

# Bio Terror Bible

## EXPOSING THE COMING BIO-TERROR PANDEMIC

**BIOTERRORBIBLE.COM:** The following news and events are in respect to the field of bio-terror and pandemic related contracts which occurred within the calendar year of 2002. The American government, more than any other nation, has been systematically preparing its population for an upcoming bio-terror related pandemic by funding draconian bio-terror contracts in the wake of the 9/11 attacks.

**Title:** U.S. Doles Out Bioterrorism Funds

**Date:** February 1, 2002

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

**Abstract:** The federal government released the first installment of the \$1.1 billion targeted for hospitals and state and local health agencies, including \$54 million for the Washington region, to help transform the overlooked science of public health into the country's first line of defense against bioterror.

Around the nation's capital, for instance, District officials propose converting D.C. General Hospital into a contagious-disease quarantine center; federal and local planners are updating the logistics of rushing up to 15 million doses of smallpox vaccine into the region within 12 hours; and the Army is working with area universities to expand a medical surveillance system to detect a covert germ attack.

In ways visible and otherwise, states and communities from coast to coast are bracing local health networks and hospital workers to respond to nuclear, chemical or biological assaults. The government has called on the nation's governors to draw up plans to prepare hospitals to handle "mass-casualty incidents," track suspicious diseases, expand laboratory capacity and increase communication among the health industry, local health officials and federal agencies.

"We recognize that we have not as a country, nor as a District nor as a state, invested the necessary, scarce resources in our local and state public health systems," Health and Human Services Secretary Tommy G. Thompson said at a George Washington University news conference, where he appeared with Mayor Anthony A. Williams (D) and Wyoming Gov. Jim Geringer (R).

"We now have an opportunity to build a viable, vibrant strong . . . system that will prepare and protect our citizens for any attack that may come," he said.

The Health and Human Services Department released \$200 million, with about one-eighth going to hospital emergency planning and most of the rest to public health agencies. The next \$800 million will be released once states turn in public health plans March 15. The population-based awards range from \$70 million for California to \$6.5 million for Wyoming.

The District, counted as both a state and the seat of the federal government, will ultimately receive \$12 million. Maryland will receive \$19 million and Virginia \$23 million. The money is part of a \$2.9 billion bioterrorism package signed last month by the president, and Thompson said more will come in 2003.

"We do not sleep well at night," said D.A. Henderson, director of the U.S. Office of Public Health Preparedness. "We are afraid we will have another event. There are just too many other things that are threatening out there."

Across the region, planning for terrorism slowly gained momentum during the last decade, but September's strike at the Pentagon and October's anthrax crisis jolted public health officials into moving faster.

Government and hospital planners opened up 100 hospital beds in the Washington area for victims of the Pentagon attack. But they are now drafting contingency plans for a World Trade Center-scale calamity or an attack even larger that could create 10,000 or even 100,000 casualties, public health officials said.

The capital, of course, has long been seen as a potential target. The federal government has piloted several initiatives locally since 1996, stockpiling drugs and training emergency medical response teams, for example, and recruiting groups of specialized doctors and nurses.

The federal government has lately expanded the vehicle fleet of a 120-member National Medical Response Team, based at two Arlington County fire stations and staffed by Washington area firefighters and rescue workers. The team is equipped to treat up to 5,000 victims of a biological, chemical or radiological weapon. Thompson said similar teams are being organized and funded to cover 122 U.S. cities.

The U.S. Centers for Disease Control and Prevention is leading a task force of county, District and Maryland and Virginia state governments to speed emergency medical supplies to the capital region.

The U.S. Public Health Service keeps a portion of the National Pharmaceutical Stockpile, a 50-ton cache of medical supplies, at an undisclosed suburban Washington location. The supplies are supposed to be deployable within 12 hours of a crisis. The government is increasing the number of such stockpiles from eight to 12 nationwide, aiming to deliver up to 12 million anthrax treatment doses.

