

Bio & Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: The following bio-terror drills occurred within the calendar year of 2007. 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: Drill Helps UM Medical Center And Air Force Prepare For The Worst

Date: April 16, 2007

Source: [University of Maryland](#)

Abstract: There's just no getting around it.

America post-September 11 is a different country. Doomsday scenarios involving massive numbers of people on American soil once seemed far-fetched at best. Now, many people realize that potential danger could be right around the corner.

To prepare for a full-scale catastrophic event, the University of Maryland Medical Center joined forces with the U.S. Air Force Medical Service and numerous local and statewide agencies to simulate a disaster on Saturday, July 13.

The result was the Free State Response 2002 disaster drill, which took place at the University of Maryland Medical Center and involved about 200 volunteer disaster "victims as well several hundred doctorsnursesand other hospital staff. All were confronted with the following hypothetical situation: terrorists had released a toxic chemical - Phosgene -- at Baltimore Ravens Stadium, which caused an explosion in parking lot just before game.

"In my mind, it isn't a question of 'if' something like this is going to happen, but 'when' it is going to happen," said Thomas Scalea, M.D., Physician-in-Chief at the hospital's Shock Trauma Center. "Doing a

disaster exercise of this magnitude is something that we've been wanting to do for some time, but September 11 really galvanized our efforts."

The purpose of the emergency response drill was to find out how well military personnel and medical personnel at the hospital's emergency department and Shock Trauma Center would handle a rapid influx of 200 injured people.

This exercise was one of the nation's first, full-scale disaster drills. One of the reasons it was conducted at the Medical Center is the hospital's extensive experience with critically ill and injured patients. The hospital's Shock Trauma Center, which treats about 7,500 patients a year, is one of the largest trauma centers in the United States. The emergency medicine department sees about 30,000 patients annually.

From Israel to Baltimore

According to University of Maryland Medical System president and chief executive officer Morton I. Rapoport, M.D., the idea for the disaster drill crystallized during a trip he took to Israel last December with members of the U.S. Air Force and the Joint Commission on Accreditation of Healthcare Organizations. There, they witnessed the Israeli Defense Forces' Home Front Command enact a huge bioterrorism training exercise involving about 1,000 Israeli volunteer "victims".

"Having seen it done in Israel, we knew that it could be done," Rapoport said. "We immediately began talking about the importance of doing this kind of training exercise here so that we could become better prepared to face bio/chemical terrorism."

With the help of the Maryland Emergency Management Agency, the Maryland Army National Guard and the Baltimore Fire and Police Departments, about 145 volunteer "patients" were decontaminated and 43 were admitted to the hospital over the course of the four-hour exercise. Some of the "injured" were sent to the Baltimore Veterans Affairs Medical Center, which is adjacent to the University of Maryland Medical Center. In keeping with the realistic nature of the exercise scenario, there were also six "fatalities".

"What is most important to keep in mind is that today's exercise isn't an evaluation of how well we're doing or of what we know," said Brian Browne, M.D., the Medical Center's Chief of Emergency Medicine. "Today's exercise is a training exercise. There are a lot of people here being trained on a massive scale about what goes into a disaster response."

According to Browne, the focus of Saturday's drill was on what to do with patients once they arrive at the hospital.

"Most disaster exercises end after the emergency services personnel transport the patients to the hospital," Browne said. "Today, we have doctors, nurses, and other hospital staff all being trained in how to sort patients out once they get here. We really need this kind of training. You wouldn't hand a musician some sheet music and say, 'I'll see you at the concert. I hope everything goes well.' No, there is such a thing as rehearsal. This is our rehearsal."

Ready, Set, Action

A long, brown table covered with bottles of fake blood, packages of burned, plastic hands and rubber flesh torn apart by "broken" bones greeted volunteers at the Free State Response 2002 disaster drill.

Mary Holmes, a nurse at the Medical Center, sat with a group of "injured" volunteers, while waiting her turn to undergo decontamination and treatment for the bloody gash on her forehead. Upon arriving on the scene at 7 a.m., she was briefed on her role in the drill. She was told that she was a 65 year-old victim by

the name of Angela Landsbury, who had been hit with flying shrapnel from the explosion at the Ravens' Stadium.

"I'm 65 and I know how to suture my own wound," she said.

