

# Bio & Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following bio-terror drills occurred within the calendar year of 2003. The fact that these bio-terror drills exist 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. Since 9/11, bio-terror drills have become the norm in America but have recently started becoming a weekly occurrence since February of 2011.

### A Few Pertinent Questions:

1. When will the "bio-terror drills" go live?
2. How will police, military and the American people know the difference between "real world" bio-terror and "drilled" bio-terror?
3. Will the video footage of bio-terror drills be used by the government or media for pandemic propaganda purposes at a later date?

### Resounding Bio-Terror Drill Themes:

1. A bio-terror attack and subsequent pandemic is not a matter of "if", but "when".
2. Synchronicity and coordination of ALL local, county, state and federal government emergency agencies is being repeatedly drilled by DHS and FEMA in congruence with COG (Continuity of Government) / [Martial Law plans](#).

**Title:** Cities Ready With Mock Bioterror Drills

**Date:** January 1, 2003

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

**Abstract:** Jeanne Williquett is playing her part well in a bioterrorism drama meant to test this city's readiness for an attack. She desperately tells anyone who will listen that she has anthrax.

"I have a fever," she tells a nurse, who nods along, trying to calm her. "They say anthrax starts with a fever."

Volunteers like Williquett, a hospice nurse, are helping local planners test Tucson's ability to quickly distribute antibiotics to a large number of people in response to a bioterrorist attack.

It's the sort of exercise other states and cities are likely to run as they work to upgrade and test their response systems. The federal government already has handed out \$1 billion to help states plan for bioterrorism, with more on the way, and states are required to show they are making progress.

Just this month, federal officials conducted their own bioterrorism war game at the White House, playing out their response to a hypothetical international smallpox attack.

In Tucson, the three-day drill in November illustrated both the power and limitations of bioterrorism planning. Real nurses worked to calm Williquett and deal with other crises. But those in charge knew even before the test began exactly how the disaster was to unfold and just how they would handle it.

Local officials say simply planning the exercise helped them prepare for a real disaster, forcing coordination among police, fire, public health, pharmacists and others.

"When the big event happens you have to know the person on the other end of that line is someone you can trust and is going to do the job," said Les Caid, a battalion chief for the Tucson Fire Department, a chief organizer.

But outside experts caution that if exercises aren't challenging enough, they can offer a false sense of security.

In Tucson, local planners are ahead of much of the nation, but it isn't clear whether the exercise actually tested their readiness for the worst.

Nationally, there is much work to be done.

Just one state, Florida, is ready to receive the federal stockpile of drugs and medical supplies needed in a disaster, according to a federal assessment this fall, although other states may have improved since then.

At the same time, many communities have little clue how they would handle a surge of injured patients or produce enough isolation beds to keep a crush of infectious people away from others.

A slew of new hires in public health, upgraded computer systems, detailed planning and drills like Tucson's are aimed at helping communities move ahead.

Bioterrorism planners from around the country came to watch Tucson's drill, looking for ideas.

"If something were to happen now, everyone has plans in place," said Vernon Jones, lead coordinator for the Fresno, Calif., Metropolitan Medical Response System. But independent plans developed by various local agencies aren't integrated, he said.

Jones plans to develop plans to deliver mass smallpox vaccinations and conduct a drill. Asked if he could vaccinate the 600,000 people in his community within a few days of an attack, he said bluntly: "No, nobody can."

In Montgomery County, Md., officials staged an exercise this fall that county police Capt. Mike Collins said identified several problems: Hospitals couldn't reach the public health department because someone had turned off the telephone ringer, and while they identified needed medical supplies, they didn't know how to get them.

In rural Graham County, Ariz., bioterrorism coordinator Dolores Herrera says the preparations are overwhelming. "It's so vague," she said. "Everything is a concept."

She said the county does not yet have a plan to dispense medicine in a mass attack.

Being in an isolated rural county two hours northeast of Tucson makes preparation particularly challenging, she said. "You only have so many nurses, so many doctors, so many pharmacists." And county officials have contacts but "no solid relationships" on Indian reservations.

The Tucson drill begins on a Wednesday when two men wielding fire extinguishers spray white gas representing anthrax spores onto a luncheon crowd.

Officials confirm that it's anthrax, and Arizona's governor immediately calls the federal Centers for Disease Control and Prevention in Atlanta to request backup medical supplies. The CDC's National Pharmaceutical Stockpile has 50-ton mobile pharmacies located at 12 different sites around the country. These "push packs," which contain antibiotics, vaccines and medical supplies, can be delivered to any town in America inside 12 hours.

Early Thursday, a smaller version with pretend medicines arrives at an Arizona Air National Guard hanger.

On Friday, hundreds of volunteers get descriptions of the characters they are to play, including medical histories and information about whether they were at the conference center when the anthrax was released.

Those who were there fill out medical forms and watch video tapes explaining basic facts about anthrax and the antibiotics. Pharmacists, including some brought out of retirement, answer questions and hand out drugs.

There's no way to know who inhaled the anthrax spores, so anyone at the conference center during the attack will be given antibiotics, just in case.

The system works: By the end of the day, antibiotics are distributed to nearly 2,000 people.

Throughout the day, workers are tested by volunteers who portray patients with particular medical problems or severe anxiety.

Take Annette Flannery, who refuses to accept that there is no way to diagnose exposure to anthrax.

"There has to be a test," she tells counselors. "You can't just be giving people medicine for no reason!"

Unable to convince her otherwise, counselors relent, telling her to see her own doctor on Monday for an anthrax test -- where she'll be told again that one doesn't exist.

Williquett, 71, is also terrified. She is sure she has anthrax and is directed to a triage tent for immediate care.

"Anthrax doesn't sterilize you, does it?" Williquett asks a nurse, Carmen Diaz. "How long does it take for the antibiotics to work? Who pays for all of this? I don't have a lot of money."

Diaz answers all her questions -- anthrax doesn't sterilize you, the antibiotics are free and should work right away -- and sends her to the hospital for further evaluation and treatment.

The drill succeeds in identifying at least a few holes in the system.

The push pack of medicines was driven to Arizona from neighboring New Mexico, and local officials were at the state line to meet it. But the truck driver was operating on Eastern Standard Time while the people waiting were on Mountain Time. They didn't have a cell phone number to reach the driver.

At the convention center, the instructional videos played so softly that they were inaudible to anyone more than a foot from the TV.

And in the midst of placing orders from the pharmaceutical stockpile, the phone lines went down ([UCLA, 2003](#)).