And the Walter Reed Army Medical Center has contracted with the George Washington University School of Public Health and the Johns Hopkins Center for Civilian Bioterror Response to develop a Washington Metropolitan Public Health Assessment Center, linking trauma centers, health clinics and schools to detect unusual symptoms. Federal health officials seek to develop a health alert network to link health officials overseeing 90 percent of the population.

The District is considering a plan to expand the number of 2,880 private hospital beds in an emergency. The government is studying an association proposal to mothball the abandoned D.C. General Hospital building as an isolation ward that can be activated with up to 400 beds in an emergency, D.C. Health Department Deputy Director Larry Siegel said.

For clinicians and hospital workers, advances in medical surveillance, antidote delivery and mobile medical resources are crucial. But they say that more must be done to improve communication between health care players, increase hospital capacity and anticipate disease outbreaks.

"There are all these systems that have been in existence, but there hasn't been a lot of coordination or collaboration between these systems," said Christopher Wuerker, chairman of emergency management at Washington Hospital Center, one of the region's three major hospitals.

Virginia, Maryland and District officials are working to create a single communication system among the jurisdiction's hospitals, said Lynn Frank, chief of Montgomery County's Public Health Service.

Hospitals are also working to balance their economic needs with government demands. "The issue is, if you get sick, you have to recognize that people go to the hospital. They go to their doctor," said Bob Malsen, chairman of the D.C. Hospital Association. "Private hospitals need to be recognized as the first responders" ([UCLA, 2002](#)).

**Title:** Terrorism Grants Go To States, Cities

**Date:** February 1, 2002

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

Abstract: The first installment from the \$1.1 billion in bioterrorist preparedness funds was distributed to states and major cities Thursday, with nearly \$20 million immediately going to California and Los Angeles County.

Health and Human Services Secretary Tommy G. Thompson, who released \$200 million of the total Thursday, called the federal grants the "largest one-time investment in the nation's public health system ever."

The plan earmarks about \$100 million for California, with \$70 million going to the state and \$27.9 million more headed for Los Angeles County.

In his proposed state budget for the fiscal year starting July 1, Gov. Gray Davis counts on the federal government giving the state about \$350 million. State Health Services Director Diana Bonta praised the first payment as "good news."

The allocations, which come 21 days after President Bush signed into law \$2.9 billion in bioterrorism funds, are meant to help Americans from the largest cities to the least populous states prepare for a potential bioterrorist attack.

In the wake of the Sept. 11 terrorist attacks and a deadly anthrax attack launched through the mail, many local and state health officials had raised concerns that decades of inattention to the public health infrastructure had left them ill-prepared.

Top federal health officials hope the money doled out Thursday will help close some gaps in the health system, as well as ready the nation for even more devastating scenarios, such as an attack on a nuclear facility or the intentional spread of smallpox or other contagious diseases.

The grants to the states, which Thompson indicated he believed would be supplemented in future budgets, mark an ongoing effort to improve the public health response. Health officials also have been increasing the National Pharmaceutical Stockpile with drugs that could be used in the event of chemical, biological and nuclear attack.

Thompson on Thursday cited the ongoing effort to acquire potassium iodide, which is used to block the effects of radiation. About 1.6 million doses are in hand, health officials said, and plans are to purchase another 5 million to 10 million. And he said federal officials should now be able to deliver 600 tons of emergency medical supplies within a few hours of an attack anywhere in the nation.

One stumbling block for public health planners had been the ongoing troubles with Michigan-based BioPort Inc., the nation's only maker of the anthrax vaccine. The company had been unable to ship doses for four years because of factory violations, but on Thursday, the Food and Drug Administration cleared it for renewed production.

"Everything is coming together to get us prepared," Thompson said.

Under the grant plan, the funds released to the states will be used to bolster preparedness plans, public health surveillance, laboratories and hospital facilities. About \$14 million was made available Thursday to California, the most populous state, with about \$6 million more to come after Davis files a comprehensive preparedness plan for the state due April 15.

Los Angeles County, one of four large metropolitan areas to get separate grants, received about \$5.6 million immediately. The other cities were New York, Chicago and Washington. The nation's capital, which has about 750,000 residents, was awarded nearly \$12 million by officials concerned that Washington is at heightened risk as the seat of government.

