

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following state/government sponsored bio-terror tests (attacks) occurred during the Gulf War, specifically in 1990-1991. The historical record of state sponsored bio-terror is littered with unprovoked attacks on unsuspecting soldiers and citizens alike. The fact that state sponsored bio-terror tests (attacks) exist in mass confirms not only that government is the serial bio-terrorist, but that it will strike again in the near future.

Currently, Israel is the only modern nation that has **not signed** the 1972 [Biological Weapons Convention](#) (refusal to engage in offensive biological warfare, stockpiling, and use of biological weapons). Also, Israel is the only modern nation that has **signed but not ratified** the 1993 [Chemical Weapons Convention](#) (refusal to produce, stockpile and use chemical weapons). Should the world suffer a major bio-terror attack or pandemic, Israel will be the #1 suspect.

**Title:** Gulf War Syndrome

**Date:** 2012

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

**Abstract:** Gulf War syndrome (GWS) or Gulf War illness (GWI) is a chronic multisymptom disorder affecting [veterans](#) and civilians after the 1991 [Gulf War](#). A wide range of acute and chronic symptoms have included [fatigue](#), musculoskeletal pain, cognitive problems, skin rashes and diarrhea. Approximately 250,000 of the 697,000 veterans who served in the 1991 Gulf War are afflicted with enduring chronic multi-symptom illness, a condition with serious consequences.

Those who were near conflicts during or downwind of [chemical weapons](#) depot demolition, had exposure to toxic chemicals which are currently believed to be the cause of the illness. Several specific causes have been investigated, including [pyridostigmine bromide](#) (PB) nerve gas antidote (NAPP) pills, [organophosphate](#) military strength pesticides, chemical weapons, and [depleted uranium](#).

Causes which have been ruled out include [post traumatic stress disorder](#), [anthrax vaccinations](#), and smoke from [oil well fires](#), though these exposures may have led to various illnesses and symptoms in a limited number of Gulf War veterans. PB or NAPP antidote pills given to protect troops from [nerve agents](#) and military strength insecticides used during deployment have currently been most closely linked to Gulf War veterans' chronic multi-symptom illness.

Exposure to the destruction of the [Khamisiyah weapons depot](#), where large quantities of Iraqi chemical munitions containing [sarin](#) and cyclosarin nerve agents was stored, is negatively correlated with motor speed. Exposure to depleted uranium is unlikely to be a primary cause of Gulf War Illness.

Three large studies have shown a significant but modest increase in birth defects in children born to Gulf War veterans, however information on specific types of birth defects have been inconsistent and the rates fall within the normal range found in the general population.

## Vaccines

Iraq had loaded anthrax, [botulinum toxin](#), and [aflatoxin](#) into [missiles](#) and artillery shells in preparing for the Gulf War and that these munitions were deployed to four locations in Iraq. During Operation Desert Storm, 41% of U.S. combat soldiers and 75% of UK combat soldiers were vaccinated against anthrax. Reactions included local skin irritation, some lasting for weeks or months. While the [Food and Drug Administration](#) (FDA) approved the vaccine, it never went through large scale clinical trials, unlike most other vaccines in the United States. While recent studies have demonstrated the vaccine's is highly reactogenic, there is no clear evidence or epidemiological studies on Gulf War veterans linking the vaccine to Gulf War Syndrome. Combining this with the lack of symptoms from current deployments of individuals who have received the vaccine led the Committee on Gulf War Veterans' Illnesses to conclude that the vaccine is not a likely cause of Gulf War illness for most ill veterans ([Wikipedia, 2012](#)).

