Date	Dec 1 1998
Author	DA Henderson
Title	Biological terrorism
Event	
Event Sponsor	Chemical & Biological Arms Control Inst
Event location	Washington DC
Notes	
Publ as	

CBACI 1 December

Welcome opportunity this morning to meet with all of you to ~~exchange~~ explore views and ideas on the ~~problems~~ challenges ~~[illegible]~~ posed by bio weapons and the concerns we face in endeavoring to put together ~~[illegible]~~ an appropriate civilian response. JVVRS COLLEAGUE

The bottom line of my message is that the biological threat bears within it the seeds of catastrophe unlike that posed by the other WMD. One can't ~~to~~ deal with chemical and biological weapons as tho they were opposite and complementary sides of a coin is akin to saying that ~~the~~ dealing with the single lightning strike of a chemical weapon requires the same skills, people and actions as does a tornado ~~[illegible]~~ spread of biological weapons with effects extending over days to weeks ~~[illegible]~~
~~Based on what we have done to date, this is a message which is not appreciated. But [illegible] the story [illegible] over the past several years.~~

How many times ~~[illegible]~~ do we see the term chem-bio, or CBDCOM, for example, as tho anyone expert in chemical weapons is automatically ~~[illegible]~~ expert in the ~~[illegible]~~ biological weapons area and v.v. My sense — stems from days when nuclear was the primary concern. Two examples to illustrate. ~~[illegible]~~

1. When I was at the W.H. post Desert Storm, the question of expertise for UNSCOM arose. I asked to see the list of experts for the bio side and was duly shown a list indicating "CB expert". I pressed harder as to their academic background. Every one was a chemist & none knew anything about biology.
2. Second — when the senior chem-bio expert of a major European ally flew over in 1994 to meet with me to ask that I explain how a WHO Expert Committee in which I participated could possibly recommend destroying the smallpox virus. How would we protect ourselves, he asked, if smallpox reappeared say from bodies buried in the Tundra ⟶ embarrassing.

Not to denigrate our chemist colleagues — but we are dealing with very different problems which have to be tackled in very different ways.

Chemical/explosive event — casualties, first responders rush in, ~~and~~ ~~[illegible]~~ 1st aid, wounded evacuated, decontamination procedures conducted

HAZMAT accidents, have provided experience and a modus operandi has developed.

1

Biological – organism released – silently, it settles in the lungs – no knowledge for days, even a week or two that anything has happened. Then a few patients show up in emergency rooms and then more. Someone suspects something is wrong, help is sought from lab, from epi.

* There is no call for first responders to rush in, emergency medical teams have, at most, a peripheral role. I have no idea what CBIRF could or would do; what the National Guard teams could or would do. ~~I expect that~~ What MMSTs would do – but that is where our investments have been

~~...~~

Different scenario – ~~Epidemic has special character of dealing with an epidemic.~~ (Epidemics have a special character as they move on day by day week by week – of fear – of helplessness – of danger. Not at all like a sudden explosion.)

As a matter of interest – How many here have been involved in control of epidemic – plague – anthrax – smallpox – anything?

~~My beginning was with the EIS – 24 hrs/day – ... for 10 years.~~
~~11 years c smallpox eradication –~~

Let me walk you through certain (not imaginary table top exercises but) real life epidemics which illuminate what we might witness were bioweapons to be used –

SLIDES: Smallpox

MESCHEDE

Lessons – spread of aerosol; small infective dose

YUGOSLAVIA –

11:1 / 13:1 (Come back)

SVERDLOVSK

0-6 vs 4½

Vaccine + antibiotics

Availability of spx virions

Outbreak of vpox in U.S. today: 30% CFR; ō Rx. (ō vac. 26 yrs)

- 100 cases (in mall) 200 suspects
- Hospital isolation
- Contacts
- Vaccination – now 7×10^6 doses / no manu. / no. for. sources.
- OVERHEAD · Second generation – other cities other countries
- ~~OVERHEAD · Anthrax~~
- OVERHEAD · [illegible] public

My involvement began 1½ yrs. ago –

concern about public discussion

put into ~~[illegible]~~ mtg. – arms control, police, fire, emer. med., intelligence, FBI.

sometimes an emerg. med. doc. – Never anyone from pub. hlth., hosp., inf. dis. spec.

effort to organize + educate.

Last April – table top in N.Y. c̄ Mayor &. –

in fact, a shambles. – contractor had facts ~~wrong~~ ? about coding [illegible].

Decision to form a Working Group – USAMRIID, CDC, NIH, state, city

Civilian Threat and Response – Not 21 diseases (all Milwaukee) Anthrax / spx / Plague.

Consensus documents now being completed.

Center for Biological Defense Studies – basically to serve as a focal point to bring into the ~~[illegible]~~ planning, the research, the implementation – med. + p.h.

unfortunate –
- Balto – City Health Commissioner
- Wash. – [illegible] planning – no involvement of [illegible] Co.
- Indianapolis,

Feb meeting