The money for bioterrorism preparedness comes from the Centers for Disease Control and Prevention, and funding for the regional hospital response plans is from the Health Resources and Services Administration. Some smaller cities, including Glendale and Huntington Beach, also are receiving one-time grants of up to \$400,000 to bring them in line with an existing program designed to ensure 80% of Americans are covered by an emergency response system.

"We don't want money wasted," said Thompson, who said his agency would be looking for the states to improve the ability of the public health system to monitor for problems and respond in a crisis.

Even as Thompson was announcing the allocation of the federal funds, a state watchdog commission warned that California's public health sector is unprepared to respond effectively in this new era of potential bioterrorism attacks.

In a report, the Little Hoover Commission on economy and efficiency in government said that the capabilities of California laboratories to detect biological weapons are "inadequate," that health-care professionals are not fully trained in dealing with large disasters and that hospitals are ill-prepared to receive large numbers of bioterror victims who may be ill with anthrax or smallpox.

The nonpartisan commission said the structure of the public health system was "perhaps the largest single weakness" to be exposed in the aftermath of the Sept. 11 attacks. After accounting for inflation, local health departments in California receive less state money now than they did 50 years ago.

County health department administrators need a one-time transfusion of at least \$70 million, plus \$50 million each year in the future to improve their preparedness, the report said.

But Bonta and state homeland security advisor George Vinson said the infusion of \$97.9 million from the federal government to California, including \$27.9 million for Los Angeles County, would help overcome concerns raised by the Little Hoover Commission.

Bonta told reporters California wants to create an "optimum" system for combating biological terrorists. "This money goes a long way to making that happen," she said.

Bonta said she believed that Los Angeles County was singled out for a special allocation because it may be a potential "high profile" target, similar to New York City, which also received a special grant. She said even before Sept. 11, the county had received about \$800,000 in federal aid for anti-bioterrorist programs.

Bonta said the state would immediately submit its anti-bioterrorism plan to the federal government and expects to receive the first batch of funds quickly. California has already implemented many of the federal requirements for receiving the grants, she said.

She said the grants would be spent on such processes as managing the mass storing and distribution of vaccines and antibiotics and beefing up laboratories with new equipment and enhanced staffs ([UCLA, 2001](#)).

**Title:** Bush To Request Big Spending Push On Bioterrorism

**Date:** February 4, 2002

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

**Abstract:** Spurred by the spate of anthrax-filled letters that followed the Sept. 11 terrorist attacks, the Bush administration has decided to seek \$11 billion over two years to protect the nation against biological terrorism, a far larger amount than even bio defense experts had expected.

Senior administration officials said President Bush's budget for fiscal 2003, which begins in October, would propose \$5.9 billion to finance improvements in the nation's public health system that would help defend against the deliberate use of disease as a weapon. This request comes on top of \$1.4 billion that Congress approved in the last fiscal year and a \$3.7 billion supplemental request for countering bioterrorism that has also been approved.

The anthrax-tainted letters, which killed 5 people, infected 18 and put 30,000 Americans on antibiotics, were the first significant biological attack in the United States. Officials said they laid bare serious vulnerabilities, particularly in public health.

The new budget request reflects an effort to address those weaknesses. It also reflects the growing influence of the Office of Homeland Security, headed by Tom Ridge.

The budget increase, to \$5.9 billion from \$1.4 billion, is more than four times what the administration spent before the Sept. 11 attacks to counter the threat of bioterrorism.

"The anthrax letters showed us that even a relatively unsophisticated, small-scale attack can cause enormous disruption since our toolbox for countering such strikes is fairly bare," said a senior administration official. "And compared to the full destructive potential of biological warfare, the anthrax letters were a slingshot."

A breakdown of the bioterrorism budget request shows that President Bush wants to pump not only \$1.8 billion into federal agencies involved in biodefense but also \$1.6 billion into state and local health care systems that have suffered from years of low budgets and federal neglect.