**Title:** Anthrax Vaccine Preliminary Results Of GAO's Survey Of Guard/Reserve Pilots And Aircrew Members

**Date:** October 11, 2000

**Source:** [GAO](#) (General Accounting Office)

**Abstract:** While many factors can influence an individual's decision to leave the military, surveyed Guard and Reserve pilots and aircrew members cited the anthrax immunization as a key reason for leaving or otherwise changing their military status. Since September 1998, an estimated 25 percent of the pilots and aircrew members of the Guard and Reserve in this population transferred to another unit (primarily in a non-flying position), left the military, or moved to inactive status. While several reasons influenced their decision, when asked to rank the one most important factor, the anthrax immunization was the highest, followed by other employment opportunities, and family reasons. Further, about one in five (18 percent) left before qualifying for military retirement benefits. Additionally, 18 percent of those still participating in or assigned to a unit reported their intentions to leave within the next 6 months. These individuals also ranked the anthrax immunization as the most important factor for their decision to leave, followed by unit workload and family reasons. Each of these groups—those who have left and those who plan to do so—had accumulated an average of more than 3,000 flight hours, which symbolizes a seasoned and experienced workforce.

On our survey, most Guard and Reserve pilots and aircrew members expressed a positive view toward general immunizations. Almost three out of four believe that immunizations are effective (74 percent), and more than half believe immunizations to be safe (60 percent). However, their views on the anthrax immunization program and potential biological warfare immunizations in the future are very different. For example, two out of three reported little or no support for the anthrax program (65 percent). Despite DOD's high-visibility campaign to educate servicemembers about the anthrax immunization program, only about one in four believes that the information provided on DOD's anthrax Web site is timely (25 percent), 19 percent believe it to be complete, and 17 percent believe it to be accurate. Just 1 in 10 (11 percent) believe the information to be unbiased. Further, three out of four indicated they would not or probably would not take the shots if the anthrax immunization program were voluntary (76 percent). Eighty-seven percent, or almost 9 out of 10, indicated they would or probably would have safety concerns if additional vaccines for other biological warfare agents were added to the military immunization program.

Forty-two percent of the respondents reported that they had received one or more anthrax shots. Of those taking the shots, 86 percent reported experiencing some type of local or systemic reactions, for example, a knot in the arm or joint pain. For some reactions, the reported duration was more than 7 days (for example, limited arm/body motion and joint pain). Some of these reactions could have implications for work performance. About one-third (36 percent) reported that they had been provided information concerning what action to take in the event of side effects or reactions. But 71 percent reported being unaware of the Food and Drug Administration's Adverse Events Reporting System which is a passive surveillance system to alert the Food and Drug Administration and the Center for Disease Control and Prevention of adverse events that may be associated with licensed vaccines. Further, about 60 percent of those experiencing reactions had not discussed them with military health care personnel or their supervisors—some citing fear of the loss of flight status, possible adverse effects on their military or civilian careers, and ridicule as reasons for nondisclosure (49 percent) ([GAO, 2000](#)).

**Title:** Inquiry Gives Fresh Hope To Gulf Veterans

**Date:** June 16, 2002

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

**Abstract:** Compelling evidence that thousands of British troops who served during the Gulf war are dying prematurely and suffering debilitating illnesses because of exposure to a lethal cocktail of chemicals is to be put before a powerful commission of inquiry.

Experts on war illnesses will tell a meeting in London of the US Congressional Subcommittee on National Security this week that there is now enough evidence to make a direct link between serving in the Gulf and physical and mental disability.

Shaun Rusling, chairman of the National Gulf Veterans and Families Association, will reveal that tests on veterans have found traces of depleted and enriched uranium in their blood and urine.

Depleted uranium was used by the Ministry of Defence in 'tank-busting' missiles during the Gulf war. Many of the men affected were involved in clean-up operations following Desert Storm in 1991. Illnesses among more than 5,000 British veterans will also be linked to powerful immunisation tablets given to soldiers to protect them from chemical attack, including anthrax, and the use of corrosive organophosphates to try to keep down disease.

The US Congressional subcommittee, one of the most powerful investigatory bodies in America, will make an unprecedented trip to London this week to hear the evidence. Ross Perot, the billionaire former American presidential candidate who is funding a campaign for US Gulf war victims to be properly compensated for their illnesses, will also come here to push for a full public inquiry.

The moves will increase pressure on the Government to hold a wide-ranging investigation. The MoD has always insisted that there is no proof of a link between serving in the Gulf and increased incidence of illness. Tests on immunisation tablets given to most of the 50,000 British troops who served in Kuwait and Iraq are continuing at Porton Down, Wiltshire, but results are not expected for another year.