**Title:** Volunteers Practice For Bioterror Incident

**Date:** January 12, 2003

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

**Abstract:** They had a native Thai speaker but not enough signs. At the behest of the Bush administration, Arlington County officials staged a mock mass vaccination clinic yesterday, aimed at testing the federal government's blueprint for responding to a bioterrorist incident such as a smallpox attack.

The lessons learned -- including the need for more directional signs -- are intended to help federal health officials refine their emergency response plans for a medical disaster.

Over the course of four hours, nearly 400 volunteers streamed through the Washington-Lee High School cafeteria pretending they had come for an emergency inoculation. From the 11-minute informational video at the start to the take-home daily symptom diary, organizers re-created what would happen in a clinic that tried to meet the stated goal of vaccinating 1,000 people in a day.

"This is as realistic as we could make it short of doing real vaccinations," said Arlington County Health Director Susan Allan. Police officers directed traffic, Red Cross workers handed out snacks and doctors screened out people posing as patients whose health circumstances would preclude them from getting the smallpox vaccine. Instead of pricking arms, public health nurses poked two-pronged needles into oranges to simulate the time and stamina needed to administer hundreds of inoculations.

The drill was one more step in the Bush administration's year-long effort to prepare the country for a possible biological assault, particularly an attack using the deadly smallpox virus.

Although smallpox has not been diagnosed anywhere in the world since 1977, security experts say they fear terrorists or a nation hostile to the United States, such as Iraq, might have a cache of the virus ready to be used as a stealthy, potent weapon.

Because the vaccine can cause serious or even fatal reactions, the administration is not recommending nationwide vaccination. Instead, President Bush has adopted a policy that calls for immunizing as many as 10.5 million medical workers and emergency responders who would serve as the nation's front line against a smallpox attack. Mandatory immunization of 500,000 military personnel is underway.

At the end of this month, Virginia will begin immunizing as many as 12,500 medical personnel, including two dozen Arlington County health department workers.

If an outbreak were to occur, federal health officials say they would move rapidly to vaccinate all 290 million Americans. Detailed guidelines developed by the Centers for Disease Control and Prevention estimate that it would take 1.3 million volunteers working 16 hours a day about one week to immunize the entire U.S. population. That breaks down to about 20 clinics for every 1 million residents.

The Arlington County drill tested that model, Allan said, with the specific intention of straining the system to "see where there are bottlenecks."

And they found them. About 100 volunteer patients, many of them government employees from Virginia and nearby, stood for 45 to 60 minutes at the third of five stations waiting for a medical assessment that included a discussion of allergies, weakened immunity and the health of close relatives who could be

exposed inadvertently to live virus from the vaccine. At that juncture, some volunteers were rejected for the vaccine, and others were directed to a doctor or nurse to further discuss the situation.

One military officer who was inoculated for typhoid within the past month worked his way through a team of experts until they decided he qualified for the smallpox vaccine.

"Once the backlog was undeniable and well-documented," organizers added screeners and rerouted traffic, Allan said.

Throughout the day, Allan's health staff and consultants hired by the federal Department of Health and Human Services tweaked the setup and recorded the volunteers' movements with time stamps. Most participants said a process designed to take about 40 minutes took from 60 to 120 minutes.

"There's a lot of confusion working your way through," said Bernard Kripkee, whose run-through took almost two hours. He said the informational packets were not well designed, and the snaking layout in the cafeteria befuddled more than a few participants. He urged health officials to consult with commercial experts, such as companies that manage large football games or design airplane emergency evacuation cards, to assist with the logistics.

A Health and Human Services spokesman said the department gave Arlington County \$70,000 to run the exercise, but he refused to say how much the Center for Naval Analyses would receive for conducting an assessment. Even before that report is written, officials said they saw the need to revamp the educational materials and order more bandages.

Peter Stauffer, a public health service officer who observed the drill for Health and Human Services, said he would run tape along the floor to direct clinic traffic. One public health nurse chuckled at the CDC estimate that each inoculation would require just 90 seconds. Some people, she said, take that long to remove a sweater or roll up a sleeve.

Bob Mauskapf, Virginia's statewide planner for emergency preparedness and response, acknowledged that there are limitations to any exercise. "You cannot introduce genuine panic into a drill," he said.

In addition, the session did not include children, disabled individuals or ornery patients who might disrupt a clinic, nor were there any medical problems, such as fainting or allergic reactions. Nevertheless, he said the experience would help prepare not only for smallpox but other possible crises, such as a flu pandemic.

Mauskapf and several colleagues drove from Richmond early in the morning to participate in the drill. A retired military man who has lived overseas and speaks Thai, Mauskapf posed as the "tall Thai guy" who could not speak English. They quickly found him an interpreter ([UCLA, 2003](#)).

**Title:** US Army To Drop Mock BioWar Materials Over OK

**Date:** February 8, 2003

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

**Abstract:** The U.S. Army will dump powdered egg whites, grain alcohol and several other substances on the town of Goldsby as part of a mock bioterrorism attack, state officials confirmed Thursday. The Homeland Security Chemical/Biological Umbrella will be conducted by the Army and the Environmental Protection Agency. Residents of Goldsby, a town of about 800 in northern McClain County, started receiving letters explaining the procedure this week, state Environmental Quality Department spokeswoman Monty Elder said. The letter says the Army will conduct tests over "rural areas southwest of Oklahoma City."

The letter says airplanes will release "small amounts of harmless materials" over the area. The materials

are intended to mock chemical or biological agents and test the ability of weather radar to detect them. The materials also include powdered clay, polyethylene glycol and an inactive pest control called *Bacillus thuringiensis*. "These materials were selected because they are harmless to humans and the environment and because their physical properties allow radar to 'see' them just like materials that might be used in a terrorist attack," according to the letter.

The Oklahoma City area was chosen because of its sophisticated weather radar networks, according to the letter. A similar test was conducted in April near Key West, Fla. Employees at Goldsby businesses said they view the test as a positive. "It's kind of exciting for the area," said Marcum's Nursery employee Deanna Bevel, who received a letter showing a map of the area where material would be dropped. "If they use what they say they're going to use, there's no problem with it." Libby Adkins, owner of Libby's Kitchen, joked that townspeople could use some excitement. "It wouldn't bother me," Adkins said.

The tests will be conducted Feb. 24 to March 7 and April 21 to May 7 and will involve an airplane dropping material along a half-mile path from about 1,000 feet above the ground. The dropped material should not show up at ground level, according to the letter, but EPA officials will be on site as monitors. McClain County Sheriff Don Hewett said he had not seen the letter and is worried people might be unaware of the test. "I guarantee you, we're going to get 500 phone calls," he said. "And they should be calling about something like that." Hewett said the airplanes will take off and land at Goldsby Airport. The Army and the EPA have scheduled open houses from 1 to 4 p.m. Feb. 14 and 15 for the public to learn about the project. The events are at Norman's Max Westheimer Airport ([Rense, 2003](#)).