The proposed budget provides \$650 million to expand the national stockpile of vaccines and antibiotics that can be rushed to the scene of a disease outbreak, as well as billions of dollars to finance the construction of high-level containment laboratories and to conduct basic and applied research into new drugs, biodetectors and improvements in communications and other systems that link local, state and federal emergency preparedness authorities.

Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, said the huge infusion of federal aid for basic and applied research was likely to be "transforming."

"The \$1.75 billion request for the National Institutes of Health alone is the biggest single-year request for any discipline or institute in the history of the N.I.H.," Dr. Fauci said. "This is the first time that an extraordinary amount of money is being increased expressly for bioterrorism rather than for the general enhancement of capabilities." But, he added, because of this investment "we may all be healthier."

Dr. Fauci is expected to travel with President Bush to Pittsburgh on Tuesday to announce details of the administration's biodefense plans. The budget figures themselves will be formally announced on Monday.

Spending to protect the United States against germ weapons began increasing under President Bill Clinton, who said he considered a biological attack to be one of the gravest threats confronting the nation. While his administration began increasing budgets to counter the threat, many of Mr. Clinton's requests were cut by his own Office of Management and Budget or the Congress, which remained skeptical.

After the Sept. 11 strikes and the anthrax-laden letters in October, Mr. Ridge selected biodefense as one of the four crucial areas in domestic security that would receive huge budget increases, in addition to airport security. Large spending increases are expected for each of the other three areas: money for emergency response personnel and activities will rise from \$291 million to \$3.5 billion and spending on border security from \$8.7 billion to \$10.6 billion, while spending on information technology and security is expected to increase by some \$700 million. In total, officials said, the domestic security budget for 2003 would increase from \$19.15 billion to \$37.7 billion.

Dr. Fauci said he was putting the final touches on a strategic plan for spending the new money at his institute, which is scheduled to receive a 61 percent increase. He said he would spend about \$441 million of the \$1.75 billion budget on basic research, some \$592 million on drug and vaccine discovery and development, \$194 million on trials of new drugs, and \$522 million on new research laboratories at federal, university and industry facilities.

"You need appropriate facilities to work on dangerous microbes that can be used for weapons," Dr. Fauci said. "And we must jump-start our efforts to get new facilities and expertise into existing centers of biological excellence." He noted that there are now only four of the highest containment facilities, which require scientists to wear protective suits and respirators, in the United States.

The budget also calls for increasing the national supply of "push packs" -- the preassembled packages containing life-saving antidotes, drugs and other medical supplies that can be sent to the sites of terrorist attacks or mysterious infectious outbreaks. In the last fiscal year, the national supply of push packs -- each of which provides enough for two million people -- rose from 8 to 12.

Some \$600 million will go to the Pentagon, of which about \$420 million will be used to speed efforts to develop better devices and systems to detect and identify the release of dangerous germs in the atmosphere or water. The rest will be spent on biodefense research and development, much of it at the United States Army laboratory at Fort Detrick, Md., which conducted biological weapons research before such weapons were banned in 1969, and now develops antidotes to and defenses against such pathogens. The laboratory has been heavily involved in trying to analyze the origins and source of the anthrax letters sent to the Senate and to media outlets in New York and Florida.

The budget also devotes \$10 million to creating a team of epidemiological scientists at the Centers for Disease Control and Prevention in Atlanta who will work with their foreign counterparts to provide better information about mysterious disease outbreaks and share news about promising new drugs and antidotes. It earmarks another \$20 million for the centers' Epidemiological Intelligence Service, established in 1951 as an early-warning system against biological warfare ([UCLA, 2002](#)).

**Title:** Bioterrorism Bonanza

**Date:** February 6, 2002

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

**Abstract:** The President's budget proposes spending a huge chunk of money to combat bioterrorism: "Absolutely unprecedented," notes Homeland Security Director Tom Ridge of the 300 percent increase, which, added to the \$3.7 billion allocated by Congress after the attacks, means the country will spend close to \$10 billion on bioterrorism preparedness programs in the coming year. Though spread among 20 or so departments and a wide array of approaches -- rapid response networks, decontamination research, vaccine stockpiles, training programs -- some of the largest increases fall on the smallest agencies, those with scientific expertise. The \$1.7 billion the president proposes for the National Institutes of Health amounts to nearly half of what would be the largest one-year increase in that institution's history.

