

Bio Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: The following “mystery” outbreaks occurred within the calendar year of 2005. While some of the following reports may have been legitimate outbreaks, most if not all of them appear to be generated man-made outbreaks with the overall goal of convincing American and the world that it is on the precipice of a major pandemic. The fact that these “mystery” outbreaks 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.

Title: Mystery Illness Hits Airport

Date: February 21, 2005

Source: [CNN](#)

Abstract: Dozens of people were hospitalized after a mystery illness struck an Australian airport, forcing hundreds of people to be evacuated from the terminal.

Fifty-seven people were treated for dizziness, vomiting, shortness of breath and nausea at the Virgin Blue terminal in Melbourne Airport on Monday morning, officials told CNN.

It is still unclear what is causing the illnesses, but Melbourne Airport spokeswoman Brooke Lord told Reuters news agency a chemical leak may be at fault.

But it is unclear what the substance could be, or how it was released into the air.

"Their symptoms were not life threatening but they certainly needed help," Melbourne Metropolitan Ambulance spokesman James Howe told CNN.

"(The people) were in varying degrees of distress, as you can imagine, it can be quite draining for them not knowing what was affecting them."

Forty-seven people were rushed to hospital, and 36 of them were later discharged. Ten were treated at the scene.

The Melbourne fire brigade is combing the area, wearing hazardous materials suits and testing the air for toxic chemicals.

"We've got 50 firefighters down there, but so far they can't find anything," the brigade's deputy chief fire officer Keith Adamson told CNN.

"We'll find it eventually, it should be just a matter of hours."

Rescue crews from the airport were also on scene, along with the Victoria police.

Authorities evacuated about 700 people from the terminal at 10:10 a.m. (2300 GMT) Monday, a Melbourne Airport spokesman said in a statement.

Passengers on an incoming Virgin Blue aircraft were being bussed from the plane to other non-affected terminals, the spokesman said.

Virgin Blue passengers scheduled to depart from Melbourne have been delayed.

The Qantas domestic terminal and the international terminal are open ([CNN, 2005](#)).

Title: "Mystery Illness" At Melbourne Airport: Toxic Poisoning Or Mass Hysteria?

Date: September 20, 2005

Source: [Medical Journal of Australia](#)

Abstract: A government report concluded that the cause of the recent cluster of illness affecting 57 people at Melbourne Airport was a "mystery". On reviewing the evidence, I noted the appearance of a constellation of distinct psychogenic features (in the absence of an identifiable pathogenic agent or source), and non-specific symptoms not correlated with any particular illness, strongly suggesting a diagnosis of mass psychogenic illness. Given the time differential between the illness onset in the index case and the initiation of air sampling, and the added factor of the air-conditioning in the terminal being switched to exhaust mode, the possibility that a toxic agent was responsible for making some of the victims ill cannot be completely excluded. Future investigations of similar incidents should, in the absence of clinical or laboratory findings, consider the diagnosis of mass psychogenic illness. Failure to do so can engender avoidable confusion and unease among the Australian public. The issue of diagnosing collective psychogenic illness will continue to be a major public health challenge, exacerbated by widespread anxieties over the threat of chemical and biological weapons and fears of contamination.

On Monday 21 February 2005, Australian media broadcast news of a mysterious "gas leak" which was blamed for causing breathing problems, dizziness, nausea, headache and vomiting in 57 people in the vicinity of a terminal at Melbourne's domestic airport. An investigation by Victorian emergency services personnel identified no leak, and the results of air quality tests were unremarkable. The incident disrupted a third of the domestic passenger flights over 2 days and cost a commercial airline company an estimated three million dollars, not to mention the financial burden borne by responding emergency services and government agencies. In response, Victorian Premier Steve Bracks asked Emergency Services Commissioner Bruce Esplin to "investigate and analyse any matters pertinent to a comprehensive understanding of the incident". The Esplin report, issued on 24 March 2005, concluded that the illness cluster was a mystery. However, in my opinion, the most obvious diagnosis in the circumstances — mass psychogenic illness — did not receive due consideration.

Chain of events

Unless otherwise noted, the following summary of the events of 21 February 2005 is based on information contained within the Esplin report:

At the domestic terminal

07:12 — the Airport Coordination Centre was notified that a female newsagency employee had collapsed at the base of the escalators in the southern domestic terminal (mezzanine level), a distance of 15 metres from her workplace located in the terminal. The Aviation Rescue and Firefighting (ARFF) service responded and she was transported to hospital by the Metropolitan Ambulance Service (MAS).