**Title:** Dolton School Holds Bioterrorism Drill

**Date:** February 15, 2003

**Source:** [Chicago Tribune](#)

**Abstract:** Responding to heightened concerns about biological or chemical terrorist attacks, Dolton officials on Friday herded hundreds of pupils into a school gym, sealed nearby doors with duct tape and plastic sheeting, and shut off the ventilation system in an exercise designed to prepare for the worst.

Although fire, tornado and bus evacuation drills are fairly routine in schools across the nation, Dolton-Riverdale School District 148 officials said they believe their anti-terrorism exercise conducted with the village's Fire and Police Departments was the first in the region and necessary in these tense times.

"We spend a lot of time over the course of the school year conducting fire and tornado drills, but never have we had the need for a terrorist attack drill until now," said Lincoln School Principal Jayne Purcell. "It's really not all that different from a fire drill, but in light of what's happening in the world we just felt we needed to do it to be prepared."

Dolton Mayor William Shaw, who helped organize the drill, took exception to recent reports that sealing doors and windows of buildings with plastic and duct tape does little to keep deadly biological or chemical agents from entering a building.

As Lincoln School's emergency bell sounded shortly after 1 p.m., some 830 pupils and their teachers trooped orderly into the gymnasium of the school at 144th Street and Lincoln Avenue. There, several fire, police and Water Department personnel instructed them on what steps would be taken in the event of a real chemical or biological terrorist attack in the area.

School workers shut down the ventilation system feeding air into the gym and covered the gym door with plastic sheeting and duct tape ([Chicago Tribune, 2003](#)).

**Title:** UK Terror Attack Exercise Planned

**Date:** March 3, 2003

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

**Abstract:** London's ability to respond to a "catastrophic" terror attack will be tested within the next few weeks, David Blunkett has said.

The announcement follows an exercise in Harrogate on Monday, where emergency service leaders were shown how a decontamination unit would deal with the aftermath of a dirty bomb attack.

The government also announced the creation of a new website - [www.homeoffice.gov.uk/terrorism](http://www.homeoffice.gov.uk/terrorism) - which it said would give advice to concerned members of the public.

Earlier, a senior government adviser told the BBC of his fears that Whitehall "lethargy" towards the possibility of a smallpox bio terror attack left the UK at risk.

And increased fears of a terrorist attack at Devonport Naval Base in Plymouth have led to Ministry of Defence police there being issued machine guns.

### **Flood Defences**

The London drill, announced by Mr Blunkett in a written statement to MPs, will cover mass-evacuation and also test the ability to decontaminate affected areas.

The precise nature of the simulated attack is unclear, but it could be based on the possibility of contamination caused by a dirty bomb.

Mr Blunkett told MPs that the exercise followed the 11 September attacks in New York although he urged the public to remain calm.

Further exercises to test the UK's preparedness for attacks on flood defences and the national gas supply are planned.

"Under this new programme of co-ordinated exercises it will be possible to test whether all key stakeholders are appropriately engaged and working together," said Mr Blunkett.

"Future planned exercises will cover a catastrophic incident in central London - this exercise will take place shortly - disruption to the national gas supply and flood defences."

Liberal Democrat health spokesman Evan Harris said that the public needed hard copies of what to do in the event of an emergency as government websites might crash through demand.

### **Fake Smoke**

In Harrogate emergency services leaders from across the UK were shown the aftermath of a staged terrorist attack.

Fake smoke was set off and sirens, pre-recorded screams and wailing used to imitate casualties from an attack.

The officials were shown a decontamination unit and how it could be used to deal with a chemical, biological or nuclear attack.

They saw how it would have to handle up to 100 victims an hour, who would be moved on to treatment sections before being taken to hospitals in waiting ambulances.

### **Official Secrecy**

Earlier on Monday a leading government adviser, who wanted to remain anonymous, told BBC Radio 4's Today programme there was lethargy in Whitehall about the threat of a smallpox attack.

He suggested that official secrecy might be being used to hide inaction and that the UK, unlike France and the USA, did not have enough vaccinations for its entire population.

In the US President George W Bush very publicly had the inoculation.

Responding to the criticism, a spokesman for Tony Blair insisted that proper plans were in place to cope with a smallpox attack.

There were enough stocks to contain any outbreak and 12 regional smallpox response groups were being established throughout the UK, the spokesman said.

"It is prudent that the government, faced with a very real threat from international terrorism puts in place appropriate contingency plans.

"We are not going to put into the public domain details of our stocks because that would possibly helpful to terrorist organisations."

Conservative home affairs spokesman Oliver Letwin told Today there was no point in starting mass vaccinations when there was no specific threat, but the treatment should be available to those wanting it.

### **Computer Simulation**

The government adviser also said that Britain lags the US in terms of conducting drills to prepare for an attack.

The US has a [computer simulation](#) that analyses the effects of an attack and has been practising for emergency situations.

The UK's computer simulation is throwing all sorts of situations the nation is not prepared for, the adviser suggested.

"The British government is not doing enough. There's lethargy in government departments and classified material is a double-edged sword," he said ([BBC, 2003](#)).

**Title:** Federal Agencies Begin Bioterrorism Test

**Date:** March 25, 2003

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

**Abstract:** A crop-duster sprayed a harmless substance above a field of cattle and oil pumps Monday in a test to see if weather radar could detect a bioterrorist attack.

It was the first spray of a three-week Army test over central Oklahoma. The plane will make 261 runs, dropping grain alcohol, clay dust and a mix of water and polyethylene glycol -- a common ingredient in lotions and mascara.

The harmless materials were chosen to produce a mist resembling the airborne particles that might be produced by a bioterrorism attack.

The test, taking place in Oklahoma because of the state's advanced weather radar system, will help Army and Environmental Protection Agency scientists determine how well radar can detect such materials.

The new system would keep track of small planes and tiny puffs of particles that typical radars ignore. It will take weeks to analyze the data and determine how successful the test was, Army officials said.

The goal is to develop computer technology for a nationwide bioterrorism detection system, said Robert Lyons, with the Army's nuclear, biological and chemical detection program. The government hopes to install high-tech software in about 150 radar stations across the country.

The EPA has conducted similar tests in Maryland, Utah and Florida since early 2001, before the Sept. 11 terrorist attacks.

The government planned to start the test Feb. 24. But after residents of Goldsby complained, officials re-evaluated the program and deleted two of the originally planned test materials -- powdered egg whites and a sterilized natural pesticide. Those materials were sprayed over the ocean near Key West, Fla., last April with no ill effects ([UCLA, 2003](#)).