Few can gainsay the long- and short-term usefulness of spending federal money on disease research and the sagging clinic, hospital and laboratory network that is supposed to safeguard the public health. It's often said that defense spending spins off technological improvements to the population at large; this is more obviously true of money spent on vaccines and biomedical research. And as proponents of better biological "readiness" pointed out long before Sept. 11, any improvement in the systems for detecting intentional biological attacks would also pay dividends in case of a natural outbreak of some deadly pathogen.

None of these good effects, though, cancels out the danger inherent in the sheer scale of some of the proposed increases. To spend more on cutting-edge biomedical research is one thing. To ramp the bioterrorism research budget of the National Institute for Allergic and Infectious Diseases from \$36 million to \$441 million in a single year is quite another. Such bonanzas will strain even the most effective of competitive grant operations. A rush to mobilize the research enterprise in time of war must not translate into a flood of less than rigorous research.

Congress will undoubtedly look to such organizational aspects as it weighs the budget proposals. In a subcommittee hearing yesterday, Sen. Ron Wyden heard testimony about the difficulty the government had in finding medical experts during the anthrax crisis -- and, no less serious, difficulties those experts (and private companies offering technical help) had in finding government addresses to offer their help. Such coordination needs to be a priority. Though the direction is right, the potential lurks in this bioterrorism bonanza for catastrophic waste. The emphasis should be on safeguards to make that outcome less likely ([UCLA, 2002](#)).

**Title:** Non-Profit Coalition Calls For A National Reassessment Of The Biodefense Building Boom

**Date:** October 14, 2002

**Source:** [Sunshine Project](#)

**Abstract:** A non-profit coalition is calling upon Congress and the public for an urgent national reassessment of America's biodefense spending. The coalition contends that the \$6 billion in biodefense that Congress hastily appropriated after last fall's anthrax attacks have triggered a laboratory rat race more likely to undermine US national and environmental security than to enhance it.

The groups dedicated to research safety, arms control, and scientific responsibility do not oppose all biodefense work; but cite a range of concerns and evidence in support of their demands (see attached quotes and contact sheet). The Coalition says that unless a national reconsideration is done, competition for biodefense funding and poor planning will combine with dangerous results, including a needless proliferation of facilities handling biowarfare agents and a spread of the knowledge needed to wage biowarfare. This poses dangers to local communities, to arms control, and US national security, they claim. Instead of emphasizing biotech band aids from facilities pursuing dream vaccines and working in secret, the coalition says spending should focus on unclassified, public research to bolster local public health capabilities.

"The number of new biodefense biosafety level 3 and 4 laboratories being developed far exceeds what is prudent and necessary, and we are asking Congress to freeze biodefense laboratory construction until a cross-cutting federal review ensures that the massive new investment isn't going awry, and wouldn't be better spent elsewhere," said Steve Erickson of the Citizen's Education Project in Salt Lake City. According to Edward Hammond of the Austin, TX-based Sunshine Project, "Government and academic labs are responding less to bona fide needs than the urge to build power and revenue centers for what they hope is a perpetual biodefense boom. This will result in a dangerous proliferation of bioweapons agents and the knowledge to use them."

"Too many agencies want too many facilities, likely leading to duplication and unnecessary danger," Colin King of Nuclear Watch of New Mexico in Santa Fe, "Agencies are confusing the public by trying to gain lab approval on a one-by-one basis, obfuscating the risks and ramifications of large national programs."

The coalition is calling for programmatic environmental impact assessments and insists that Congress and the General Accounting Office carefully examine the programs of the National Institutes of Health and the Departments of Defense, Energy, and Agriculture both individually and for their collective implications. "Congress and the GAO need to identify the pork, the overlap, the national and local dangers, and address the bigger question of whether the proposed construction of more than a dozen new (or upgraded) biodefense labs really serves America's domestic and international interests" argues Tara Dorabji of TriValley CAREs in Livermore, CA.

