

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following propaganda was published within the calendar year of 2001. While some of the following reports may have been legitimate news stories, most if not all of them appear to be blatant propaganda with the overall goal of convincing American and the World that it is on the precipice of a bio-terror induced pandemic. The fact that this propaganda 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.

**Title:** Deadly Virus Fuels Bio-Terror Fears

**Date:** January 10, 2001

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

**Abstract:** Scientists who accidentally created a deadly version of mouse smallpox in the laboratory say lethal human viruses are only a step away.

The prospect of such dangerous organisms being produced relatively easily have left bioterrorism experts fearful of killer global epidemics.

The Australian researchers, reports New Scientist magazine, made one simple genetic change to a "mousepox" virus in an attempt to produce an effective contraceptive vaccine.

"Mousepox" normally causes only mild illness, and when all the animals undergoing the experiment died within days, they realised the potential of their discovery.

They say a similar change in human smallpox could produce a far more virulent strain which could even be resistant to vaccines.

Many scientists across the world are making subtle genetic modifications to disease-causing, or pathogenic, viruses, in order to carrying gene therapies into the body's cells.

In this case, a gene which produces a body chemical called interleukin-4 was inserted into the mousepox virus.

The idea was to stimulate an immune reaction against mouse eggs, with a contraceptive effect - but the effect was to completely suppress the part of the immune system normally mobilised to fight viral infection.

Dr Ron Jackson, who led the research, said: "It would be safe to assume that if some idiot did put human IL-4 into human smallpox they'd increase the lethality quite dramatically."

Smallpox infection is already believed to have an approximate mortality rate of 30% - an increase, coupled with the natural contagiousness of the virus, could be devastating, say experts.

In addition, vaccination against mousepox appeared to have far less of a protective effect for those infected with the new strain.

In fact, only half those mice vaccinated survived infection.

### **Vaccine Fear**

Experts say tiny genetic modifications may not only increase the virulence of a virus, but also render existing vaccines useless.

Professor John Bartlett, co-director of the Johns Hopkins Center for Civil Biodefense Studies in Baltimore, US, told BBC News Online: "I wouldn't have thought you would need anything more virulent than smallpox already is to cause a global epidemic.

"There is a lot of concern about it - the entire world is vulnerable because no-one has immunity."

He added: "If a new vaccine needs to be developed from scratch, we are talking about several years minimum.

"There are enough rogue nations and dissidents trying to do this."

He named several countries for which he said there was evidence of the development of biological weaponry. One had taken the precaution of inoculating its soldiers against smallpox.

A spokesman for Friends of the Earth told BBC News Online: "This is very worrying for us, and shows how unpredictable genetic engineering can be.

"We simply don't know enough to allow these experiments at present."

He called for much closer scrutiny of laboratory experiments.

So did Susan Meyer, of pressure group Genewatch, who is calling for more openness on the part of the biotechnology industry.

She said: "This discovery should really alert people to the fact that genetically altering organisms can have unexpected outcomes.

"Things don't stay in the lab all the time. You can have single gene changes that can make a big difference."

A spokesman for the Ministry of Defence's biological research facility at Porton Down said: "Making scientists aware of the full potential of their discoveries is important, but inevitably it carries the same risk in bringing possibilities to the attention of the unscrupulous.

"We seek to be aware of what possibilities are open to aggressor countries or terrorists. By the nature of things, this is always a game of catch-up.

"And there are already so many possibilities that absolute protection is not possible without the sort of constraints that are not acceptable in a free society."

Smallpox, a much feared disease in the 20th century, was eradicated by a massive vaccination programme.

The US recently decided to retain some stocks of the virus for experimental reasons, even though some scientists were clamouring for all stocks to be destroyed.

The disease presents as severe headache and fever, with the trademark sores appearing after a few days.

The last confirmed outbreak of smallpox was in 1977 in Somalia - later that year, the World Health Organisation declared the disease eradicated ([BBC, 2001](#)).

**Title:** Biden: Bioterrorism More Of A Threat Than Missiles

**Date:** September 5, 2001

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

**Abstract:** Seeking to deflect Congress from President Bush's proposal for a missile defense system, Senate Foreign Relations Committee Chairman Joseph Biden said his committee would concentrate on the threat of bioterrorism during the current Congressional session.

"In my view, the threat from anonymously-delivered biological weapons and from emerging infectious diseases simply dwarfs the threat that we will be attacked by a third-world ICBM with a return address," the Delaware Democrat said. "This committee will spend a lot of time" on that issue.