Although her name may not be in lights, Holmes is no novice to this sort of exercise, which elicits a sense of imaginative drama from its participants.

"I used to be in the National Guard," she said. "I've done quite a few of these drills. Of course, nothing this big. I wanted to see what it was like to be on the other side. Today, I'm one of the walking wounded."

After getting made up, the volunteers who didn't mind getting wet were taken to the decontamination area, right outside of the hospital's emergency department. They walked under a huge shower hose perched on top of a fire truck's ladder, and were greeted by Air Force personnel, who were wearing gas masks and gray, plastic decontamination suits.

In the decontamination tent that the Air Force had set up, volunteers were scrubbed down with water before being released to the triage area.

"This is a pretty realistic scenario," said Maryland National Guard Master Sgt. Steve Bloodsworth. "You'd be surprised at how effective massive amounts of water can be. You generally don't want to use anything but water if you don't know what kinds of chemicals you are dealing with. Of course, some chemicals are reactive to water, but even with those chemicals, when you spray a person with massive amounts of water, you can usually get rid of them."

In addition to helping victims with their physical ailments, there were mental health counselors on hand to help victims with psychological problems.

"If this were a real life situation, there would be some people whose injuries may or may not be life-threatening, but who would reach their limit psychologically," said Kandy Aboud, a clinical nurse specialist in psychology at the University of Maryland Medical Center. "Some people will be having a hard time because they have seen a lot of dead bodies, or are fearful because they have been separated from their friends and family. You may even have some people who are actively suicidal, whose attitude is 'I'd rather die than live with this horrible injury or without a loved one.' In the midst of crises, it is also important to take care of your medical personnel, who may not recognize that they are exhausted and emotionally drained and in need of a break."

After most of the patients had been counseled, decontaminated, sorted and admitted to the hospital, the active duty Air Force personnel and the Air National Guard personnel conducted an aeromedical evacuation exercise. They used Maryland Army National Guard ambulances to move some "patients" to Martin State Airport.

No Easy Task

It takes an enormous amount of resources and planning to conduct a training exercise as thorough and realistic as the Free State Response 2002. Fortunately, the Medical Center has a strong relationship with the Air Force Medical Service, which was able to provide a great deal of support for the drill.

According to Dennis Schrader, Vice President of Project Planning and Development, all of the entities involved in the emergency exercise began planning it about six months ago.

"We are required by the Joint Commission on Accreditation of Health Care Organizations to do emergency exercises, but we've never done anything that involved this level of intensity and complexity," said Schrader.

Although the effort was the first of its kind, it won't be the last. Schrader said that the Medical Center intends to make the Free State Response disaster exercise an annual event.

"In order to respond well and appropriately in an emergency situation, it takes a lot of cooperation," said Browne. "We are all used to running our own, separate shops, but today, we are learning how to run one shop... What this really represents is a merging of the military and the civilian out of necessity. If you wait for federal help in the face of a disaster, you will wait too long. All of the local agencies have to be ready to work together" ([University of Maryland, 2007](#)).

Title: Oregon Takes Part In Bioterror Drill Next Week

Date: June 8, 2007

Source: [Oregon Live](#)

Abstract: Oregon will test its mettle in reacting to dirty bombs next week.

In a computer-generated exercise that begins Thursday, several dirty bombs will be detonated in Eastern Oregon. In the aftermath of this mock disaster, blood and urine samples will be collected, turned over to Oregon health officials and transported to a lab in Boise for processing. The specimens will then be forwarded to the Centers for Disease Control and other state labs for testing.

"These types of drills are an important element in making sure that we have a fast, accurate and complete response to public health concerns in the event we ever experience a real disaster," said Eric Clark, Oregon's Chemical Terrorism Laboratory coordinator.

Four East Oregon counties are taking part in the scenario: Baker, Malheur, Union and Wallowa. Other states will be involved as well, including Idaho, Washington, Alaska, Florida, Arizona, Hawaii, California, Mississippi and Montana ([Oregon Live, 2007](#)).

Title: Health Department Needs Volunteers To Participate In Drill

Date: August 19, 2007

Source: [Red Orbit](#)

Abstract: You can help the city prepare for a worst-case scenario.

The Suffolk Health Department needs volunteers to participate in its "Drive-Thru Bioterrorism Drill" from 9 a.m. to noon Wednesday at both King's Fork High and Middle schools.

