

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 military 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 Lausanne](#), and the [WMD Center](#).

Title: U.S. Strategy For Bioterrorism Emergency Medical Preparedness And Response

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Abstract: The 2002 U.S. National Security Strategy (NSS) highlights the U.S. efforts in strengthening America's homeland security. The NSS specifically uses bioterrorism as the point of reference for improved emergency management systems and charges the medical system to strengthen and manage bioterror as well as all infectious diseases and mass casualty dangers. The 2002 National Strategy for Homeland Security includes numerous emergency preparedness and response initiatives as part of the overall homeland security strategy. Several of these initiatives will significantly affect roles and responsibilities for the Department of Defense (DOD) and the Department of Health and Human Services (HHS). Additionally, many strategic elements for bioterrorism emergency preparedness and response are in the congressional bioterrorism amendment acts. The purpose of this paper is to serve as a strategic analysis of the U.S. strategy for bioterrorism emergency medical preparedness and response. Specifically, the author will analyze national security strategies pertinent to emergency preparedness and response; examine the current and emerging roles of HHS and DOD in emergency medical preparedness and response; review current bioterrorism threats; and assess interagency collaborative planning. The author also recommends that federal agencies adopt a coherent bioterrorism defense strategic framework and makes other recommendations for DOD and HHS initiatives in bioterrorism emergency medical preparedness and response.

Recommendations For The U.S. Strategy On Bioterrorism Emergency Preparedness And Response

Countering bioterrorism requires that we enlarge our capabilities of research, think creatively, and educate doctors, healthcare workers, and the general public...we must advocate federal support for public health infrastructure.

The 9-11 terrorist attacks, the anthrax bioterrorist attacks, and the subsequent global war on terrorism changed the U.S. and the world forever. National security strategies necessarily refocused on homeland security and homeland defense. In conducting the review and analysis of the national strategy for

bioterrorism emergency medical preparedness and response, the author made several observations and recommendations. However, there are some recommendations that merit additional comment for clarity. Some merit a separate presentation to avoid getting lost in the overall analysis.

1. Adopt a National Strategy Framework for Bioterrorism Emergency Medical Preparedness and Response.

A. Observation: The U.S. strategy for preparedness and response is comprehensive, proactive, and much improved. However, there is a need for a specific and more coherent national strategy for bioterrorism emergency medical preparedness and response. Even the editors of a brand new professional journal on bioterrorism question the collective sense of urgency for bioterrorism preparedness and response.⁹⁶ The author has already pointed out the congressional mandates to coordinate bioterrorism. The need for a strategic framework for bioterrorism national strategy is clear.

B. Recommendation: The DSB Task Force's "Elements of Detection and Response" for bioterrorism defense, mentioned earlier, provides an excellent framework for the key elements of a national strategy for bioterrorism emergency medical preparedness and response. At Figure 4 is an author-modified version to demonstrate clearly the interaction between the critical elements. The interdependent elements succinctly capture the broad areas integral to such a much-needed national strategy. The author added the block for emphasizing interagency collaboration across all phases and elements. The author also added downward arrows to crystallize the need for continuous situational awareness during all phases in a hand-in-hand mode. A future strategic research project should propose and describe a detailed U.S. strategy for bioterrorism defense using this framework.

2. Establish the Bioterrorism Interagency Collaboration Council (BICC).

A. Observation: Interagency collaboration is a critical strategic element of bioterrorism emergency medical preparedness and response. The author already pointed out the constant call by key federal leaders for interagency collaboration on bioterrorism efforts. There is also a tendency to collaborate mostly during crisis situations instead of proactively or during pre-event periods.

B. Recommendation: The HHS and DHS should establish a high-level bioterrorism interagency collaboration council (BICC) to assess immediately all federal strategic capabilities and needs for bioterrorism emergency medical preparedness and response. Standing members should include, as the lowest level, the principal deputies to the assistant secretaries for preparedness and response from HHS, DHS, DOD, and DVA. The BICC can incorporate additional agency and OPDIV representatives depending on the specific collaborative effort. This BICC should meet at least bi-monthly and be modeled after the NSC Deputies Council but focusing on bioterrorism initiatives. Existing and new interagency working groups (IWG) would meet more frequently and report to the BICC during the bi-monthly session. One of the new IWGs should be an Interagency Science Board under the DHS whose charter is interagency R&D collaborative planning for emergency preparedness and response. The intent of the BICC itself is to be a powerful, collaborative decision-making council focused on full-spectrum strategic bioterrorism initiatives.

3. Establish a Joint Special Medical Augmentation Team (JSMART).

A. Observation: There are numerous civilian and military medical augmentation teams across the U.S. with special capabilities for responding to WMD incidents and other disaster related incidents. The DOD teams seem to be more specialized than most of the civilian teams. Though the author did not assess these operational and tactical teams, there is a pattern of service specific teams remaining from the DOD re-shuffling of missions and organizations as discussed previously. There are only a few multi-service or joint teams, which goes against the grain of DOD joint transformation efforts. DOD does not disperse well most teams across the U.S. and many would take days to respond given the current mission assignment construct of the Federal Response Plan. Even before the events of 9-11, the Committee on R&D Needs for Improving Civilian Medical Response to Chemical and Biological Terrorism Incidents commended the Public Health Service Metropolitan Medical Strike Teams as the best federal organization for responding

to medical consequence management. The committee also warned that the teams are less than optimal unless intelligence allows for their predeployment.