Biden and other senators said the administration's 2002 budget allotment of \$182 million for combating bioterrorism was not enough, and called for laws banning the possession of deadly agents such as anthrax, botulism and smallpox.

The panel's ranking Republican, retiring Sen. Jesse Helms of North Carolina, agreed but said "a robust missile defense system" could also prevent attack using a missile armed with a biological weapon.

Former Senator Sam Nunn, a Georgia Democrat who was at one time chairman of the foreign relations committee, told the committee he would put the biological threat to U.S. national security "near the top of the list." Without cooperation with Russian scientists, he said, the danger cannot be significantly reduced.

"We cannot solve it by ourselves," Nunn said, advocating a joint program to be started by President Bush and Russian President Vladimir Putin "to work together to develop vaccines and other defenses."

Former CIA Director James Woolsey said a biological attack on the United States by terrorists or an enemy state is the most serious threat the nation faces from weapons of mass destruction, in part because the weapons are easy to make and to conceal.

"Often you don't even have to smuggle anything," said Woolsey. "Anthrax grows in many cow pastures in the world and much of the equipment one would need to weaponize it is transportable. Some of it is little more complex than that for, say, a microbrewery attached to a restaurant" ([CNN, 2001](#)).

**Title:** Anthrax, Smallpox, Vx: The Inferno Next Time

**Date:** October 17, 2001

**Source:** [All Africa](#)

**Abstract:** Recriminations have started in America following the worst terrorist attack in the history of any nation. The only consolation is that this could have been a thousand times worse not only for America but for the whole world.

As the true extent of the tragedy sinks in - perhaps 20,000, perhaps 30,000 dead (half the number of young Americans who perished in Vietnam) - the world's most powerful nation could turn inwards again and become introverted vis-a-vis Africa, the most neglected continent ([All Africa, 2001](#)).

**Title:** Anthrax In Parcel Sent To Nairobi Doctor

**Date:** October 17, 2001

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

**Abstract:** An anthrax alert was flashed to health headquarters in Nairobi yesterday after a white powder feared to contain the deadly bacteria was found at the United Nations in Gigiri.

The powder was in a parcel sent from Pakistan, one source said.

Another parcel mailed from Georgia in the United States also contained the suspect powder, it was believed.

The parcels were detected by security staff at the United Nations Environment Programme headquarters and were immediately put in polythene bags and taken to the Ministry of Health.

The discoveries sent ministry officials into a crisis meeting which went on late into the evening ([High Beam, 2001](#)).

**Title:** Anthrax In Parcel Sent To Nairobi Doctor

**Date:** October 19, 2001

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

**Abstract:** A Kenyan doctor has been sent a package containing anthrax bacteria, authorities in Nairobi said yesterday.

It is the first such attack outside America and heightens fears that biological weapons could be used anywhere in the world.

The anthrax was in a package sent to the doctor in Nairobi by his brother in America. It had been tampered with while in transit in Florida.

Tests were being carried out on two other suspicious letters, one of which was sent to the United Nations Environment Programme, which has its headquarters in Nairobi, from Pakistan. Up to 10 of its employees were being treated with antibiotics as a precaution.

Kenya's health minister, Sam Ogeri, said all three packages contained a powdery substance. He declared a state of alert. Officials linked the cases and said they believed Osama bin Laden was a likely suspect.

"It is bio-terrorism," Julius Meme, Kenya's director of health, said. "We are under attack again.

"Kenya was bombed in 1998 by terrorists and now this attack seems to follow in the pattern of what is happening in the United States."

Four men linked to bin Laden were sentenced to life imprisonment in New York yesterday for their roles in the bombings of the American embassies in Nairobi and Dar es Salaam in 1998, in which 224 people were killed, 202 of them Kenyans.

This is the only trial so far of any of bin Laden's followers. It would not have taken place without the help of Kenyan intelligence during the investigation.

President Daniel arap Moi of Kenya has pledged total support for America's war on global terrorism and has agreed to provide logistical help to the US military.

His stance has provoked fierce opposition from the country's Muslims, 2,000 of whom held a pro-bin Laden demonstration in Nairobi a week ago.

The doctor who received the letter containing anthrax bacteria has not been named but officials said he and three other people who came into contact with it were being treated with antibiotics. It is not yet known whether they have developed the disease.

The package, containing cloth samples, was posted in Atlanta by a relative of the doctor on Sept 8, three days before [the attacks on New York and Washington](#).

According to Prof Meme, the package, posted express, was diverted through Miami in Florida "at a time when some of the September 11 hijackers were known to be in the state". He said the bacteria were probably put in after it was posted.

