Bio Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: The following whitepapers were published by think-tanks, universities, NGO's and various governmental agencies and have at the very minimum set the stage psychologically for the impending bio-terror induced pandemic. The simple fact that these whitepapers exists in mass confirms that an upcoming bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and militarial control of society.

WHITEPAPERS: Army War College , ASM (American Society for Microbiology), CATO Institute, Center for a New American Security, Center for Biosecurity of UPMC, Center for Counterproliferation Research, Chemical and Biological Arms Control Institute, CRS (Report for Congress), GAO (General Accounting Office), Institute for National Strategic Studies, Institute for Science and Public Policy, Johns Hopkins University, National Academy Of Engineering, National Defence University, PERI (Public Entity Risk Institute), RIS (Research & Information System), Terrorism Intelligence Centre, The Federalist Society, UNESCO (United Nations), University of Laussane, and the WMD Center.

Title: Local Government Response To Bioterrorist Acts
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Abstract: The events of September 11, 2001 brought home to many of us the reality that massive terrorist attacks can occur on American soil. The attacks and subsequent media speculation about the future caused many citizens to seriously contemplate the possibility of biological or chemical terrorism in this country. Those concerns became reality in October of 2001, when a case of inhalational anthrax was reported in a 63 year old Florida man, followed by other anthrax infections at the same location, and in New York City, Washington DC, New Jersey, and Connecticut. Most of these infections were linked to anthrax contaminated letters sent through the United States Postal System. Two cases have not been definitively linked to contaminated mail.

Even prior to last Fall's events, the possibility of a bioterrorist attack in the United States was under consideration and analysis by various governmental and nongovernmental organizations, which were working to assess the threat, our state of readiness, and what we could do to improve our ability to respond to such incidents. Consequently, there is substantial information available on the Internet about the risks of biological or chemical terrorism and the potential actions that local governments can take to address this issue. The purpose of this article is to identify some basic actions local governments can take to address the risk of biological terrorism, and to provide links to resources that provide additional information. Although the discussion focuses on biological terrorism, many of the resources identified also provide information on chemical terrorism.

It is tempting to assume that the federal government will protect our communities from biological terrorist acts through intelligence and other defensive activities. As past events have demonstrated, however, this is not practical because the United States is a large and open society. Local governments are the key players in keeping American communities as safe as possible from terrorism by responding effectively if an attack does occur. If a terrorist event does occur, the federal government would be of little immediate help with emergency response. If the community relies upon federal assistance, it may well miss a crucial window of opportunity for reducing casualties.

Fears about bioterrorism often focus on the mass disaster scenario: dissemination of a biological agent to a large number of people, with resulting mass casualties. The difficulties of disseminating biological agents to the entire population of a city via its water supply or contamination of the open air are discussed in some of the resources below. While such mass attacks should be considered, the release of biological agents in a smaller area, such as large building ventilation or water systems, or areas where the public is gathered inside, such as schools, shopping centers, subways, or sporting, cultural and other public events, may be more feasible. *Chemical and Biological Terrorism: The Threat According to the Open Literature*, Ron Purver, Canadian Security Intelligence Service, 1995, available online at: http://www.csis-scrs.gc.ca/en/publications/other/c_b_terrorism01.asp.

Last Fall's anthrax attacks proved that an effective biological attack can be mounted through a low-tech vehicle such as regular mail. Actual casualties were relatively low, by post September 11 standards; but, in addition to the loss of life and serious illness caused by the attacks, the cost was substantial in other ways. Affected buildings were closed for costly decontamination efforts, requiring the occupants to find other temporary locations to conduct business. Mail service was disrupted in some areas as postal facilities were inspected and decontaminated. Large numbers of potentially exposed people were tested and given prophylactic antibiotics to prevent them from developing the disease. Response to copycat hoaxes and frightened citizens taxed government response capabilities. Postal facilities and mail recipients in all sectors of the economy changed mail-handling procedures, often incurring additional cost in the process. And some of the public lost faith, at least temporarily, in the safety of the U.S. Mail and the government's ability to protect its citizens. The disruptive potential of actual or feared bioterrorist attacks was demonstrated again on May 21, 2002, when incoming mail at the World Bank and the International Monetary Fund had positive field test results for anthrax. Subsequent tests were negative for anthrax contamination, but in the interim some employees received prophylactic antibiotics and approximately 1,000 World Bank employees worked from home.