**Title:** Some Hospitals To Rebuff Victims Of Bioterrorism

**Date:** April 16, 2003

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

**Abstract:** St. Vincent's Hospital, a 758-bed acute-care facility in Manhattan, recently held a drill to prepare for a nuclear, biological or chemical terrorist attack. The first step: Lock down the hospital so that no new patients could come in.

"If we can't protect the people who are here, we can't do our job," says Richard Westfal, assistant director of emergency medicine at St. Vincent's.

Doctors in the nation's emergency rooms have long sought to treat everyone. But as U.S. hospitals confront the possibility of terrorism -- especially acts resulting in victims who might contaminate others or spread infectious diseases -- a few health-care providers envision a significant, and highly controversial, change in mission.

In the case of an attack with nerve gas such as sarin or a radioactive "dirty bomb," Dr. Westfal says, St. Vincent's wouldn't admit patients until its staff was fully outfitted in protective gear. Even then, he says, it would open just one of its eight doors to the outside and take only two victims at a time, after each has had a decontamination shower. St. Vincent's has coordinated its plan with local police, who could be called on short notice to guard the outside of the building.

In Houston, St. Luke's Episcopal Hospital is vaccinating up to 75 of its staffers against the smallpox virus. But since smallpox doesn't have a cure and kills about 30% of its victims, hospital officials say they would lock down the moment conditions were deemed unsafe for those within.

Such a policy "may not have the needs of the [smallpox] victims in mind," says Herbert DuPont, chief of internal medicine at St. Luke's, but he says St. Luke's first priority should be to its patients, staff and their families.

Last year, as part of push for smallpox preparedness, the Centers for Disease Control and Prevention urged state planners to identify facilities that might house patients in the event of an outbreak. But health-

care facilities proved reluctant participants. Some feared losing revenue; others worried about a lingering stigma.

Still, in the matter of turning away victims of contagious diseases, or nuclear or chemical attack, many hospitals either haven't tackled the issue or rather have tackled it in such a way that they are hoping to meet the needs of the community with the resources they have. Some have no specific policy to lock down but won't rule it out as a last resort. For now, however, St. Luke's and St. Vincent's are not in the mainstream.

"Most [hospitals] have said it's not our job to shut people out," says Jim Bentley, senior vice president for strategic policy planning for the American Hospital Association in Washington, D.C.

David Hooper, chief of the infection-control unit at Massachusetts General Hospital, says, "Our goal is to take care of people who need medical help. Some may be on our doorstep, others may be in our hospital. But we're not closing our doors."

But health-care officials say that hospitals are generally ill equipped to deal with bioterrorism. A just-released report by the U.S. General Accounting Office found U.S. hospitals would need capital improvements and additional equipment to deal with an extraordinary bioterrorism attack -- from medical stockpiles to decontamination facilities.

"Bioterrorism preparedness is expensive and hospitals are reluctant to create capacity that is not needed on a routine basis and may never be utilized," the report concluded.

Since hospital accreditation requires disaster planning, many hospitals are ready to take emergency steps, such as following an American Hospital Association preparedness checklist, which includes a three-day supply of specified pharmaceuticals, emergency power, a loudspeaker and outdoor decontamination showers.

A group of Rhode Island hospitals are backing a state plan to use a mothballed mental-health facility in Pawtucket as a place to treat potential smallpox victims so that local facilities aren't overwhelmed, their staff and patients contaminated or infected.

Providence's Rhode Island Hospital has acquired two inflatable decontamination tents, raising its decontamination capacity to 150 from 30 in the case of a chemical attack and allowing the process to take place outside its regular facility. "We're just taking what we do on an everyday basis and extending it," says Thomas Magliocchetti, who heads emergency preparedness for the hospital.

Washington Hospital Center, Washington, D.C.'s largest trauma center, is using a \$2.2 million grant from the Department of Health and Human Services to draw up plans for what it calls "EROne." Hospital officials are scheduled to unveil the design next month and they say construction will follow.

Among the features: ambulance access to the emergency room modeled after automobile drop-off and pickup at airports and rooms equipped with negative pressure, where air is vented outdoors, rather than recirculated through the hospital. "The objective is to handle three to four times the normal load with graceful degradation as opposed to catastrophic failure," says Mark Smith, chairman of emergency medicine at Washington Hospital Center.

At Washington Hospital Center, overflow in the event of a terror attack would likely be in the parking lot. "To try to isolate ourselves from the community would be hard," says Christopher Wuerker, medical director, MedSTAR transport at Washington Hospital Center.

The center has vaccinated 24 of its staff against smallpox , and intends to vaccinate all employees should the hospital treat a single case. But Dr. Wuerker says a full-fledged epidemic could possibly force the hospital to discharge some of those infected for lack of space. And, he says, locking down the hospital in the midst of such a crisis isn't out of the question. "It's sad to think that's what might be needed," he says. "But that's the reality" ([UCLA, 2003](#)).

**Title:** Chicago, Seattle Plan Drills To Test Terror Preparedness

**Date:** May 2, 2003

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

**Abstract:** On Mother's Day weekend, terrorists will spray unseen germs over Chicago airports, infecting thousands with a lethal pneumonia, while their counterparts in Seattle prepare to detonate a dirty bomb.

The Seattle bomb, exploding between Tully's Coffee shop and the Rainier Brewery on Interstate 5, will lead to overturned cars, buses and container vans in the five-acre blast zone.

But the principal role of the bomb, set to explode a day or so after the germs are released, will be to divert the nation's attention and resources from the deadlier act of the game: effects of Chicago's airborne bacterial cloud that will start to bring patients into the hospital.

Fortunately, it will all be an exercise, part of a national bioterror drill sponsored by the Department of Homeland Security. The goal of the drill, called TopOff2, is to give health workers and agencies practice responding to a terror attack, and to assess readiness, uncover planning gaps and remedy them.

Tens of thousands of Chicagoans are expected to participate in TopOff2, says Patrick Finnegan, director of clinical, administrative, professional and emergency services of the Metropolitan Chicago Healthcare Council, a group of more than 140 area hospitals. More than 1,200 volunteers from high schools and senior centers have signed up to act as victims pouring into emergency rooms. Another 2,600 paper victims will be faxed into hospitals for virtual treatment. Every Illinois hospital is expected to participate, either in the physical drill or tabletop exercise.

The drill is the sequel to TopOff1, in which a simulated aerosol plague attack in a Denver concert hall in May 2000 led to an estimated 4,000 sick and 2,000 dead in four days. Organizers say the point of such drills isn't to forecast casualties but to improve preparedness for a bioterror attack.