The parcel did not arrive in Kenya until Oct 9 and was opened by the doctor's secretary two days later.

"She handed it to him and it was soggy and mouldy," Prof Meme said. "He took the envelope home and after a day or so he became suspicious and brought it to a hospital for analysis."

White powder was also found in a parcel sent to the UN from Pakistan. It was removed in polythene bags and taken to the Health Ministry for further analysis.

The third parcel was sent to a businessman in the town of Nyeri. It was allegedly posted in Nairobi. Mr Ongeru said it contained a pink powder ([Telegraph, 2001](#)).

**Title:** Top Security Lab Established To Deal With Terrorists' Bugs

**Date:** October 19, 2001

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

**Abstract:** A high security laboratory has been set up at the Kenya Medical Research Institute to deal with biological weapons attacks more serious than the anthrax one.

The institute is also stockpiling testing reagents for such germ-based diseases spread by terrorists.

According to Dr Gabriel Mbugua, director of Kemri's Centre for Microbiology Research and head of the laboratory team in charge of testing suspect samples in the current anthrax scare, the country has enough capacity to test any number of anthrax samples.

"Anthrax is a fairly ordinary organism and we have the necessary personnel, lab equipment, reagents and know-how to test..."([High Beam, 2001](#)).

**Title:** Kenya No Stranger To Anthrax

**Date:** October 19, 2001

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

**Abstract:** Kenya is no stranger to anthrax. There has been a recent resurgence in the disease - commonly found among domestic animals and wild game - due to a breakdown in vaccination services.

What is new in the bioterrorism scare is the use of powder anthrax bacteria to deliberately infect people...([High Beam, 2001](#)).

**Title:** Deputy Speaker In Anthrax Fear At Mystery Mail

**Date:** October 19, 2001

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

**Abstract:** Parcels to Kenya's Deputy Speaker and a doctor at a leading hospital were among nine feared to contain anthrax spores. Deputy Speaker Joab Omino's and five of the others were cleared by scientists at the Kenya Medical Research Institute - but the Nairobi Hospital doctor's packet was found to contain the potentially deadly bacteria. The scientists were last night checking two other letters which were received in the capital only hours before. Mr Omino said he decided not to open his letter because he could not tell where it had come from. Instead, it was handed to the police. The alert came as an increasing number of...([High Beam, 2001](#)).

**Title:** Parcel Taken For Tests as Firms Step Up Security

**Date:** October 20, 2001

**Source:** [All Africa](#)

**Abstract:** The envelope businessman Martin Njoroge Nduati received from Barclays Bank containing a white powder looked substandard because it did not bear the bank's logo, he said. However, another envelope inside the larger parcel was complete with the logo, and was self-addressed to the bank's Nairobi Area Manager ([All Africa, 2001](#)).

**Title:** Govt Bodies Form Anthrax Task Force

**Date:** October 20, 2001

**Source:** [All Africa](#)

**Abstract:** Health and security departments have formed a joint task force to deal with Anthrax, the bioterrorism threat. The move comes a day after a Kenyan businessman received a letter stuffed with anthrax germs. Three other members of his family were exposed to the germs ([All Africa, 2001](#)).

**Title:** Bioterror Drills Showed U.S. Not Ready

**Date:** October 21, 2001

**Source:** [SF Gate](#)

**Abstract:** Terrorism experts warned for years that federal, state and local governments were ill-prepared to handle a biological attack, and elaborate drills found glaring gaps in coordination, communication and command. This month, real life looked frighteningly like the practice runs.

As the nation grappled with anthrax, the FBI at first took a letter that turned out to be harmless from NBC News to a New York City Health Department laboratory for testing, and when the letter containing anthrax was finally tested days later, technicians accidentally contaminated a special chamber in the lab, forcing its closing.

Officials in Florida told executives at a tabloid newspaper office on a Friday that there was no reason to close shop because a photo editor had died of anthrax, then shut the office down that Sunday after much of the staff had worked there all weekend.

And nowhere was confusion worse than at the seat of government on Capitol Hill. When more than two dozen workers were exposed to anthrax from a letter opened in the office of the Senate majority leader, Tom Daschle, House Speaker Dennis Hastert suggested wrongly that people were already "infected" and that spores were in the ventilation system. He sent his members home, while the Senate, which had raised the alarm, closed its offices but met as usual.

So far, one person has died and a handful out of thousands tested have been infected and are responding to treatment with antibiotics or are cured.