The coalition is currently working on biodefense lab and program expansions proposed at Lawrence Livermore National Laboratory in California, Los Alamos National Laboratory in New Mexico, Utah State University and Dugway Proving Ground in Utah, Rocky Mountain Laboratory in Montana, and the University of Texas in Galveston. Other new and upgraded BL3 and 4 labs are proposed in San Antonio and Lubbock, TX, Manhattan, KS, Albuquerque, NM, Davis, CA, Honolulu, HI, and Plum Island, NY. The National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, is promising up to a dozen "Centers of Biodefense Excellence", each with BL3 and/or 4 capacity.

#### **Additional Information, Contacts, Quotes**

The coalition members are Citizen's Education Project (Salt Lake City, UT), Coalition for a Safe Lab (Hamilton, MT), Los Alamos Study Group (Santa Fe, NM), Nuclear Watch of New Mexico (Santa Fe), The Sunshine Project (Austin, TX), Tri-Valley CAREs (Livermore, CA) and Western States Legal Foundation (Oakland, CA). Members cite a range of concerns and evidence in support of their demands, including:

#### **Domestic Threat**

The FBI's investigation of last fall's anthrax letters has determined that the attack was perpetrated with a US biodefense anthrax strain, and suggests that the author of the attacks was a biodefense insider with hands-on training courtesy of the federal government. Under current plans, thousands of new people will

gain access to bioweapons agents and knowledge of their preparation and use. How is the government making sure that it isn't sowing the seeds of domestic terrorism?

### **Manipulation of the Facts**

In California, Lawrence Livermore National Laboratory (LLNL) wants a new biodefense lab smack dab in the middle of a major nuclear weapons design facility, and right next door to a bioreactor (fermenter) facility potentially capable of producing agents on a massive scale. These issues were brushed aside in the lab's draft environmental impact assessment. LLNL claims it needs the new facility because it has insufficient access to similar labs nearby and because the Department of Energy has no BL3 capacity. "LLNL is manipulating the truth to its convenience," says Tara Dorabji of Livermore-based Tri-Valley CAREs, "First, LLNL's environmental assessment fails to give due consideration to the civilian-mission BL3 facilities already in existence. Second, LLNL conveniently ignores the fact that DOE also wants to build a BL3 facility at the Los Alamos Lab in New Mexico. And, finally, new information has surfaced showing LLNL involvement in a proposal to build BL4 and BL3 labs in nearby Davis, California."

### **Opaque Proposals**

In Utah, the US Army's Dugway Proving Ground wants a 200% increase in its biodefense activity, including BL3 lab upgrades and another aerosol chamber, a very controversial piece of testing equipment with many potential offensive uses. The Army has produced a huge draft environmental impact assessment (DEIS); but according to Steve Erickson of the Citizens Education Project in Salt Lake City, "The DEIS is 1000 pages long, but it's so vague that it's impossible to fairly assess what the Army wants to do. They want to conduct many more in-lab and open-air tests, but won't say with what and when or under what conditions until future plans and studies are completed and rubber-stamped by the brass. There is no independent oversight of this facility, and given its penchant for secrecy and its track record of exposing civilians and contaminating the environment with its biological, chemical, and radiological tests, Dugway can't be trusted with such blanket permission to expand programs and missions."

### **Poor Community Consultation**

In Hamilton, Montana, the National Institutes of Health (NIH) wants to build a new BL4 facility at Rocky Mountain Labs (RML). NIH originally proposed to begin building in February 2003 with only a brief environmental assessment and a two week public comment period. Hamilton's Coalition for a Safe Lab demanded more public participation and a more thorough review of the project. NIH relented and is now conducting an Environmental Impact Statement, which will delay groundbreaking. Then, RML put together a community outreach committee; but decided the meetings would be by invitation only. The Coalition protested again. At the last minute, RML opened the meetings to the public; but still required interested people to call ahead and advise the lab that they would like to attend.