Although it is difficult to anticipate the next move that terrorists will make, local governments can harden their facilities and communities against biological attack to some extent. Governments can encourage the managers of potentially vulnerable private sites to secure and limit access to ventilation and water systems, install HEPA (high efficiency particulate air) filters in their HVAC (heating, ventilation and air conditioning) systems where possible, and hire trained security guards to control building access. They can take similar actions in public buildings. Governments can encourage (or require) promoters of public events to provide additional security for those events by hiring adequate numbers of security personnel who have been trained to recognize the signs of a possible biological terrorist attack. Governments can assess their internal procedures (such as mail handling and package receipt) for any weaknesses that might increase vulnerability to a bioterrorist attack, and can encourage other organizations in the community to do the same. Governments can also educate citizens to be alert, and to report to the proper authorities potential problem behaviors that they observe, such as attempts to gain unauthorized access to secured areas.

These are just a few examples of actions local governments can take to manage the risk of a biological terrorist attack in their community. Each community's risks are different. To identify and manage these risks, a local government should follow the basic risk management process of identifying the community's most likely vulnerabilities, evaluating its options for addressing those exposures within the bounds of the law, choosing the best options, and implementing those options.

The impact of, and response to, a biological terrorist attack is in many ways very similar to those of a naturally occurring epidemic. The initial damage caused by a successful biological terrorist attack is illness or death, and it may be some time before the nature and source of the biological agent is discovered. There may be many or few cases involved, and the illness may be communicable (capable of being passed from one infected person to another, example, smallpox or influenza) or non-communicable (example, anthrax). In a naturally occurring epidemic the illness is likely to be communicable, but in other respects the response will be much the same as that required for a biological terrorist attack. In any serious epidemic, whether naturally occurring or caused by a terrorist attack, consequential damages may include overloading and breakdown of the health care system, and possible social disruption. *A Plague on Your City: Observations from TOPOFF*, Thomas v. Inglesby, Rita Grossman, Tara O'Toole,

Clinical Infectious Diseases 2001; 32:436 (on the Internet through Johns Hopkins Center for Civilian Biodefense Strategies, see link below) A community's preparation to identify and respond to large scale biological terrorist attacks will help it avoid or reduce these consequential damages, whether the illnesses result from deliberate attacks or naturally occurring events, such as influenza pandemics.

The response to biological attacks is likely to differ from the response to chemical attacks, because biological attacks are more likely to be made covertly, and without notice, until the population begins falling ill. *Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response*, Morbidity and Mortality Weekly Report, Vol. 49, No. RR-4, April 21, 2000. (Link below through Centers for Disease Control and Prevention) Recognition of a covert attack with a biological agent may be complicated by the initial resemblance of the symptoms to those of less serious illnesses. Even if the attack is recognized, as with the anthrax attacks last Fall, health care personnel may have difficulty diagnosing the resulting illness if it occurs in populations the medical community did not expect to be affected, as it did with the postal workers in the District of Columbia. The community's response will include identifying the type and source of the illness, treating the victims, and dispensing prophylactic medication (such as vaccines) to exposed populations that are not yet ill. Local public health departments and private health care providers will be the first to see the illnesses resulting from a biological attack, and therefore have the primary responsibility for identifying and responding to the resulting illnesses. The earlier the pattern and type of illness can be identified, the source of exposure determined, and medical care and prophylaxis initiated, the more effective the community's response will be.

One of the most crucial actions a local government can take to prepare for a possible bioterrorist attack is to be certain that the local public health department and health care community have the resources and knowledge to quickly identify and coordinate medical response to an infectious disease outbreak. The July 2001 Centers for Disease Control and Prevention publication entitled *The Public Health Response to Biological and Chemical Terrorism: Interim Planning Guidance for State Public Health* (Link below through Centers for Disease Control and Prevention) says that public health departments need to do the following in order to plan for and respond to terrorist events:

1. Identify the types of events that might occur in their communities;
2. Plan emergency activities in advance to ensure a coordinated response;
3. Build capabilities necessary to respond effectively to the consequences of those events;
4. Identify the type or nature of an event when it happens;
5. Implement the planned response quickly and efficiently;
6. and Recover from the incident.