But repeated confusion about coordination, communication, politics, bureaucracy and science amplified on television and the Internet 24 hours a day also exposed many of the basic weaknesses in the nation's sprawling and disparate emergency response system that the experts had warned about.

It was just the kind of confusion that drills like "Dark Winter" -- a make-believe smallpox attack staged this summer by several think tanks -- had shown might occur.

"Today is a horrific reprise," said Gov. Frank Keating of Oklahoma, who played himself in the exercise, in which a million people were "killed," public order collapsed, state and federal officials disagreed over how to handle the situation and put out information, and the National Security Council wound up discussing the need for martial law.

Senior government officials say they have learned painful lessons about what and what not to say and do in the future. By Thursday, the White House, realizing it had allowed public confusion to fester, began staging daily briefings with its new chief of domestic security, former Gov. Tom Ridge of Pennsylvania, and top doctors and officials from a bevy of affected agencies.

The missteps began early. Even as Robert Stevens lay dying of anthrax, Tommy Thompson, the secretary of health and human services, suggested it was an isolated case, perhaps contracted by drinking from a stream, a possibility scientists immediately dismissed as unlikely.

Such comments, and the subsequent stinginess of federal law enforcement and health officials in releasing information, fueled rather than calmed public fears.

"It started from the very beginning, when they said Mr. Stevens was an isolated event and we thought they were checking sheep in North Carolina," said Rep. Robert Wexler, whose district includes Boca Raton, Fla., where Stevens worked for American Media.

New York City had been preparing for the biological or chemical attack it hoped it would never face since at least 1997, when officials staged an elaborate drill that involved hundreds of city workers, more than 40 hospital emergency rooms and executives from an array of critical industries.

But when anthrax began coming in letters to news organizations, both the FBI and city health technicians made serious blunders and bureaucratic rivalries broke out between New York City officials and the FBI, both sides acknowledged.

The FBI did not initially notify the police of a report of a suspicious letter at NBC News and later pressed for more extensive environmental tests than the city wanted at ABC, where the infant son of a news producer was presumed to have been infected, although no contamination was found there.

When the FBI was first contacted about a suspicious letter at NBC on Sept. 25, it did not show up until the next day. The officials did not move to test the letter immediately for anthrax spores, and did not follow protocol and alert the city police.

There was confusion because the suspicious letter first produced by NBC and handled by Erin O'Connor, an aide to Tom Brokaw who had developed a rash, turned out to be harmless and tested negative for anthrax.

But the most embarrassing mistake occurred when two technicians in the city Health Department laboratory moved to test this letter. Working in an area known as a biological safety cabinet equipped with a powerful exhaust fan designed to pull out contamination, they kept the blower turned off, concerned that when they opened the letter it might suck out the anthrax spores before they could be examined.

The technicians worked in gloves and a mask, yet somehow the anthrax contaminated the laboratory and exposed the technicians to minute amounts of bacteria. They were given antibiotics as a precaution.

At the moment the city needed the laboratory most, it was briefly knocked out of commission, and the city had to turn to the state Health Department's Wadsworth Center for Laboratories and Research in Albany for help.

On Capitol Hill, the response was just as chaotic. Only the week before the Daschle incident, Congress had put the final touches on its own arrangements with the National Naval Medical Center and an army laboratory in Fort Detrick, Md., to help in cases of bioterrorism.

Some congressional officials were receiving briefings about the plan on Monday morning, about the time an aide in Daschle's office in the Hart Senate Office Building opened a letter and saw white powder spill out. Soon, with their two-story office suite under quarantine, about 40 members of Daschle's staff had what one aide, Jay Carson, called the "surreal moment" of watching the television coverage of themselves as the latest victims of terrorist attack.

Officials now acknowledge that there were mistakes in their initial response. It took 30 to 45 minutes to shut down the ventilation system serving the southeast quadrant of the bustling building. The first police officers on the scene had no protective suits and are counted among the 28 people who eventually tested positive for exposure.

But nothing was more confusing than the accounts of the politicians themselves about the gravity of the threat.

On Tuesday, after experts from the military and the FBI briefed senators, Daschle told reporters, "We were told it was a very strong form of anthrax, a very potent form of anthrax, which clearly was produced by someone who knew what he or she was doing" ([SF Gate, 2001](#)).

**Title:** Union Wants Anthrax Vaccine For Workers

**Date:** October 22, 2001

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

**Abstract:** The Union of Posts and Telecommunications workers want mail handlers vaccinated as the anthrax scare spreads. The protective gear given to workers by the Postal Corporation of Kenya was not enough, the Nairobi branch of the Union of Posts and Telecommunications said yesterday. Mr Abel Nandwa, the branch secretary, said "Vaccination against anthrax is considered more effective than body protective gear." The vaccination, he said, should extend to employees of DHL, UPS, TNT Express and other courier service organisations. Mr Nandwa said workers have been scared by the threat of bioterrorism. He called for the setting u...([High Beam, 2001](#)).