MoD officials fear that if they accept there is a link the department will be liable for millions of pounds in compensation claims. Many of the civil servants who agreed to allow the men to be exposed to the cocktail of chemicals are now in very senior positions in Whitehall.

Some of the most harrowing evidence will be given by the widow of Nigel Thompson, a petty officer in the Royal Navy Fleet Air Arm who served in the Gulf. Thompson, the father of a seven-year-old daughter, Hannah, died in January of motor neurone disease, one of the fatal nerve disorders now being linked to the conflict.

'As a military operation [Desert Storm] appeared a stunning success,' a memorandum of evidence drawn up by his widow Samantha to be presented to the committee will say. 'Unfortunately, though, on returning home a substantial number of veterans became ill.

'Very early on it became clear to Nigel and many others that a number of potentially fatal mistakes had been made in the pre-treatment of our troops against a possible chemical or biological attack by the Iraqis.

'By authorising the use of Naps [immunisation] tablets, an unlicensed drug, and then totally ignoring the warnings of organophosphates and anthrax the MoD were guilty of the worst type of negligence.

'Nigel always maintained that had his condition been triggered by something in the Gulf he would far rather it had been the enemy responsible than his own side.'

New research expected to be published in the medical journal the *Lancet* later this year will show that although there is no such thing as 'Gulf war syndrome', an illness said to be specifically linked to veterans, there is a connection between a myriad of illnesses and serving in the region.

Tests on 300 armed forces personnel by the respected Gulf War Illnesses Unit at King's College Hospital, found there were higher incidents of unexplained illnesses among those who had served in the Gulf as opposed to those who had served in Bosnia or Northern Ireland.

The research was undertaken by Professor Simon Wesley. Although he refused to comment on the new findings, he said there was now enough evidence to make a link.

'We have shown, in the work we have already done, an association between serving in the Gulf and substantial levels of ill health,' he said. 'The effect is significant. I am convinced there is no single one cause to what we are seeing but that the immunisation policy is part of a wider jigsaw' ([UCLA, 2002](#)).

**Title:** Soldiers Nearly Killed With Military's Bioterrorism Vaccine

**Date:** November 3, 2009

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

**Abstract:** Approximately 200 soldiers have suffered from serious and even life-threatening complications from the government-mandated smallpox vaccine, and one has even died.

Starting in 2002, fears over a bioterrorist attack have led the U.S. government to require that all of its military servicepeople receive vaccination against a variety of diseases before deployment, including anthrax and smallpox. An estimated 1.7 million have been vaccinated against smallpox since then. Yet in a number of cases, the vaccine has led to severe complications such as inflammations of the brain or heart. In 2003, two expert panels concluded that Army Specialist Rachel Ray died in part due to complications from the deployment vaccines that she had been given.

"The reality is, we're never going to have zero risk on a vaccine," said Dr. Michael Kilpatrick of the Military Health System. "There's always going to be that individual that has some untoward event that would occur."

Awareness of the risks over the smallpox vaccine has prevented the government from requiring vaccination of civilians.

One potential side effect is infection with the virus used in the vaccine, a condition known as progressive vaccinia. Back when smallpox vaccination was widespread, the infection had a 15 percent fatality rate.

In a recent case, Lance Cpl. Cory Belken began to suffer from a persistent headache and unusual sleepiness one week after receiving the smallpox vaccine. He was diagnosed with acute myelogenous leukemia, which was destroying his circulatory system, and was immediately placed on chemotherapy.

The cancer treatment destroyed his immune system, leading to progressive vaccinia and no fewer than two infections with antibiotic-resistant bacteria. He broke out in a rash, had spreading vaccinia lesions all over his body, became delirious with a fever of 104.6 degrees, and began to suffer from organ failure.

Treating Belken required 30 times the dose of Vaccinia Immune Globulin that the Centers for Disease Control and Prevention has previously assumed would be needed for a single person.

Belken's family said that the leukemia would have been enough for their family to deal with, without vaccine complications on top of it.

"I think it's a big chance they're taking giving them the shots," his mother said ([Natural News, 2009](#)).