#### CALENDAR OF CRISIS

The simulated terror attacks on Chicago and Seattle are expected to unfold as follows:

- Mother's Day Weekend: Terrorists spray plague germs at O'Hare and Midway airports.
- Monday, May 12: A second terrorist cell diverts attention with a dirty bomb in Seattle, as Chicago patients become ill and head for the hospital.
- Tuesday, May 13: As more patients flock in hospitals, deaths occur and hospitals start to fill up.
- Wednesday, May 14: National Strategic Stockpile of drugs is flown in.
- Thursday, May 15: FBI agents take down a germ lab culturing plague germs.
- Friday, May 16: Casualties mount into thousands, and deaths into hundreds.

**Sources:** James Hagen, Deputy Executive Director, DuPage County; Patrick Finnegan, Metropolitan Chicago Healthcare Council

Margaret Hamburg, a former Clinton administration official who is now a bioterror expert with the Washington-based Nuclear Threat Initiative, says such drills force leaders to sharpen their decision-making and untangle lines of authority. "Somebody has to be in charge," she says.

As an added bonus, such drills might further hone the country's readiness for natural disease outbreaks such as severe acute respiratory syndrome, or SARS, now challenging a number of countries from China to Canada.

In TopOff2, the mist of plague bacteria will be released at five Chicago sites, including O'Hare and Midway airports. Pneumonic plague -- which results when the germ causing bubonic plague is inhaled -- is highly contagious. But because the symptoms can initially resemble other diseases, the infection can spread rapidly before health officials realize the problem on their hands.

After inhaling the germs over the weekend, the pretend victims will develop fever and chills, head and body aches, in one to three days. Breathing becomes labored. Death ensues quickly if the antibiotic treatment -- preferably streptomycin -- isn't begun within 18 to 24 hours of exposure.

"The first patients will develop respiratory symptoms and victims will start arriving in the hospitals," says James C. Hagen, deputy executive director of the DuPage County Health Department in suburban Wheaton, Ill., one site of the drill.

The true diagnosis may take a day to confirm. By the time tests are complete, the first wave of mock victims could be dead. Sparing the second wave a similar fate will depend upon several real-time computer systems being tested by participating hospitals and the Centers for Disease Control and Prevention in Atlanta.

Once the news is out, mock television crews under the logo VNN, for Virtual News Network, will cover the attack as if it were real. Law-enforcement officers will close in on the scene of the crime. "There will be a possible 'takedown' of the site of suspected terrorists growing the [germs] on either Thursday, May 15, or Friday, May 16," says Dr. Hagen.

It isn't known where the mock terror lab is located, and authorities wouldn't say whether actors would be enlisted as "terrorists." However, Canadian authorities are slated for a role in TopOff2, giving the drill international scope.

TopOff2 won't be a perfect simulation, because the players know the ultimate diagnosis ahead of time. People acting as victims must sign a consent and release form stating: "I understand that as a participant in the mock disaster drill, I may have makeup applied so as to look like a disaster victim; may have my clothing soiled or torn; and may be transported by stretcher [or] wheelchair."

The participants are coached on what symptoms to display -- all according to a script by Mr. Finnegan's group and Illinois poison-control experts, who jointly wrote the scenario.

Likewise, doctors and other health workers at hospitals know roughly when the game will begin and what germ their tests will disclose. But they must play according to the script, and await test results before beginning treatment, rather than leap into premature diagnoses or actions.

"The way scenarios are written, they may not find out [the plague diagnosis] for 12 hours," Mr. Finnegan says. During that time, by following normal procedures, hospitals will make errors that spread the disease, as the first wave of patients is sent through normal channels to such venues as the emergency room, and on to the laboratory for tests and X-rays -- exposing other patients and staff on their way.

Once the diagnosis is made, the real test begins. Says Mr. Finnegan: "Now, what do they do with the other patients who have been exposed?"

Saturation ensues swiftly, if past simulations are any guide -- and seeing how hospitals handle that saturation is one of the key ways that the drill will test and evaluate the public-health infrastructure. "A number of hospitals are going to be overloaded very quickly," Mr. Finnegan predicts, triggering hospital closure, ambulance diversions and patient transfers. The goal is to see how hospitals perform under maximum stress.

No special drugs or protective suits have been purchased for the Chicago drill. Hospitals will use protective clothing they have on hand. But the government will activate the National Strategic

Stockpile, flying in a crate of supplies, "to see how long it takes to break it down and dispense it," says Mr. Finnegan.

TopOff2 is the only drill planned for 2003, Mr. Finnegan says, adding that "there's not enough Prozac" to sustain staff for more such games.

Actors will be identified by their Top Off T-shirts, and hospitals will post signs and make announcements to reassure real patients. Vows Mr. Finnegan: "Normal patient care is not going to be affected." In Seattle, students at an elementary school near the site where the mock bomb will explode have been briefed and shown the protective suits workers will use.

Drill organizers also say they won't be dropping their guard in terms of defending against real terrorist attacks during the drill. For security reasons, Chicago is only using actor-patients specifically recruited from certain high schools and senior centers, rather than using any volunteers or walk-ons from elsewhere. Officials won't disclose what other security measures they are taking.

The total budget for the TopOff2 exercise is \$16 million, coming from the Department of Homeland Security's Office of Domestic Preparedness, and the Department of State's coordinator for counterterrorism. Of that, \$5 million will be given directly to the states of Illinois and Washington.

Simply going through the drill will help health workers train for a real event. But Dr. Hamburg, a veteran of the Dark Winter smallpox drill and other simulations, warns against too slick or transparent a scenario.

"I've participated in some exercises that were too easy," she says, citing one scenario in which a terrorist unleashed infected plague rats in a football arena, a janitor found the box by half-time, and the tests were done by game's end. Too easy, says Dr. Hamburg.

"Probably in the real world there would have been no clue until people started to get sick," she says. "Such games give you a false sense of omnipotence."

Dr. Hagen of DuPage County says that despite such drills, it is hard to know what would happen in a real terrorist attack. "Will people storm the medical facilities?" he wonders. "Or will they stay quietly at home? No one really knows" ([UCLA, 2003](#)).

**Title:** 'Dirty Bomb' Opens U.S. Bioterror Drill

**Date:** May 12, 2003

**Source:** [Red Orbit](#)

**Abstract:** A national bioterrorism drill for hundreds of firefighters, police and other emergency workers began Monday with a mock explosion of a radioactive "dirty bomb" in a car in a Seattle industrial lot.

Meanwhile, volunteers at Pacific Lutheran University near Tacoma, about 40 miles to the south, simulated a second, simultaneous attack. The attack involved a car bomb as well, but the scenario also called for a terrorist to run into a campus building and take hostages.