**Title:** Anthrax Scares Kampala

**Date:** October 23, 2001

**Source:** [All Africa](#)

**Abstract:** The National task force on bioterrorism is investigating two anthrax scares reported in Kampala yesterday, health ministry officials have said.

Dr. Sam Okware, the commissioner for community health, said samples from two suspicious parcels had been taken for testing and results would be out today ([All Africa, 2001](#)).



**Title:** Personal Vendetta Blamed For Grahamstown Anthrax Scares

**Date:** October 24, 2001

**Source:** [All Africa](#)

**Abstract:** A personal vendetta was blamed for anthrax letter scares at two co-owned businesses in Grahamstown yesterday afternoon.

Two addressed envelopes containing palm-full amounts of a mystery white powder were received at the popular Fruit & Veg City off Church Square and Marvics fruit and vegetable wholesalers in Beaufort Street near the Grahamstown police station ([All Africa, 2001](#)).

**Title:** State Truth On Anthrax

**Date:** October 25, 2001

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

**Abstract:** What we really need is a terse statement once and for all whether or not Kenya has been invaded by human anthrax.

A spokesman yesterday insisted on the Government's earlier affirmation that powder contained in external mail contained the deadly germs.

He was commenting on a claim by the local office of the US Centres for Disease Control (CDC) that its own tests had proved wrong the Government's earlier finding.

Yet there may be a common denominator. Kenya's statement was referring specifically to powder posted from the US. Powder posted from Pakistan and elsewhere had proved harmless.

That was what raised doubts in...([High Beam, 2001](#)).

**Title:** US And Kenya Experts Clash Over Anthrax

**Date:** October 25, 2001

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

**Abstract:** Experts in Kenya and the US have differed sharply over whether a parcel sent to a Kenyan doctor actually contained anthrax.

Less than a week after Health Minister Sam Ongeru announced that the parcel did contain anthrax, the US said yesterday that its own tests showed no trace of the deadly bacteria.

The Kenya government however insisted that tests by the Kenya Medical Research Institute (Kemri) which showed the presence of anthrax spores "were 100 per cent correct".

The parcel - one of 43 examined by Kemri but the only one to test positive - was sent to Dr Samuel Mwinzi of Nairobi Hospital by his daughter who lives in Atlanta, Georgia. It contained cloth samples and a polythene envelope in which was...([High Beam, 2001](#)).

**Title:** Uganda, Kenya Free Of Anthrax Scourge

**Date:** October 25, 2001

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

**Abstract:** Two parcels that caused an anthrax scare in Kampala on Monday have both tested negative for the dreaded germ, health ministry officials said yesterday.

Meanwhile, the AFP yesterday quoted reports from Paris, France as saying that both anthrax attacks reported outside the United States proved to be false alarms.

A letter which Kenyan authorities had said contained anthrax spores later tested negative for the bacterium, a US official said, while an Argentinian official said that anthrax found in a letter there was from a harmless strain.

Uganda's commissioner for community health, Dr. Sam Okware, said preliminary results from...([High Beam, 2001](#)).

**Title:** Quick Action Is Key Defence Against Bioweapons

**Date:** November 5, 2001

**Source:** High Beam

**Abstract:** Imagine a weapon which replicates itself, attacks silently and and kills ruthlessly.

Those features make living organisms the weapons with the most dreadful potential. A potential more powerful, biodefence experts say, than that posed by conventional warheads, or even nuclear weapons.

Thankfully, biowarfare experts add, the high-tech facilities and skilled personnel needed to produce pathogenic organisms for large-scale biowarfare use pose major challenges to even nations, let alone individual terrorists.

Theoretically, health experts say, almost any infectious agents could be manipulated into a devastating bioweapon in the...([High Beam, 2001](#)).

**Title:** Bioterror: Microbes Need No Passports To Travel

**Date:** November 5, 2001

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

**Abstract:** Governments the world over are taking measures to protect their citizens against possible bioterror attacks in the wake of the September 11 attacks in the US and the subsequent war in Afghanistan. Special Correspondent Dagii Kimani looks at possible bioterror tools and delivery systems and examines the inherent risks. Dr Richard Duma, head of infectious diseases at Halifax Medical Centre in Daytona Beach, Florida, in the US and a member of the board of America's National Foundation for Infectious Diseases, was brutally honest recently when asked about the risk posed to the world by biological weapons.