The report failed to give a cause for her condition (although witnesses later told a journalist that she "was under stress and hadn't eaten for hours"). It concluded, however, that the incident was "unrelated then and later to the incident that developed".¹ The reasoning for this conclusion was not provided.

08:48 — the Airport Coordination Centre was notified that a second female employee of the same newsagency had collapsed inside the agency. ARFF responders found her to be conscious and breathing.

09:02 — a female American Express counter employee, 15 metres from where the woman involved in the second incident was being treated, collapsed and vomited. (She was the only one of three people working at the counter to fall ill [Andrew Bolt, journalist, personal communication], which was not mentioned in the Esplin report.)

09:05 — the immediate vicinity of the incidents was cordoned off and air sampling undertaken by the ARFF and airport staff for “breathability” and “flammability”. Test results were unremarkable, although the test was considered incapable of detecting any chemical or biological contaminants.¹ After testing, the southern terminal’s air-conditioning system was switched to spill mode (ie, air is expelled from the building to the outside) between 09:30 and 09:45, possibly removing any harmful agents that may have been in the facility.

09:15 — the next person to feel ill was a nearby security guard who had approached MAS personnel while they were treating the American Express employee. He then phoned his union, which alerted and advised that all security guards employed by Group 4 Securitas should be checked by the MAS.

Shortly thereafter, two security guards from the airport departure security screening point — about 600 metres from the earlier collapses — reported feeling ill. The next two airport staff to be “counted” as ill were security guard union members reporting to the MAS, as per union instructions. (This was not made clear in the Esplin report.) The MAS at this point relocated to a position outside the terminal to set up patient triage.

09:55 — two domestic airline staff, whose counter overlooked the area where people first reported feeling unwell, arrived at the triage location, saying that they also felt ill. The ARFF Commander ordered that the southern terminal be evacuated and closed, and the international terminal was cordoned off from the southern terminal. Everyone in the southern terminal was evacuated in an orderly and safe manner to an open air assembly area. MAS personnel were advised to don protective clothing and masks. Around this time, the MAS gave the first of a number of informal media interviews.

13:00 — the MAS advised that it had so far transported 38 people to hospital. Some were believed to be affected by sun exposure in the outdoor triage area.

13:40 — further, more sophisticated, atmospheric sampling was conducted by scientific staff of the Metropolitan Fire Brigade for the presence of volatile organic compounds, and some specific chemicals and chemical warfare agents. The equipment included photoionising detectors (to detect high concentrations of foreign material in the atmosphere) and rapid alarm identification detectors.¹ Unfortunately, the Esplin report does not mention the specific agents that these devices were designed to search for. There were no readings to indicate suspected agents, only very minor readings (i) for materials related to aircraft exhaust fumes and (ii) in the proximity of two bins containing seized aerosol cans.

14:00 — a total of 57 people had by now been seen in the triage area: 47 had been transported to hospital, and 10 had refused transportation. Patients were already arriving back at the airport from hospital.

15:00 — the MAS advised that no further casualties had presented to the triage area.

18:20 — state and federal emergency services declared the area safe and the southern terminal was reopened. All of the casualties, except one with pre-existing asthma, were released from hospital the same day, including the very first case. A few reported lingering symptoms for “a number of days”.
At the international terminal

The Esplin report made only vague mention of a scare among security staff and customs workers in the airport's international section on the same day. These employees had made three separate emergency calls to the incident controller upon noticing mysterious fumes and feeling sick. However, responding members of the Metropolitan Fire Brigade soon pinpointed the causes of their symptoms: a coat of fresh paint in one incident, new rubber bollards in a second, and dust in a third.

Metropolitan Ambulance Service personnel were advised to don protective clothing and masks. So, what really happened?

In its subsequent investigation, the Esplin report ruled out common exposure to food and water, citing epidemiological studies by the Department of Human Services, and noting that the symptoms experienced "were relatively non-specific and did not correlate closely with any particular illness".

I believe that this episode shares many of the classic features of mass psychogenic illness. Contrary to popular wisdom, this is not a diagnosis of exclusion. At Melbourne's domestic airport on 21 February 2005, there were distinct features of mass psychogenic illness, an absence of a plausible pathogenic agent or source, and vague epidemiological findings yielding no pattern indicative of specific illness or exposure, all of which make mass psychogenic illness the most likely explanation for what happened.