The five-day drill, combining the Seattle disaster with a mock bioterrorist attack in Chicago, is aimed at testing the readiness of local, state and federal authorities. It is the nation's first large-scale counterterrorism exercise since the Sept. 11 terrorist attacks.

The idea, said Mayor Greg Nickels, is for regional and national agencies to see where strengths and weaknesses lie.

"When a disaster occurs, people do not call the White House," Nickels said. "They call 911."

The exercises, which are being spearheaded by the Homeland Security Department, will cost an estimated \$16 million and involve more than 8,500 people from 100 federal, state and local agencies, the American Red Cross and the Canadian government.

On Monday afternoon, fire and police personnel in Seattle began arriving as spot fires were set throughout the industrial site. People trapped on a smashed bus cried for help. There even was a fake news crew.

In Washington, D.C., officials were running the entire drill from a hotel ballroom. About 80 federal workers from 26 agencies sat at long rows of tables, working phones and laptops and directing their agencies' work. Computers projected maps of Seattle and Chicago onto large screens.

Over the next few days, a number of "patients" are to show up at hospitals in the Chicago area, suffering from flu-like symptoms. In the script, a terrorist group releases a deadly plague in aerosol form.

A detailed, 200-page scenario has been written for the drill, which officials said will be as realistic-looking as possible. Stand-ins will portray President Bush, Vice President Dick Cheney and even press secretary Ari Fleischer.

Some details have been kept from the participants to make the exercise more realistic.

The Office of Domestic Preparedness has been planning the event – dubbed "Topoff 2" for "top officials" – since the first such drill, "Topoff 1," was conducted three years ago in Denver and New Hampshire.

Seattle's mayor said he is not worried that the security exercise may cause panic, noting that the event has received extensive publicity locally.

Hundreds of evaluators will watch the exercise and report their findings for later study ([Red Orbit, 2003](#)).

**Title:** News Focus: Bioterrorism Drill

**Date:** May 16, 2003

**Source:** [High Beam](#)

**Abstract:** Bonnie Marker of Waukegan wears a face mask at the simulated bioterrorism drill Thursday at West School in Lake Bluff. Lake County Health Department employee Lourdes Maravilla gives detailed instructions for taking medication to would-be patients in the drill at West School in Lake Bluff. Lake County Health Department worker Susana Balderas (right) guides the hand of Karyn Rios of Wauconda (center) who is playing a blind and pregnant woman during the bioterrorism drill at West School in Lake Bluff. Norma Jensen (left) plays a child ([High Beam, 2003](#)).

**Title:** City Simulates Bioterror Disaster

**Date:** May 23, 2003

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

**Abstract:** If the city were hit by a biological terrorist attack, would officials be ready to dispense mass medication to thousands of infected people?

In preparation for such a disaster, city officials yesterday simulated an attack and conducted a six-hour medication dispensing drill at Pier 92 in Manhattan.

John Odermatt, commissioner of the Office of Emergency Management, said the goal was to treat and prescribe medication to 1,000 people per hour.

"This will help us simulate a biological attack," he said. "In the event of an actual attack, we hope to use this as a model and set up several medication dispensing centers around the city."

While federal officials recently warned of potential terrorist attacks in the city, Odermatt said yesterday's drill was unrelated to those warnings. The drill originally had been scheduled for Sept. 12, 2001, the day after the World Trade Center attack.

"What we're doing is a long-planned exercise. It has nothing to do with recent events. It has nothing to do with 9/11," said Dr. Thomas Frieden, the city health commissioner. "Today is about preparedness. You can never be too prepared."

More than 600 police and fire cadets took part in the simulation, playing patients requiring immediate medical help. Health department employees asked the "patients" about their age, sex and reactions to the biological agent.

After questioning, the patients were directed to a medication dispensing area, where they received appropriate drugs. For the drill's purposes, the prescribed medication took the form of M&M's, Starburst fruit chews or Skittles.

One scripted conversation between a patient and a health worker related how a disaster might affect an infected family. A police cadet playing the role of a head of household was asked a series of questions by an interviewer: "Do your children appear toxic? Are any of them having trouble breathing? Does your infant have fever or chills?"

At a national conference of emergency management officials, biological attacks also were discussed. Marcelle Layton, an epidemiologist with the city health department, explained why the agency was taken by surprise by the anthrax outbreak.

"All of our planning had been founded on a worst-case scenario, the release of inhalation anthrax, not cases of cutaneous anthrax," she said. "We were still able to modify the program quickly to respond to it." She said many decisions were made on the fly because there was "no good data" available on outbreaks at the time ([UCLA, 2003](#)).

**Title:** Disaster Drills

**Date:** June 5, 2003

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

**Abstract:** In what will likely be the largest emergency vaccination drill in history, the Department of Public Health is gearing up for a mock health disaster exercise that will involve as many as 2,000 volunteers.

The June 17 drill, which is being paid for with federal funds, is aimed at helping prepare public health workers to respond to a massive health emergency.

Thus far the DPH has 800 volunteers lined up, according to Amy Pine, immunization program manager for the department.

Many more volunteers are needed, however.

"We need individuals from all over The City who reflect the diversity of people who live and work here," Susan Fernyak, MD, director of communicable and infectious diseases, said in a release. "We're looking for families, elderly, children, people with disabilities, and mono-lingual Spanish and Cantonese speakers to help us train our staff to respond to any number of medical emergencies."

Since the attacks of 9/11 and the [anthrax scare](#) that followed, public health officials across the country have been holding exercises to simulate the worst that could occur should this country be attacked by bio-terrorist weapons. Seattle did a dirty bomb simulation; Chicago did an exercise of what would happen if a plague were to break out.

In the event of an outbreak of any number of communicable diseases, The City needs to be able to vaccinate as many as one million individuals within a five-day period, Pine said.

"We can only go so far in planning our response," said Fernyak. "Now we need to challenge ourselves with a drill and see where we need to make adjustments."

Pine said the drill should help prepare The City for an outbreak of influenza, meningitis, anthrax, or smallpox.

Volunteers will not be stuck with any real needles (plastic coffee straws will be used) nor will they be expected to disclose any real medical information (although some will be asked to simulate various illnesses.) The volunteers will receive some sort of gift and will be entered into a raffle for larger prizes.

"I think every health department across the country has had to focus more on bio-terrorism and think about post-event planning," said Pine. "For something like small pox, in a worse case scenario, we'd have to immunize 1 million people in five days."

The mock exercise will take place Tuesday, June 17 at Bill Graham Auditorium, 99 Grove St at Larkin, beginning at 10 a.m. - 3 p.m. Interested volunteers should call 206-2358 ([UCLA, 2003](#)).