"Microbes know no boundaries," he said. "They don't need passports to travel."

In the wake of the anthrax attacks in the United States, in which four people have died so far, this is the chilling reality the world is coming to live with. Bioterror, long the subject of Hollywood films, has finally arrived.

In America, bioterrorism and biological warfare experts have for three years been sounding increasingly urgent warnings about the risk of a germ attack. Only recently, however, have they started getting government funding to increase vaccine doses, stockpile antibiotics and explore various treatments for deadly haemorrhagic fevers.

Before the recent attacks, the experts had already compiled an "A" list of likely germ agents to be used in attacks. At the top was anthrax. But virtually all these experts also agree that the anthrax bacillus represents only one of a horrifying array of pathogens that can be engineered into weapons.

Anthrax itself is considered by military and bioterrorism experts to be the terrorist's weapon of choice because it is deadly when inhaled, with up to a 90 per cent death rate; is relatively easy to get hold of; the spores are stable and can be dispersed by anything from a letter to a bomb; and because the symptoms look harmless until it is almost too late to treat it.

But anthrax is not easy to process into a usable form, is easy to treat with antibiotics and is not...([High Beam, 2001](#)).

**Title:** Bioterrorism: Threat & Response

**Date:** November 6, 2001

**Source:** [CFR](#) (Council on Foreign Relations)

**Abstract:** On November 6th, the CFR/Milbank Memorial Fund RT on Health & Foreign Policy held a session entitled, "Bioterrorism: Threat & Response," with Jonathan B. Tucker/Dir., Chemical & Biological Weapons Nonproliferation Program, Monterey Institute of International Studies. Since Jordan's wife decided to have their baby that evening, Dan Fox presided.

Dr Tucker began the meeting by recognizing that terrorists may threaten or attempt to use a biological of chemical weapon against the United States. A number of factors are increasing the risk of a large-scale biological attack. Although small, independent terrorist groups would encounter difficulties acquiring the technical and financial resources to execute a large-scale terrorist attack, a hostile state sponsor could provide terrorists with the necessary expertise and specialized dissemination equipment. Disturbingly, terrorist groups have already aggressively recruited Japanese, Russian, and South African biological and chemical weapons experts. Even in the face of US deterrent threats, a rogue state or terrorist group that believed that it could carry out an attack without attribution might be tempted to do so particularly in the heat of crisis.

State public health and medical communities stand directly on the front lines of combating against biological warfare. Response effectiveness will depend on the preparedness of State and local public health system. Unfortunately, there is insufficient funding for hospitals, laboratories, clinics, information networks, and other necessary elements to ensure an effective public health response in the event of a bioterrorism attack.

Combating bioterrorism through immediate first response and a reliable medical and public health infrastructure depends upon a sustained Federal, State, and local resource commitment. Dr. Tucker recommended that targeted block grants be administered to states and localities to strengthen the public health infrastructure. He also emphasized that the various elements of the public health system at the local, state and federal levels should be integrated. Secure and reliable channels of communication networks should be established between local, state, and federal public health officials. Additionally, to remedy this situation it is necessary for the intelligence community to aggressively recruit more individuals with advanced training in microbiology, infectious disease, and epidemiology to work as intelligence analysts ([CFR, 2001](#)).

**Title:** Before The House Judiciary Committee, Subcommittee On Crime

**Date:** November 7, 2001

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

**Abstract:** Good morning Mr. Chairman and members of the Subcommittee. I appreciate the opportunity to appear before you today to discuss the law enforcement response to bioterrorism.

The Bioterrorism threat has risen to a new level. The federal government, in partnership with state and local law enforcement agencies, has always taken the threat concerning intentional release of a biological agent seriously. However, neither the federal government nor state and local responders have been required to utilize their assets to coordinate a response to an actual release of anthrax. The intentional introduction of bacillus anthracis into the infrastructure of American lives has resulted in significant panic

and alarm concerning our health and safety. Today, I would like to comment on the manner in which the law enforcement community responds to a suspected act of terrorism involving biological agents, and reinforce the cooperative effort that is in place between the federal government and the myriad of first responders who provide guidance, assistance and expertise.

The response to a potential bioterrorist threat can be broken down into two different scenarios: overt and covert releases. The distinction between the two involves the manner in which the biological threat agent is introduced into the community and the nature of the response. Regardless of whether a biological release is overt or covert, the primary mission of law enforcement and the public health community is saving lives.