Coalition for a Safe Lab organizer Mary Wulff, says, "When we arrived for their meeting we were welcomed with the news that we needed a security escort to use the restroom. The meeting was scheduled for 2 hours. During that time we listened to NIH talk about public relations with their community, children's programs, and bus rides across the NIH campus. Ten minutes were left for our twenty community 'leaders' to comment and ask questions. Several of them didn't comment at all. Our Coalition previously presented RML with a comprehensive list of questions, which they have not yet answered. RML's assistant director said at the meeting that they definitely will not be working with smallpox or Ebola; but conflicting information was given to a Coalition by RML's biosafety committee chairman. The chairman said that if the world situation changes then 'all bets are off'. It's unfair to thrust a national facility like this on a small community, especially in the absence of a comprehensive national review."

### **Ephemeral Promises?**

In Galveston, Texas, the University of Texas (UT) is building a new BL4 lab. UT claims good community relations for the effort, which began before September 11th, 2001. UT held public meetings and in July 2001, dispelled criticism that the lab's work might be "secret or ominous" with the public declaration that "No classified research will be performed." In September 2002, the Austin-based Sunshine Project wrote the lab's Director to verify that the University of Texas stands by its no secrets pledge, and to request the



lab's biosafety committee transparency rules. The BL4 that prides itself on community relations did not reply.

### **Dangerous Relationships with Weaponsmaking**

In New Mexico, a number of non-profit organizations are asking tough questions of Los Alamos National Laboratory (LANL), which wants to build a new BL3 facility. Greg Mello of Los Alamos Study Group in Santa Fe says "Does it really make sense to put a biodefense lab at the nation's largest facility for designing, testing, and producing weapons of mass destruction? Los Alamos has little conspicuous expertise in biology, but it does have a 60-year history of secrecy and compartmentalization devoted to weapons development. What is the rest of the world going to think? What should they think? Los Alamos is not inspectable. A decision to build a bioweapons 'defense' facility at such a place could cripple efforts to build a better nonproliferation regime for biological weapons."

New Mexico non-profits are fed up with LANL's dismal environmental and safety compliance. In August, Nuclear Watch of New Mexico filed suit in federal court, arguing that LANL and DOE have failed to take the hard look at their bioweapons research program that is required under federal law.

"We hope to compel DOE to undergo a Los Alamos-specific Environmental Impact Statement, and a Programmatic EIS for the Chemical and Biological National Security Program. If we are successful, this will greatly increase public scrutiny of DOE's program, and make it more difficult for the agency to continue to avoid environmental and public health issues," said Nuclear Watch's Colin King.

### **Misplaced Priorities**

The coalition sees overinvestment in high-tech facilities to handle pathogens as the wrong emphasis for protecting the public against biological agents – whether naturally-arising or intentionally introduced by terrorists. Dr. Robert M. Gould, President of the San Francisco Bay Area chapter of Physicians for Social Responsibility states "We need to develop a comprehensive, primary-prevention approach towards all forms of infectious disease, which means providing adequate resources to combat AIDS, antibiotic-resistant tuberculosis, as well as the rise in diseases such as malaria predicted to increase from global climate change. According to a UN report from 2000, \$10 billion a year would provide enough clean water and sanitation to cut by up to one third the 4 billion cases of diarrheal disease that kill 2 million people every year."

### **International Ramifications**

According to the coalition, the emphasis on labs doing work such as aerosol challenge tests, particularly by the Defense and Energy Departments, runs terrible risks of being misinterpreted by other countries and triggering a bioweapons research race, or even worse. Says Jackie Cabasso of Western States Legal Foundation in Oakland, CA: "With biological weapons, the line between offense and defense is exceedingly difficult to draw. In the end, secrecy is the greatest enemy of safety. Last year, the US single-handedly blew apart an international system for inspections of these kinds of laboratories, a system that would have made great strides toward ensuring that biodefense labs aren't abused for offensive purposes. Having thumbed our nose at the world, the US is now massively expanding its biodefense program, mostly in secretive facilities. Other countries are going to be suspicious. This bodes badly for the future of biological weapons control" ([Sunshine Project, 2002](#)).