**Title:** Terror Drill To Test Area Response

**Date:** July 9, 2003

**Source:** [Baltimore Sun](#)

**Abstract:** Health officials are planning an extensive bioterrorism drill in the Baltimore area that will send volunteers, wearing makeup and acting as though they have been infected with smallpox or other diseases, to area hospitals.

The exercise, "Harbor Biological Attack - Simulated Exercise," will test the communications systems that link more than a dozen area hospitals to city, county and state emergency officials.

"This will test our ability to react and coordinate with our neighboring counties," Mayor Martin O'Malley said during a City Hall news conference yesterday. "It will be a learning experience, the kind of learning experiences that all cities should be doing."

Organizers wouldn't reveal when the practice will start, noting that they want to maintain some element of surprise. But they said the drill will occur soon and that the public should be aware so that people won't panic and get hurt.

The volunteers, who will pretend to have symptoms of diseases, will wear shirts proclaiming "this is only an exercise" so that doctors won't be tricked into abandoning patients with real health emergencies to attend to actors, officials said yesterday.

Despite the obvious signals - such as the brightly-colored T-shirts and the presence of television reporters - the doctors will have to figure out which disease or diseases the actors have, based on their descriptions of their symptoms and their makeup.

"If you go to hospitals and you see something unusual going on, with firefighters and medics and police officers, and people looking as though they are quite ill ... we want you to know that it is just an exercise," said Dr. Peter L. Beilenson, the city's health commissioner.

Donald Keldsen, director of the Maryland Emergency Management Agency, said one aim of the exercise is to help train state, city and county officials to communicate with each other during a crisis.

"It's got to be a team working together, and so we've got to practice working together," said Keldsen.

The practice will involve 200 volunteers from Civic Works, a nonprofit organization, and 15 area hospitals, including Johns Hopkins Hospital and University of Maryland Medical Center.

Last fall, the city conducted a "dirty bomb" terrorism simulation during which city agencies tested their ability to respond to the simulated explosion of a bomb packed with radioactive material.

Chicago, Seattle, Denver, Montgomery County and several other municipalities have also conducted bioterrorism drills since the Sept. 11, 2001, terrorist attacks. But Baltimore officials said their exercise will be more extensive than most.

O'Malley repeated yesterday his criticism of the federal government for failing to provide enough money for cities attempting to protect themselves against terrorist attacks ([Baltimore Sun, 2003](#)).

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**Title:** Baltimore Officials Plan Bioterror Drill

**Date:** July 16, 2003

**Source:** [HC Pro](#)

**Abstract:** Health officials in the Baltimore area plan to conduct a bioterrorism drill that will send volunteers to hospitals acting as though they have been infected with smallpox or other diseases, the *Baltimore Sun* reports.

Organizers won't reveal the exact date for the drill to preserve the element of surprise, but they say it will begin soon. Dubbed "Harbor Biological Attack-Simulated Exercise," the drill will test the communications systems that link more than a dozen Baltimore-area hospitals to city, county, and state emergency officials.

Volunteers will wear shirts that say "This is only an exercise" to prevent physicians from abandoning real patients. As part of the drill, physicians must determine which disease or diseases the actors have, based on their descriptions of their symptoms and their makeup.

The \$60,000 drill, funded by a federal grant, will involve 200 volunteers and 15 area hospitals, including Johns Hopkins Hospital and University of Maryland Medical Center ([HC Pro, 2003](#)).

**Title:** FEMA Plays Its Role In Determined Promise 2003 Exercise

**Date:** August 15, 2003

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

**Abstract:** The Federal Emergency Management Agency, a part of the new U.S. Department of Homeland Security, will play its role in the two-week, bio-terrorism portion of the Determined Promise 2003 (DP '03) exercise conducted from August 18 to August 29 at various locations. Determined Promise is an annual exercise conducted by U.S. Northern Command and sponsored by the U.S. Department of Defense.

Since joining the new Cabinet department on March 1, 2003, FEMA has retained its name and its mission, although its mission has expanded. "FEMA ... will become the nation's all-hazard incident manager. So whether it's a naturally occurring event or a terrorist event, FEMA will be the incident manager at the scene, providing funding and command and control support in a disaster," said U.S. Department of Homeland Security Secretary Tom Ridge on March 3, 2003.

"We see DP '03 as an opportunity to exercise our expanded role in Homeland Security," said FEMA Region IX Director Jeff Griffin. "By collaborating on a simulated disaster for preparedness, we can hone our ability to coordinate federal assets, improve our response capabilities and strengthen our relationships - regardless of the type of incident."

The main focus of DP '03 is on a simulated bio-terrorism event in Clark County, Nevada. The two-week scenario begins with undiagnosed cases of flu-like symptoms in Las Vegas that rapidly escalate into a

simulated outbreak of pneumonic plague. Soon determined to be a terrorist attack, the disaster response involves first the county depleting its resources, then requesting state support, and finally the state requesting federal assistance.

"It's a way to leverage Department of Defense training funds to enhance the ability of FEMA to conduct operations in a chemical, biological, radiological, nuclear and explosives scenario," said Griffin.

On March 1, 2003, FEMA became part of the U.S. Department of Homeland Security. FEMA's continuing mission within the new department is to lead the effort to prepare the nation for all hazards and effectively manage federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders, and manages Citizen Corps, the National Flood Insurance Program and the U.S. Fire Administration ([FEMA, 2003](#)).

**Title:** Terrorism Drills Were Learning Experience

**Date:** September 2, 2003

**Source:** [Honolulu Advertiser](#)

**Abstract:** While Hawai'i generally would be ready to respond quickly to a terrorist attack, preparedness exercises conducted last week have shown state leaders the magnitude of the coordination effort that would be needed, Gov. Linda Lingle said.

"It's clear that there are a lot of questions that need to be thought through in advance," Lingle said last week at [state Civil Defense](#) headquarters, where she gathered with members of her Cabinet to oversee simulated response operations.

State officials have called the week's exercises the most extensive preparedness drills ever conducted in the Islands.

The exercises, which ended Friday, involved a simulated smallpox outbreak on the Big Island.

In the scenario, the presence of smallpox was confirmed by the U.S. Centers for Disease Control and Prevention by 7 p.m. Wednesday. At 9 p.m. Lingle requested an emergency declaration from President Bush that was granted at 10:30 p.m.

Working under the simulated security threat level of black — meaning a terrorist attack has occurred — Lingle and her Cabinet flew by helicopter to state Civil Defense headquarters at Diamond Head crater from an undisclosed location.

In the simulation, officials placed travel restrictions over O'ahu and the Big Island and discussed whether to pursue larger measures to prevent more passengers arriving into the state by air.

