—WEAPONS of MASS DESTRUCTION: BIOLOGICAL, CHEMICAL and NUCLEAR—

ABSENCE OF MYCOPLASMA CONTAMINATION IN THE ANTHRAX VACCINE. U.S. Department of Health and Human Services. Mary Kate Hart, et al. *Emerging Infectious Diseases*. Vol. 8, No. 1, 2002. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2002. p.94-96. [Article].

SuDoc# HE 20.7817: 8/1

Attempts to debunk the theory that the anthrax vaccine has the negative side effects collectively known as Gulf War Syndrome. Concludes that the vaccine is not and should not be considered a possible cause of such illness.

Online

http://www.cdc.gov/ncidod/EID/vol8no1/01-0091.htm

ADDRESSING BIOTERRORIST THREATS: WHERE DO WE GO FROM HERE? U.S. Department of Health and Human Services. Margaret A. Hamburg. *Emerging Infectious Diseases*. Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p. 564-5. [Article].

SuDoc# HE 20.7187: 5/4

"A fundamental step toward addressing the threat of bioterrorism is comprehensive planning that focuses first and foremost on local preparedness and response capacity—integrating the role of state, regional, and federal governments, as well as state, regional, and national assets. To plan effectively, we have to think through the different types of scenarios that may confront us, including the announced release of a biological agent, the silent release of a biological agent, or some kind of hybrid event, such as having a bomb go off, that is followed by the release of a biological or chemical agent. In addition, we have to think about the scenarios where person-to-person transmission can occur or those with noncommunicable infectious diseases. Bioterrorism covers a very broad spectrum of concerns, from catastrophic terrorism with mass casualties, to microevents using low technology but producing civil unrest, disruption, disease, disabilities, and death."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/hamburg.htm

AFTERMATH OF A HYPOTHETICAL SMALLPOX DISASTER. U.S. Department of Health and Human Services. Jason Bardi. *Emerging Infectious Diseases*. Vol. 5, No. 4, 1999. Atlanta,

Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.547-51. [Article].

SuDoc# HE 20.7187: 5/4

> "The second day of the symposium featured a discussion of a scenario in which a medium-sized American city is attacked with smallpox. Four panels represented various time milestones after the attack, from a few weeks to several months. Panelists discussed what they and their colleagues might be doing at each of these milestones. The goal of the responses was to communicate the complexity of the issues and to explore the diverse problems that might arise beyond the care and treatment of patients. The scenario itself was a step-by-step account of a smallpox epidemic in the fictional city of Northeast. Tara O'Toole, the scenario's lead author, read the narrative account before each panel. The panelists responded to the events as if the epidemic were real and they were actually trying to identify, contain, communicate, and otherwise deal with it."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/bardi.htm

AGRICULTURAL BIOLOGICAL WEAPONS THREAT TO THE UNITED STATES. U.S. Congress. Senate. Committee on Armed Services. Subcommittee on Emerging Threats and Capabilities. 106th Congress, 1st Session, 27 October 1999. Washington, DC: U.S. Government Printing Office, 2000. 52p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.106-583

> "Agricultural exports are approximately $140 billion annually and are responsible for about 13 percent of the gross domestic product and 17 percent of the employment in the United States. An attack on agriculture could cause severe and reverberating financial consequences for our U.S. farmers and ranchers and the consumer. The amount of economic damage will depend on how quickly an attack is detected and responded to. The potential vulnerability of the U.S. agricultural sector to a terrorist attack and the proliferation of offensive agricultural and biological weapons, and that expertise to rogue countries and terrorists, and whether adequate policy and program emphasis is being given to agriculture are issues of increasing concern."

ANTHRAX DECONTAMINATION. U.S. Congress. Senate. Committee on Appropriations. Subcommittee on VA, HUD, and Independent Agencies. 107th Congress, 1st Session, 28 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 38p. [Hearing].

SuDoc# Y 4. AP 6/2: S.HRG.107-364

> "The VA-HUD Subcommittee wanted to act very quickly to convene this timely hearing to discuss the issues of decontamination of anthrax both at the Hart Building,

the Brentwood postal facility, and other private sector buildings that are exposed. This is to discuss the role of EPA and the Office of the Science Advisor to the President in terms of decontamination process."

Online

http://purl.access.gpo.gov/GPO/LPS19778 (PDF)

THE ANTHRAX IMMUNIZATION PROGRAM. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 24 March 1999. Washington, DC: U.S. Government Printing Office, 1999. 124p. [Hearing].