The drill is designed to train and test the health department's ability to dispense medications to Suffolk residents in an extremely short period of time, and to practice emergency planning.

Volunteers, once they're at the sites, will be given the role of a patient exposed to a bioterrorism agent.

They'll be directed to drive through a dispensing line to receive medications for treatment. (No actual medications will be issued.)

The schools are located at the intersection of Godwin Boulevard and King's Fork Road.

For more information, call (757) 686-4934. SUFFOLK

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Title: Bioterror Drill To Test Distribution Of Drugs

Date: September 7, 2007

Source: [Boston.com](#)

Abstract: White cardboard boxes small enough to fit in a medicine cabinet will be delivered Sept. 23 to the mailboxes and doorsteps of more than 23,000 Boston households.

The packages will be empty, but the purpose of their delivery will be deadly serious.

The parcels will be tangible evidence of how effectively and swiftly antibiotics can be delivered if terrorists attack with anthrax. Boston will be the third US city to participate in such an exercise, pairing mail carriers, police officers, and public-health specialists.

The fake pill boxes will be delivered to every residence in two ZIP codes: 02132, in West Roxbury, and 02118, which covers most of the South End and a sliver of Roxbury.

The exercise will yield clues about how medication could be dispensed during other health emergencies.

"We feel that it is a way to get an initial push of life-saving medications out to residents on a very fast basis and allaying, hopefully, any sense of panic among the public," said John Jacob, acting director of the city's Public Health Preparedness Office.

Since the Sept. 11, 2001, terrorist attacks and the arrival of rogue letters containing anthrax a month later, big cities such as Boston have been engaged in campaigns to prepare for assaults involving biological agents such as anthrax, plague, and tularemia. Antibiotics work stunningly well against those bacteria, but they have to be administered within 48 hours of exposure.

Typically, doctors would be loathe to even consider blanketing a city with drugs without first assessing patients individually. That would change, though, in the midst of a bioterror attack.

"Normally, we prefer to have a health professional do it, but when we're dealing with the prospect that there could be thousands or tens of thousands of deaths and speed could mitigate that, for me and many of my colleagues, the ethical calculus is pretty clear," said Dr. William Raub, science adviser to Mike Leavitt, US secretary of Health and Human Services.

In the event of a biological attack, cities would establish drug-dispensing centers in schools and community centers. In Boston, the city's Public Health Commission would open 30. But because it would

take time to get those centers running, health authorities became intrigued by the possibility of using mail carriers to deliver an initial supply of antibiotics. The drug of choice against anthrax would be Doxycycline.

The federal government is underwriting the cost of the exercises, which cost "well under \$100,000" each, Raub said.

"The idea is you can hit a lot of households fast," said James Apa, communications manager for Public Health - Seattle & King County, where the first drill was held in Washington state in November. "It actually went quicker than expected; it ran ahead of schedule."

In Boston, more than 30 pairs of US Postal Service carriers and Boston police officers will venture onto the streets of the two ZIP codes at 7 a.m., Sept. 23.

Those two areas were selected because of their diversity and differences. In West Roxbury, the residents tend to be older, and mail is often ferried by vehicles. In the other ZIP code, carriers travel on foot, and, Jacob said, "the South End is just a really great, widely varied demographic."

Authorities decided to conduct the experiment on a Sunday, in part because they did not want to disrupt mail delivery on regular service days. They also figured that if terrorists struck, regular mail delivery would stop and people would stay indoors.

Health agencies quickly identified mail carriers as their best option for emergency deliveries, and the Postal Service agreed.

"Getting these medications out to people as fast as possible will be of utmost importance," said Bob Cannon, spokesman for the Postal Service in Boston. "The letter carriers know the streets, they know where the mailboxes are, they know how to walk these routes."

The mail service did have one major concern: the safety of their carriers if they're dropping off medication that could be widely coveted during an emergency. That's why a police officer is being paired with each letter carrier.

The boxes are meant to simulate containers that would carry 20 pills of Doxycycline. Once the drill is completed, recipients of the boxes can recycle them or, Jacob said, save them as a keepsake (Boston.com, 2007).

Title: [Unknowning Residents To Take Part In Terror Drill](#)

Date: [September 7, 2007](#)

Source: [WCVB TV](#)

Abstract: About 23,000 Boston residents are weeks away from taking part in a bioterror drill, and many probably don't even know it.