"Under our exercise we had to send National Guard troops to the Big Island because the hospitals were being inundated by people who were fearful," Lingle said.

Lingle spent most of the day in the operations center discussing responses with state officials and other groups, including the four county mayors and organizations such as the Hawai'i Tourism Authority and the Hawai'i Hotel Association.

"We hope we never have to do it for real," Lingle said, "but it has helped us to move closer to achieving our state's strategic objectives in homeland security, which are to prevent a terrorism attack, to reduce our vulnerability and to improve our capability for a rapid response" ([Honolulu Advertiser, 2003](#)).

**Title:** London Terror Test

**Date:** September 8, 2003

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

**Abstract:** Hundreds of police and emergency services personnel have responded to a simulated terrorist strike on London.

The exercise involved passengers on a Tube train from Waterloo station to Bank station being overcome by an unknown chemical.

Victims of the terror 'attack' went through a rigorous decontamination process on the streets and at hospital - surrounded by police and hospital staff in full protective gear.

Many patients were rushed to the accident and emergency department at University College Hospital, central London, which closed its doors for three hours during the operation.

But the exercise was hampered by delays at the scene, with patients arriving in dribs and drabs more than an hour and a half after the 'incident'.

London Fire Brigade senior divisional officer Andrew Hickmott said: "There were a mixture of casualties in this simulation.

"We had everything from fatalities to people mildly affected and shocked. It was a deliberate part of the exercise to get as many different types of casualties as possible."

The scenario - designed to be as realistic as possible - closely parallels 1995's sarin gas attack on the Tokyo underground by the Aum Shrinrikyo religious cult.

The attack killed 12 people and left thousands more sick.

The simulation was the first time such a large-scale exercise has taken place in the city post-September 11 and the first time the Government's new mass decontamination units have been seen in public.

Minister for London Nick Raynsford said: "London has faced many challenges and threats in the 2,000 years of its history, not least in the last 30 years.

"We have had to be prepared for all new threats that emerge."

The power failure which recently crippled London's rush-hour traffic showed "there are always new lessons to be learned", he said.

Officials have stressed that the exercise was not in response to a specific threat and that no real chemical agents would be released on the Waterloo and City line train.

A Tube driver reported the 'incident' to the London Underground control room and the train stopped in the tunnel just before the platform at Bank, 400ft below ground.

The emergency services were then required to reach the 'casualties', evacuate them to street level and decontaminate them in special shower tents.

The incident involved about 500 police, fire, ambulance and London Underground personnel ([Sky News, 2003](#)).

**Title:** Fire Dept. Drill On Bioterror Is Set For Today

**Date:** October 15, 2003

**Source:** [New York Times](#)

**Abstract:** The Fire Department will simulate its response to a bioterror attack today on Staten Island, conducting practice smallpox vaccine inoculations on every firefighter and emergency service worker in the borough.

In reality, the estimated 700 emergency workers participating will get their annual flu shots, but the exercise is meant to test how quickly members could be vaccinated in the event of an outbreak.

As part of the drill, which will be held on the grounds of Seaview Hospital, the department will call off-duty firefighters at home to report to work, in a procedure known as recall.

After its catastrophic losses on Sept. 11, 2001, the department was faulted for its sweeping recall of members to the World Trade Center site, which left other parts of the city vulnerable, according to an independent management consultant hired by the city. The department has since revamped its procedures to include smaller recalls that would not drain emergency workers from entire city neighborhoods.

"What we're going to try to do is test our ability to pass out vaccines to our members in a rapid fashion," said Dr. Kerry J. Kelly, the department's chief medical officer and one of the officials overseeing the daylong drill. She added that it was critical for the department to have a swift plan in place so firefighters and emergency medical workers could be inoculated and continue to perform their rescue duties.

Since Sept. 11 and the anthrax scares of two years ago, the department has held several drills to test its ability to respond to future terror attacks. Not all have gone smoothly, according to participants and observers, who cited, in particular, problems at a hazardous-materials drill on a Brooklyn pier last spring that was held jointly with the Police Department. But department officials say they intend to use frequent drills to identify problems in the response.

"This is a drill exercise and we've tried to include as many real-life elements as possible," Fire Commissioner Nicholas Scoppetta said in an e-mail message. "We hope to take away important lessons and useful practices that will help us in future planning" ([New York Times, 2003](#)).

**Title:** Tokyo Holds Subway Bioterrorism Drill

**Date:** December 2, 2003

**Source:** [Japan Times](#)

**Abstract:** The Tokyo Metropolitan Government held a drill Monday involving about 170 people based on the assumption that the capital was under attack by terrorists unleashing the smallpox virus on the subway system.

The scenario, which was not explained to participants beforehand, had a public health office reporting eight people with smallpox following an apparent terror attack. City leaders held an emergency meeting, tried to determine the facts and isolated victims to prevent the virus from spreading.

Officials, firefighters and rescue workers were evaluated on their reaction. Cooperation among relevant metropolitan departments and agencies was also assessed.

After analyzing their performance, the metropolitan government will compile a manual for measures against terrorism involving nuclear, biological and chemical (NBC) weapons.

Tokyo has been making efforts to come up with ways to handle NBC terrorism, especially after the deadly 1995 sarin gas attack on the Tokyo subway system by Aum Shinrikyo.

Last month, Osama bin Laden's al-Qaeda network warned that Japanese would be targeted in attacks if Japan sends troops to assist in the reconstruction of Iraq ([Japan Times, 2003](#)).

**Title:** Bioterror Drill Exposes Flaws In Response Plans

**Date:** December, 2003

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

**Abstract:** A federal study found that a bioterrorism drill conducted in May by the Department of Homeland Security revealed communications problems and confusion among emergency workers, the Associated Press reports.

The drill began in Seattle with the simulated detonation of a radioactive "dirty bomb" and ended in Chicago four days later with a raid on a fictional terrorist group responsible for the problems. Homeland Security officials released a 15-page summary of the drill's results, noting that crews in Seattle had difficulty determining where the radiological contamination had spread. This is important for evacuating and treating people in a real emergency.

The Chicago drill focused on the response to a deadly plague released in the city, but the exercise illustrated a serious shortage of medical supplies and hospital rooms. The report considered the drill a success as a learning experience for response agencies.

The report found that communications issues led to delays in deciding whether to raise an area's threat level, declare an emergency, or reopen public transportation systems. In the field, incident commanders made quick decisions, often assuming the affected area was larger than it actually was.

The exercise cost \$16 million and involved more than 8,500 people from 100 federal, state, and local agencies, the American Red Cross, and the Canadian government ([Greeley, 2003](#)).