SuDoc# Y 4. G 74/7: AN 8/9

"After what has been described as a multi-year and deliberative, but for the most part, closed process, DOD launched the AVIP in 1997, but anthrax was a known threat in the 1991 Gulf war. Vaccine development and acquisition against biological threats have been an explicit element of U.S. force protection policy since 1993."

ANTHRAX OF THE GASTROINTESTINAL TRACT. U.S. Department of Health and Human Services. T. Sirisanthana and A. E. Brown. *Emerging Infectious Diseases*. Vol. 8, No. 7, July 2002. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2002. p.649-651. [Article].

SuDoc# HE 20.7817: 8/7

"The clinical features of oropharyngeal anthrax include fever and toxemia, inflammatory lesion(s) in the oral cavity or oropharynx, enlargement of the cervical lymph nodes associated with edema of the soft tissue of the cervical area, and a high case-fatality rate. Awareness of gastrointestinal anthrax in a differential diagnosis remains important in anthrax-endemic areas but now also in settings of possible bioterrorism."

Online

http://www.cdc.gov/ncidod/EID/vol8no7/02-0062.htm

ANTHRAX VACCINE ADVERSE REACTIONS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 21 July 1999. Washington, DC: U.S. Government Printing Office, 2000. 158p. [Hearing].

SuDoc# Y 4. G 74/7: AN 8/12

As with most vaccines, there is the risk that some patients will react poorly to the injections. Some have claimed that the anthrax vaccine reaction can be particularly serious.

Online

http://purl.access.gpo.gov/GPO/LPS6665

http://purl.access.gpo.gov/GPO/LPS6680 (PDF)

THE ANTHRAX VACCINE IMMUNIZATION PROGRAM—WHAT HAVE WE LEARNED? U.S. Congress. House. Committee on Government Reform. 106th Congress, 2nd Session, 3 & 11 October 2000. Washington, DC: U.S. Government Printing Office, 2001. 1108p. [Hearing].

SuDoc# Y 4. G 74/7:AN 8/14

"The biological weapon, anthrax, has become an even greater threat because it is easy to produce, can be stored for long periods of time, and is relatively inexpensive. In fact, anthrax represents the most likely threat to the U.S. and to our military personnel. As such, it only makes sense that with the increased threat of biological terrorism that we include the anthrax vaccination and any other biological warfare defense in all of our protection planning."

Online

http://purl.access.gpo.gov/GPO/LPS14601

http://purl.access.gpo.gov/GPO/LPS14602 (PDF)

ANTHRAX VACCINE: SAFETY AND EFFICACY ISSUES: STATEMENT OF KWAI-CHEUNG CHAN, DIRECTOR, SPECIAL STUDIES AND EVALUATIONS, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 12 October 1999. Washington, DC: U.S. General Accounting Office, 2000. 9p. [Testimony].

SuDoc# GA 1.5/2:T-NSIAD-00-48

"The long-term safety of the licensed vaccine has not been studied. However, DOD is designing studies to examine the vaccine's long-term effects. Data on the prevalence and duration of short-term reactions to the vaccine are limited but suggest that women experience a higher rate of adverse reactions than do men."

Online

http://purl.access.gpo.gov/GPO/LPS15060 (PDF)

BATTLING BIOTERRORISM: WHY TIMELY INFORMATION-SHARING BETWEEN LOCAL, STATE AND FEDERAL GOVERNMENTS IS THE KEY TO PROTECTING PUBLIC HEALTH. U.S. Congress. House. Committee on Government Reform. Subcommittee on Technology and

Procurement Policy. 107th Congress, 1st Session, 14 December 2001. Washington, DC: U.S. Government Printing Office, 2003. 137p. [Hearing].

SuDoc# Y 4. G 74/7: B 52/5

"Originally, CDC's goal, as stated in their March 2001 report, was to ensure by 2010 that all health departments have continuous high-speed access to the Internet and have established standard protocols for data collection, transport, electronic reporting, and information exchange to protect privacy while seamlessly connecting, local, State and Federal data systems; to have immediate on-line access to current global health recommendations, health and medical data, treatment guidelines and information on the effectiveness of public health interventions; and to have the capacity to send and receive sensitive health information via secure electronic systems and to broadcast emergency health alerts."