Health officials plan to have mail carriers deliver tiny white cardboard boxes to the doorsteps and mailboxes of thousands of residents in the city's West Roxbury and South End neighborhoods on Sunday, Sept. 23.

"Anytime you are talking about a release of anthrax in the city, you are talking about pretty much a worst case scenario where you need to get medications to people as quickly as possible," said John Jacob of the Boston Public Health Commission.

The empty boxes will be used to simulate how quickly antibiotics could be delivered to residents in the event of a bioterror attack.

"No one knows the streets, knows the deliveries, knows where the houses are and the sequence they are set up in better than letter carriers do," said Bob Cannon of the U.S. Postal Service.

In the event of a real emergency when the antibiotics are highly coveted, the mail carriers will have a police escort.

"There is no emergency whatsoever. This is just a test, and this is a way for us to figure out if this particular delivery option is a good fit for Boston," Jacob said.

If it were a real emergency, each box would hold 20 pills ([WCVB TV, 2007](#)).

Title: Pandemic Drill For Financial Sector Finds Planning Gaps

Date: October 26, 2007

Source: [CIDRAP](#)

Abstract: The US Department of the Treasury this week announced the results of a recent exercise to test the resiliency of the nation's financial services sector in an influenza pandemic, revealing that few firms were well prepared and most needed to improve their all-hazards plans.

In May 2006 the White House directed the Treasury Department to work with banking and financial services companies to boost their pandemic preparedness, according to an Oct 24 department press release.

The exercise was conducted Sep 24 through Oct 12 and consisted of an online program of weekly scenarios and preparedness questions. The exercise was organized by two Treasury divisions: the Financial Banking Information Infrastructure Committee (FBIIC) and the Financial Services Sector Coordinating Council (FSSCC).

The simulation began with the World Health Organization announcing that human-to-human cases of H5N1 avian influenza had been reported in five major US cities, probably because of infected travelers arriving from Lagos, Nigeria.

As the pandemic progressed, the exercise described emerging impacts on supply chains, worker absentee rates, healthcare systems, schools, transportation, financial market indicators, and market reactions.

As the simulated outbreak spread across the country, companies were asked a series of preparedness questions on topics such as predicted absenteeism, the status of human resources plans for a pandemic, and plans for educating employees.

Questions specifically relating to financial operations, for example, included detailed questions about predicted automatic teller machine (ATM) availability and how the companies would respond if daily security trading hours were shortened.

As the exercise progressed, the companies responded to fluctuating market indicators and varying absenteeism rates. At the peak of the pandemic, the exercise simulated a 49% absenteeism rate. The last phase of the exercise centered on the nation's recovery from a pandemic, with preparation for a possible next wave of illnesses.

The Treasury Department said 2,775 organizations registered for the exercise; 65% were banks and credit unions, 23% security firms, 11% insurance companies, and 4% other groups (utilities, industry associations, and regulators).

"The strong public-private coordination on this exercise allowed us to reach more institutions than we ever expected," said Valerie Abend, the department's assistant secretary for critical infrastructure protection, in a press release. "And by allowing almost all participants to find critical gaps in their planning, this exercise was an unquestionable success in helping the industry prepare for such a crisis."

Of the participating organizations, 64% reported they had a business continuity plan for use in a pandemic, but only 42% said they had human resources policies in place to respond to employees' needs during a pandemic.

At the end of the exercise, the groups were asked how effective their business continuity plans were. Nearly 12% said their plans were very effective, 56% reported they were moderately effective, 28% rated them as minimally effective, and 4% said the plans were "not at all" effective.

Most (91%) said they would refine their business continuity plans on the basis of what they learned from the exercise.

Among other findings, Treasury Department officials learned that:

1. School closings as a community mitigation tactic during a pandemic would significantly or moderately affect about 72% of participating financial institutions.
2. Establishing a telecommuting system and dividing and dispersing work units were the two most common steps companies said they would take to maintain business operations during a pandemic.
3. Nearly 99% of respondents thought the exercise was useful for assessing pandemic preparedness.

As the planners analyze more of the exercise data in the coming months, they will release more detailed information on the pandemic's impact and the industry's response, officials said ([CIDRAP, 2007](#)).