Firstly, the outbreak began with a dramatic singular incident (an index case) and was primarily spread by line-of-sight and sound, and later telecommunications. Symptoms were transient and benign, with a rapid onset and recovery, and were consistent with anxiety. There was an absence of clinical or laboratory evidence of organic aetiology and, despite air quality tests and an epidemiological study, no identifiable causative agent. However, I would allow that, given the time differential between illness onset in the index case and the initiation of sophisticated air testing, as well as the early decision to turn the air-conditioning system to spill mode, the possibility cannot be completely excluded that a toxic agent was responsible for making some of the victims ill.

Media reports and witnesses suggested a preponderance of female victims, also characteristic of mass psychogenic illness, although the Esplin report gave no male to female ratio for the casualties. The report did not note that, according to the emergency personnel on the scene, of the 57 "victims" only two or three were passengers. In one instance, a passenger taken to hospital was a woman complaining of a headache — a headache she was later reported to have had ever since she boarded a plane in Coolangatta, Queensland, earlier on the day of the incident.

Again, consistent with a diagnosis of mass psychogenic illness, the incident escalated once the MAS was advised to don protective clothing and masks — serving to confirm suspicions that there was a serious health threat in the terminal. The report does admit that "loose language" by the MAS and the media — including the words "toxic", "noxious", and "chemical", and remarks that people "were dropping like flies" — were likely to have exacerbated the situation. For example, in one news interview, an ambulance spokesman said that "a lot of people were actively vomiting". Another said that many "became violently ill", including with "severe vomiting". Despite normal air quality checks and failure to locate a plausible source of a potential contaminant, many media outlets in subsequent days continued to describe the episode as an unidentified chemical or gas leak.

Everyone in the southern terminal was evacuated in an orderly and safe manner to an open air assembly area.

Once it became clear that the victims were returning to the airport from the hospital and were not seriously ill (starting at 14:00), anxiety levels were reduced, and by 15:00 no further illness reports were received. This situation was reinforced when at 18:20 state and federal emergency services declared the area safe. This is consistent with other similar mass psychogenic illness incidents, which rapidly dissipate once the threat is perceived to have passed.

It is clear from broadcast interviews with victims that many were concerned about the possibility of chemical or biological attack. Since the terrorist attacks in the United States on 11 September 2001, there

has been an escalation in the number of reports of mass psychogenic illness involving the perceived use of chemical or biological agents and, in particular, concern over the targeting of mass transit. This may have been the lens through which many airport officials interpreted the initial events. Passengers are transients, but airport staff are “captives” of their work and, hence, may have viewed events differently, engendering greater anxiety.

Given all these factors, it is surprising to me that mass psychogenic illness was not considered by the investigators. The stigma and controversy often surrounding such diagnoses may have been a factor. But, paradoxically, excluding mass psychogenic illness may have inadvertently created public perceptions and fear about a Melbourne Airport “mystery illness” that continues, possibly unnecessarily, to this day.

We live in an age preoccupied with environmental concerns and fear of chemical, biological and other attacks. The Madrid and the recent London train and bus bombings are likely to focus even greater awareness on mass transit as prime terrorist targets, further heightening the potential for similar future episodes of psychogenic illness. Thankfully, thus far, the fear of such incidents has proven more harmful than any real event. However, failure to diagnose mass psychogenic illness in the face of what would seem to be compelling evidence, or to at least consider it as a possible explanation, may create unnecessary public unease.

Definition and Characteristics of Mass Psychogenic Illness

Definition

The rapid spread of illness signs and symptoms, for which there is no plausible organic aetiology. Episodes are typified by an anxiety-generating precipitant within the victims’ immediate environment, and symptoms occur within close temporal proximity of exposure to the stimulus.

Characteristics

1. The appearance of symptoms with no plausible organic basis
2. Transient and benign symptoms
3. Rapid onset and recovery
4. Occurrence in a segregated group
5. Extraordinary anxiety
6. Symptoms spread via line-of-sight, sound, or oral communication
7. Spread often occurs down the age-scale beginning in older or higher status persons
8. A preponderance of female participants

In most reports there is an identifiable index case ([Medical Journal of Australia, 2005](#)).

Title: Deadly Mystery Illness In China Baffles Officials

Date: July 25, 2005

Source: [MSNBC](#)

Abstract: A mystery disease that has killed 17 farmers who handled sick pigs or sheep in China’s southwest is unrelated to bird flu or SARS and is probably caused by bacteria carried by pigs, state media reported Monday.

An additional 41 people were hospitalized in Sichuan province with symptoms that include high fever, fatigue, nausea and vomiting, and “became comatose later with bruises under the skin,” the official Xinhua News Agency said. It said 12 were in critical condition.

The illness likely stems from streptococcus suis, a bacteria that is usually spread among pigs, provincial health official Zeng Huajin was quoted as saying by the China Daily newspaper.