An overt scenario involves the announced release of an agent, often with some type of articulated threat. An example of this would be the receipt of a letter containing a powder and a note indicating that the recipient has been exposed to anthrax. This type of situation would prompt an immediate law enforcement response, to include local police, fire and emergency medical service (EMS) personnel. Each FBI field office is staffed with a Weapons of Mass Destruction (WMD) Coordinator whose responsibilities include liaison with first responders in the community. Due to this established relationship with first responders, the local FBI WMD Coordinator would be notified and dispatched to the scene. The FBI investigates these articulated threats involving a biological agent. The response protocol would involve securing the crime scene and initiating the FBI's interagency threat assessment process. The FBI's Counterterrorism Division at FBI Headquarters, coordinates this threat assessment which determines the credibility of the threat received, the immediate concerns involving health and safety of the responding personnel, and the requisite level of response warranted by the federal government. The FBI obtains detailed information from the on-scene personnel and input from the necessary federal agencies with responsibility in the particular incident. In a biological event, representatives from Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS), United States Department of Agriculture (USDA) and Food and Drug Administration (FDA) are the key agencies called upon to assist FBI personnel in assessing the particular threat. Based upon the assessment, a determination is made as to the level of response necessary to adequately address the particular threat, which could range from a full federal response if the threat is deemed credible, to collection of the material in an effort to rule out the presence of any biological material if the threat is deemed not credible.

The method of collecting suspect material is established by protocols set forth by the FBI's Hazardous Material Response Unit (HMRU). These protocols, recognized and followed by state and local Hazmat teams, are necessary to ensure that sufficient evidentiary samples are collected, screened and over-packed according to scientific safety guidelines for transportation to the appropriate testing facility. Over 85 State Health Laboratories perform this analysis on behalf of CDC and belong to a coordinated collection of facilities known as the Laboratory Response Network (LRN). Once the testing has been completed, results are provided to the FBI for dissemination in the appropriate manner. The results of the analysis are then disseminated to the exposed person or persons, local first responders and to the local public health department. Additionally, results will be forwarded to the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

A covert release of a biological agent invokes a different type of response, driven by the public health community. By its nature, a covert introduction is not accompanied by any articulated or known threat. The presence of the disease is discovered through the presentation of unusual signs and/or symptoms in individuals reporting to local hospitals or physician clinics. In this situation, there is initially no crime scene for law enforcement personnel to respond. The criminal act may not be revealed until days have elapsed, following the agent identification and preliminary results obtained from the epidemiological inquiry conducted by the public health sector. Contrary to an overt act where law enforcement makes the necessary notification to public health, in a covert release, notification to law enforcement is made by the public health sector. The early notification of law enforcement in this process encourages the sharing of information between criminal and epidemiological investigators. Once an indication of a criminal act utilizing a biological agent is suspected, the FBI assumes primary authority in conducting the criminal investigation, while public health maintains responsibility for the health and welfare of the citizens. At the

local level, involving the FBI WMD Coordinator and the State or local public health department, and at the national level between FBI Headquarters and the CDC, an effective coordination has been accomplished to address the requisite roles and responsibilities of each agency.

**The response to an actual threat or one that is later determined to be not credible, or a hoax, is indistinguishable.** This includes deployment of a Hazmat team, thorough examination of the potentially contaminated area (including situations where a telephonic reporting is received) and the disruption of the normal operations of the affected entity. Additionally, the individuals potentially exposed to the WMD may experience extreme anxiety/fear due to the reported release. Potential victims may have to be decontaminated or transported to a medical facility. **The first responders must treat each incident as a real event until scientific analysis proves that the material is not a biological agent.** To both the responding entities and the potentially exposed victims, the presence of a powder threatening the presence of "anthrax" is not a hoax, or something to be taken lightly. The individuals perpetrating such an activity must be held accountable for their actions.

In 1999, the FBI testified before the House Energy and Commerce Subcommittee on Oversight and Investigations, discussing the need for improved Federal statutes which address the threatened use and possession of biological agents. During this testimony, it was reported that in 1998, the FBI opened 181 cases related to WMD events, of which 112 were biological in nature. The number of cases has increased since then, with 267 in 1999, and 257 in 2000. (threatened biological releases accounted for 187 and 115 respectively.)

