, the management and distribution of vaccine was becoming more efficient.

By the beginning of June the vast majority of the planet was caught in a disaster of biblical proportions. People fled the cities to get away from smallpox and were put into huge refugee camps, which were breeding grounds for the virus. Nobody was farming or transporting foods, so the whole infrastructure of these countries had collapsed. And people were ravaged by famine, typhoid, dysentery, cholera, plague, all mitigating against them. By mid-June 2002, the death toll in the [Third World](#) was rising by 200,000 a week.

On day 65, America had over a million cases of smallpox. By then substantial quantities of new vaccine were becoming available, but its management and distribution were fraught with problems. The health infrastructure was in chaos; just getting the vaccine to the people who really needed it was a desperately difficult thing. The country was virtually on its knees by that stage.

But the tide was turning. The combination of harsh containment measures and mass vaccination was reducing the spread of the disease. By mid-July the figure of 100,000 were infecting 90,000.

By July 10, 2002 (day 90), there were 27,456 fatalities in New York City, however the rate of smallpox infections dropped for the first time.

Every known fact about the day the epidemic began has been documented in detail. At 7:54 A.M. on April 1, the killer walked into a grocery store on the corner of Spring and Lafayette. He purchased two bottles of water, walked out of the building and onto the subway. At 8:32 A.M. in front of [Grand Central Station](#) the killer was seen crossing a crowded intersection, touching six-year old Jose Marco Ramirez on the head, who would die 22 days later. In a short distance the killer passed over 150 people, infecting 10 of them. A receipt from a jeweler's found in Mark Smits' wallet placed him at the scene at that time. Smits was one of those ten.

AT 8:33 A.M. the killer entered the Cosley building and stepped into the elevator. He rode to the top floor and then back down into the lobby where he exited the building. Cynthia Sheldon then stepped into the elevator. The FBI did not find a single hard piece of evidence that would link him to anybody. The clue that they found what he wanted them to find. They found a key on him. The key led to an apartment where the rent had been paid three months in advance. On the table lay a copy of the [King James Bible](#). It was opened at the [Book of Ezekiel](#). A single passage (5:12) was marked, "A third part of thee shall die with the [pestilence](#), and with [famine](#) shall they be consumed in the midst of thee: and a third part shall fall by the sword round about thee; and I will scatter a third part into all the winds, and I will draw out a sword after them. Thus shall mine anger be accomplished, and I will cause my fury to rest upon them, and I will be comforted."

Beyond this ambiguous message, the investigation failed to discover a motive for the attack. To this day no evidence linking the terrorist to a known organization has been established. The case remains open.

By the time the global pandemic ended, 30,000 people had died in New York City, 1.5 million died in the United States, and 60 million people died worldwide.

Outbreaks of smallpox are still occurring in parts of Africa and Asia. A new global eradication program has begun, but the social and psychological wounds of the great smallpox pandemic of 2002 will be much harder to heal ([Wikipedia, 2012](#)).