B. Recommendation: DOD establishes geographically dispersed joint special medical augmentation response teams (JSMART) aligned with every FEMA region. A pre-determined number of teams would remain on 24-hour alert status at all times depending on the homeland security level and other military threatcon levels. However, DOD would lock down, at known locations, the designated teams ready to deploy and employ. DOD could adopt the military's deployment ready unit concept of operations or use the Office of Emergency Response alert system. DOD could measure JSMART readiness by applying a balanced scorecard method. DOD would draw the JSMART teams from dedicated fixed facility organizations and from field-type organizations and apportion them to NORTHCOM on an actual time-phased deployment list. DOD (HA) or the U.S. Army Surgeon General, as Executive Agent, may want to use the DOD "rapid spiral transformation"⁹⁸ process under defense transformation to implement an experimental JSMART team. DOD (HA) should mission the JSMART with joint mission essential tasks for providing military support to civil authorities, specifically tasks associated with response to weapons of mass destruction. These recommended JSMART teams meet the criteria set out under the DOD's rapid spiral transformation and certainly meet the first pillar of transformation—strengthening joint operations.⁹⁹ The transformed DOD response teams would become part of the U.S. strategic arsenal for bioterrorism preparedness and response.

4. Prudently exploit unprecedented federal funding for bioterrorism initiatives.

A. Observation: Unprecedented funding decisions backed up congressional and presidential interests in bioterrorism. For example, biodefense funding infused almost a billion dollars for biodefense programs through CDC in FY 2002 and another billion in FY 2003 funds.¹⁰⁰ Additionally, the President's overall budget for HHS's plans and programs towards bioterrorism for FY 2003 is \$4.3 billion.¹⁰¹ There are extraordinary opportunities to finance major bioterrorism preparedness and response initiatives.

B. Recommendation: HHS, DHS, DOD, and DVA should make the most of near term federal bioterrorism funding for improving the nation's bioterrorism emergency preparedness and response programs now. A prudent fullspectrum spending plan that meets congressional and presidential intent for bioterrorism defense will require great foresight and parallel prioritization between current and future needs. Federal agencies should exercise stringent stewardship of bioterrorism funds. One pitfall could be spending huge amounts on information technology capabilities not supported by sound scientific nor long-term strategic needs. Nevertheless, key federal agencies at the epicenter of bioterrorism emergency preparedness and response should take advantage of the tremendous opportunities afforded by exceptional funding.

5. Encourage future strategy research in emergency preparedness and response.

A. Observation: Researchers should be further exploring several strategic research opportunities in the field of emergency preparedness and response.

B. Recommendation: DOD and other academic institutions should strongly encourage strategic research projects in the below listed topics of national interest to fill potential gaps in baseline strategic concepts and framework.

I. What are the implications of CBRNE threat assessments on future national military strategy for homeland defense?

II. Why should the U.S. Army be the DOD Executive Agent for medical support to civil authorities? What strategic guidelines should DOD adopt for medical support to civil authorities on the domestic front?

III. Conduct a strategic analysis for forming a joint military-civilian medical command for homeland defense.

Emergency medical preparedness and response is already a joint/combined civilian/military system of

systems.

IV. What are the Department of Homeland Security (DHS) strategic ramifications for emergency preparedness and response perspective? The Department of Homeland Security may be dangerous to your health.

Conclusion

There is an importunate need for a coherent U.S. national strategy for bioterrorism emergency preparedness and response. A review of the major national strategy documents beseeches a strategic framework to guide succinctly national bioterrorism efforts. Furthermore, the combined trend in the national strategy documents presumes that while there has been much improvement in emergency preparedness and response, there remains an overall state of under preparedness.

This analysis of the U.S. national strategy for bioterrorism emergency medical preparedness and response found an incoherent strategy mostly documented in the NSHS and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The NSHS vision statement easily serves as a model for a national vision for bioterrorism emergency medical preparedness and response that HHS or the DHS should author. Likewise, HHS or the DHS can also use the national strategy for combating WMD as a template. The key players for strategic bioterrorism initiatives are HHS, DOD, DHS, and, to a certain extent, the DVA. Mostly, HHS positioned itself well at the strategic center of emergency preparedness and response though the impact of the DHS is not yet clear. On the other hand, as a key national asset for emergency medical preparedness and response, DOD must critically search its transformation initiatives for opportunities and, perhaps, necessities in transforming its military health services system and the associated organizations. Perhaps the recommended JSMART teams can be one of initial steps. The new DHS may supplant many of HHS's strategic health services roles. Nonetheless, HHS should remain the strategic center for bioterrorism emergency medical preparedness and response. The recommended BICC may solidify such a central role for HHS.

The national bioterrorism strategy analysis shows that it stems from well-documented bioterrorism threats and convincingly brings to the forefront the pivotal gap in interagency collaboration. Threats from bioterrorism make national and international news on a daily basis and many countermeasures ensue from the threat assessments. Interagency collaborative planning for bioterrorism medical preparedness and response is the most critical, yet most lacking, element for ensuring a coherent bioterrorism national strategy for emergency medical preparedness and response.

Public health emergency medical preparedness and response evolved tremendously and improved significantly, especially after implementation of numerous pre and post 9-11 initiatives.

The military medical health system and its organizations dramatically increased terrorism response training and heightened its bioterrorism awareness but there are not many organizational changes. Certainly, there are well-trained current organizations, which respond quickly, but there is a questionable mix of capabilities, locations, and their jointness. The U.S. strategy for bioterrorism emergency medical preparedness and response must be comprehensive, realistic, visionary, and, necessarily, deeply embedded in the national security strategy for homeland security. HHS and DHS should seriously consider using the recommended national strategy framework for bioterrorism efforts. However, most of all, a coherent national bioterrorism strategy framework must be adopted now and propagated immediately by all federal agencies ([Army War College, 2003](#)).