Prior to the events of September 11, 2001 the number of cases initiated for 2001 was 100, of which 67 were biological, and a large percentage of these cases involved the threatened release of anthrax, necessitating a law enforcement response. However, the combined terrorist attacks on the World Trade Center and Pentagon, the subsequent publicity afforded to a handful of anthrax threats, and the tragic death of four persons, have resulted in a dramatic increase in calls for help from the public. Since mid-September, the FBI has responded to over 7,000 suspicious anthrax letters, 950 incidents involving other WMD matters, and an estimated 29,000 telephone calls from the public about suspicious packages. In that same time frame, the FBI has initiated 305 new anthrax related investigations which exceeds and virtually doubles the normal annual average of all WMD cases. Resources available by law enforcement in responding to the alleged threats and public health laboratories in testing suspicious material for the presence of biological agents are limited ([FBI, 2001](#)).

**Title:** Governments Brace For Bioterrorist Attacks

**Date:** November 9, 2001

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

**Abstract:** Following the confirmation of one anthrax case and several suspected others in Nairobi last week, the governments of the three East African states are pulling all stops to pre-empt bioterrorist attacks.

Kenya and Tanzania are still smarting from the 1998 bomb attacks on the American embassies in Nairobi and Dar es Salaam, which left over 250 people dead and about 5,000 others injured.

The action by the three countries follows the suicide hijack attacks in New York and Washington, in which over 6,000 people, including 25 Africans, are believed to have perished ([High Beam, 2001](#)).

**Title:** Experts Warn Of Cracks In European Response To Bioterrorism Threats

**Date:** November 27, 2001

**Source:** [Canadian Medical Association Journal](#)

**Abstract:** The bioterrorism threat gripping North America didn't take long to reach across the Atlantic.

At the Robert Koch Institute (RKI) in Berlin, an Information Centre for Biological Attack Substances has been launched and is collating information on the availability of vaccines, laboratories and hospital beds throughout Germany. It also provides a hotline. "We received more than 100 calls a day over the first 3 weeks," says Susanne Glasmacher, the institute spokesperson. The RKI has also posted information for physicians on the Internet. The government has already purchased 12 vehicles equipped with oxygen tanks, gas masks and devices for taking and analyzing samples to meet the threat of radioactive, chemical or biological contamination in the Berlin area. Another 340 vehicles will be acquired by year's end for the rest of Germany.\$

In France, the country's facilities for decontamination and for monitoring attacks that use airborne or waterborne bioterrorism agents will be upgraded under a new program called Biotox. The government has also contracted with Aventis to manufacture 3 million doses of smallpox vaccine and will spend 150 million Euros buying ciprofloxacin.

In the UK, existing stocks of antidotes and antibiotics have been taken out of storage for distribution to doctors and hospitals, and the Public Health Laboratory Service (PHLS) has issued guidelines on responding to the anthrax threat. "Over the last 3 weeks we have been very active in giving information on anthrax, plague, smallpox and botulism to the public, together with guidance on how to deal with suspicious packages," says Brian Duerden, the medical director. However, the British Medical Association has warned that the secrecy surrounding contingency plans for countering bioterrorism may prove counterproductive if health professionals aren't given key roles.

The piecemeal nature of the national responses reveals the lack of Europe-wide criteria for dealing with bioterrorism. Systemic failures in response capacity have been identified by Wolfgang Beyer, an anthrax expert from the Veterinary Institute at the University of Hohenheim, Germany. "As far as Northern Europe is concerned, preparations against bioterrorism have been neglected over recent years," said Beyer. "Basic channels of information are missing — for instance, people who have to deal with catastrophes do not know where to send samples for analysis. ... Meanwhile, laboratories with the capability to analyze samples are short of equipment and financial support."

A recent study in the *British Medical Journal* said these facts could be symptomatic of deficiencies in the general management of infectious disease across the European Union (EU). Weak points include the identification and reporting of cases involving more than one country and networking in order to share information and lessons on communicable disease outbreaks (*BMJ* 323: 861-3).

Mike Catchpole, deputy director of the Communicable Disease Surveillance Centre, PHLS, and Lyle R. Peterson, deputy director, Division of Vector-borne Infectious Disease, US National Center for Infectious Diseases, have proposed a surveillance centre for infectious diseases within the EU (*BMJ* 323: 818-9). "Europe needs an effective surveillance system for infectious diseases," says Catchpole. "For many diseases we have effective networks, but there is still room for improvement. Such improvement would strengthen Europe's capacity to respond to communicable disease threats of any sort, including bioterrorism."

In an attempt to coordinate protection planning, officials from EU member states and candidate countries have met twice over the last 3 weeks and agreed to establish centralized databanks on vaccines, antibiotics and hospital beds, and to create a team of on-call specialists ([Canadian Medical Association Journal, 2001](#)).