'Not SARS, Anthrax or Bird Flu'

"I can assure you that the disease is absolutely not SARS, anthrax or bird flu," Zeng said. He did not elaborate on how the illness spread to humans, saying more research needed to be done.

A spokesman for the World Health Organization said the symptoms reported "seem consistent" with streptococcus suis.

"We don't think we've seen numbers on this scale before, but it might be because of a heightened surveillance system," said Bob Dietz, a spokesman for the World Health Organization in Manila. "Of course we are concerned anytime we have a situation like this. We will continue to watch it closely."

China is sensitive to such public health threats after criticism of its handling of severe acute respiratory syndrome, which emerged in 2002. The government was widely criticized for its slow response to pleas for information about the disease, which killed nearly 800 people worldwide before subsiding in July 2003.

China also is trying to contain an outbreak of avian flu in its west, where thousands of migratory birds have died in recent weeks.

Dietz said China has so far kept WHO informed "in a timely manner" about the outbreak that killed the farmers. WHO headquarters in Geneva was awaiting laboratory results before it would speculate on what the disease might be.

17 People Killed

A man who answered the phone at the Sichuan health bureau on Monday said 17 people have died from the mystery illness and two have recovered. He refused to give his name, saying only that the cause of the deaths was under investigation.

A woman who answered the phone at the Ziyang No. 1 People's Hospital, where most of the patients were being treated, hung up when asked about the cases.

The last major pig-borne epidemic occurred in Malaysia, where 265 people were infected with the Nipah virus between 1998 and 1999. Some 105 people died and nearly a million hogs were slaughtered before the outbreak was controlled. The virus is capable of infecting a variety of animals and is lethal to about 50 percent of human patients, causing encephalitis.

The Chinese ministries of health and agriculture sent a team to Sichuan last week to help investigate, treat and control of the outbreak, the China Daily said.

Xinhua said medical experts believe the illness in Sichuan "is not spreading further among humans," and that there were "no obvious signs of (an) epidemic."

Shanghai's Oriental Morning Post newspaper said the patients were 30 to 70 years old, and one was a woman.

The son of one victim told Hong Kong's Cable TV said his father fell ill after slaughtering a pig and eating some of the meat. The names of the son and victim were not given.

Also Monday, two supermarket chains in Hong Kong stopped the sale of frozen pork from Sichuan as officials sought to assure the public the disease did not pose a threat to the territory ([MSNBC, 2005](#)).

Title: Mysterious Disease Outbreak In China Baffles WHO

Date: July 27, 2005

Source: [New Scientist](#)

Abstract: The death toll from a hitherto rare disease has risen to 24 in southwest China, with more than 117 people feared infected. Chinese health officials report that the disease is caused by known bacteria from pigs, though the size and virulence of the outbreak has baffled the World Health Organization.

"It's never occurred in an outbreak this big before," WHO spokesman Bob Dietz told AFP. "We're accustomed to seeing only one or two cases. We're not accustomed to this large number of people getting infected. And we don't understand why that is."

The disease is believed to be caused by the pig bacterium *Streptococcus suis*. The first cases surfaced in June 2005 in two cities in China's Sichuan province. All cases were either farmers that had butchered infected pigs or people who later handled the contaminated pork products, says the Chinese Ministry of Health. No person-to-person transmission has been reported.

High Mortality Rate

The first recorded human case of *S. suis* was in Denmark in 1968. Only 200 cases have been reported since then, excluding the current outbreak. Dick Thompson, a WHO spokesman in Geneva, says full laboratory reports on the 76 confirmed and 41 suspected infections will help experts to understand why this outbreak has grown so large and deadly. They will look for co-infection with other pathogens and attempt to solidify the diagnosis and extent of the outbreak, he told *New Scientist*.

Symptoms of the disease include high fever, nausea, vomiting and haemorrhaging. The high mortality rate is worrying - nearly one third confirmed cases have since died. A Chinese Health Ministry spokesman, Mao Qun'an told the paper *China Daily* that the Chinese Centre for Disease Control and Prevention are searching for more effective treatments.

According to investigations in China, the infected pigs are thought to have come from up to 300 different farms, which were then spread across 70 areas in and around the two cities of Ziyang and Neijiang. No cases have been reported outside these areas.

Sichuan is China's second largest pork producing province. All 469 infected pigs have been buried and pork exports have been suspended from the areas involved. The Health Ministry is urging people not to process or slaughter infected animals in an effort to contain the spread ([New Scientist, 2005](#)).