What type of activities might a local government undertake to meet these objectives? We provide some examples below.

1. **Strengthen Information and Communications Technology**
   Be certain that the local public health department has the information and communications technology it needs to respond effectively in a public health emergency. These include surveillance technology, e-mail, high-speed Internet access, fax capability and reliable and secure alternative voice communication services – such as radios.

2. **Strengthen Working Relationships and Communications**
   Strengthen the local health department's working relationships and communications capabilities with local community stakeholders and the health care community, and with state health department and federal agencies. Examples of potential partners are FEMA, EPA, the FBI, The U.S. Department of Justice, the CDC, the state health department, state and local offices of emergency management, regional councils of government, neighboring local health departments, emergency medical services, hospitals, primary care medical offices and clinics.

3. **Educate the Health Care and Emergency Response Community about Identification of Bioterrorist Attacks and Agents**
   Be certain that the local health care and emergency response community is familiar with possible biological agents that could be used in terrorist attacks; the signs and symptoms of infectious diseases most likely to be caused by those agents; appropriate disease surveillance procedures; the indications of a covert biological attack, such as an unusually large number of affected people with similar illnesses or the occurrence of an unusual illness; and the appropriate protocol for reporting unusual disease activity to local and/or state public health departments.

4. **Educate the Health Care and Emergency Response Community about Medical Treatment and Prophylaxis for Possible Biological Agents**
   Be certain that the local health care and emergency response community is familiar with the appropriate protocols for caring for victims of biological attacks and providing prophylaxis to people who were exposed but are not yet ill. Have written and current protocols readily available for reference.

5. **Educate local health department about state and federal requirements and assistance**
   Be certain that the local health department is familiar with the appropriate channels for reporting disease outbreaks to the state health department and requesting state and federal assistance with management of infectious disease outbreaks.

6. **Maintain Locally Accessible Supply of Medications, Vaccines and Supplies**
   Be certain that the local health department knows which medications, vaccines and supplies will be needed for each potential biological agent, and maintains, or has arrangements to immediately access, a stockpile of those materials in the event of an infectious disease outbreak. Have easily accessible, up to date, written inventories of materials and their locations. Consider making advance arrangements to obtain materials from other facilities and vendors in an emergency. Do not rely solely on federal sources (such as the National Pharmaceutical Stockpile Program) for materials that can be assembled in advance from other sources.

7. **Address Health Care Worker Safety Issues**
   Be certain that public health workers and emergency responders are trained about transmission of infectious diseases and worker biosafety issues and provide appropriate personal protective equipment and emergency prophylaxis. Advance preparation for worker safety may help prevent needed health care workers from becoming ill or refusing to work during an epidemic.

8. **Designate a spokesperson to maintain contact with the public**
   Identify a primary and back up spokesperson to inform and reassure the public, interact with the news media, and provide educational materials to the public. Ensure that spokespersons are well informed and familiar with state and local procedures.

9. **Become familiar with state and local laws relating to isolation/quarantine**
   Be certain that local officials are familiar with local and state health regulations restricting the movement of people exposed to communicable diseases.

10. **Develop, maintain and practice an infectious diseases emergency response plan**
    Develop, regularly update, and practice a written infectious diseases emergency response plan that details the local government's plans for managing infectious disease outbreaks. This plan should include but not be limited to: appropriate and current contact lists; identification of local government positions and their responsibilities in any response effort; description of interaction between local, state and federal governments in managing a biological incident; procedures for maintaining and obtaining local stores of medications and supplies for use by first responders; current treatment protocols; prearranged locations for treating casualties, if hospital space is exhausted; prearranged locations for counseling worried well and dispensing prophylactic care; procedures for accessing state and federal stockpiles of medications or supplies if local supplies are insufficient; and procedures for obtaining additional health care workers.

11. **Practice with surrounding jurisdictions**
    Consider testing the infectious diseases emergency response plan by conducting a practice exercise with surrounding jurisdictions.

12. **Stay current**
    Keep aware of current developments. As this issue has reached the front burner, developments will come more quickly.

In rural or farming communities, it is also important to remember that biological terrorism can also be directed at farm animals or crops. Unusual diseases or disease clusters in animals or plants should also be evaluated and addressed. The local government should be certain that veterinarians and farmers are alerted to this possibility and told where to report any unusual outbreaks (PERI, 2002).