Online

http://purl.access.gpo.gov/GPO/LPS27442 (PDF)

BEYOND NUNN-LUGAR: CURBING THE NEXT WAVE OF WEAPONS PROLIFERATION THREATS FROM RUSSIA. U.S. Department of Defense. Henry D. Sokolski and Thomas Riisager. April 2002. Carlisle, Pennsylvania: U.S. Army War College, Strategic Studies Institute, 2002. 266p. [Online Monograph].

SuDoc# D 101.146: 2002017209

"Although the present book never intended to be quite so timely, *Beyond Nunn-Lugar: Curbing the Next Wave of Weapons Proliferation Threats from Russia* is one book that, coming so soon after the events of September 11, 2001, and shortly before President Bush's Russian summit, should find a ready audience. The essays in the book were originally commissioned by the Nonproliferation Policy Education Center (NPEC) as part of a year-long study on the future of U.S.-Russian nonproliferation cooperation. What makes the book different from other studies of U.S.-Russian cooperation is its reliance on competitive strategies."

Online

http://purl.access.gpo.gov/GPO/LPS19493 (PDF)

http://www.carlisle.army.mil/ssi/pubs/2002/nunlugar/nunlugar.pdf (PDF)

BIOLOGICAL AND CHEMICAL TERRORISM: STRATEGIC PLAN FOR PREPAREDNESS AND RESPONSE. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report*. 21 April 2000. Atlanta, Georgia: Centers for Disease Control and Prevention; Washington, DC: U.S. Government Printing Office, 2000. [CDC Website].

SuDoc# HE 20.7009: 49/04

"An act of biological or chemical terrorism might range from dissemination of aerosolized anthrax spores to food product contamination, and predicting when and how such an attack might occur is not possible. However, the possibility of biological or chemical terrorism should not be ignored, especially in light of events during the past 10 years (e.g., the sarin gas attack in the Tokyo subway [*1*] and the discovery of military bioweapons programs in Iraq and the former Soviet Union [*2*]). Preparing the nation to address this threat is a formidable challenge, but the consequences of being unprepared could be devastating. The public health infrastructure must be prepared to prevent illness and injury that would result from biological and chemical terrorism, especially a covert terrorist attack. As with emerging infectious diseases, early detection and control of biological or chemical attacks depends on a strong and flexible public health system at the local, state, and federal levels. In addition, primary health-care providers throughout the United States must be vigilant because they will probably be the first to observe and report unusual illnesses or injuries."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm

BIOLOGICAL WARFARE DEFENSE VACCINE RESEARCH AND DEVELOPMENT PROGRAM. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans' Affairs, and International Relations. 107th Congress, 1st Session, 23 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 129p. [Hearing].

SuDoc# Y 4. G 74/7:B 52/4

"In the event an outbreak occurs before a biological defense is fully approved, how will those receiving the inoculation be informed they are using an investigational product? If the official risk/benefit calculation degenerates into little more than 'anything is better than nothing,' how will the public be protected from the flood of useless potions and magic anti-terrorism elixirs sure to appear on the Internet?"

Online

http://purl.access.gpo.gov/GPO/LPS25266 (PDF)

BIOLOGICAL WARFARE TESTING. U.S. Congress. House. Committee on Foreign Affairs. Subcommittee on Arms Control, International Security and Science. 100th Congress, 2nd Session, 3 May 1988. Washington, DC: U.S. Government Printing Office, 1988. 109p. [Hearing].

SuDoc# Y 4. F 76/1:W 23/4

"There are several substantive areas that we hope to cover in this hearing and serious concerns that must be addressed. We want to know exactly what our policy is on biological warfare—what is the threat to our national defense in this area from the

Soviet Union or other countries and what is and should be our response … Can biological weapons proliferation be stopped?"

BIOLOGICAL WEAPONS AS A STRATEGIC THREAT. U.S. Department of Health and Human Services. Paul Bracken. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.5-8. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The implications of the "proliferation of biological weapons and its effects on changing the world balance of power: a 'second nuclear age' in which the threat of attack by various weapons of mass destruction always looms."

BIOLOGICAL WEAPONS CONVENTION PROTOCOL: STATUS AND IMPLICATIONS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 1st Session, 5 June 2001. Washington, DC: U.S. Government Printing Office, 2002. 104p. [Hearing].

SuDoc# Y 4. G 74/7: W 37/5

"…the disclosure of a vast biological arsenal, of a vast Soviet biological arsenal, Iraq's use of prohibited toxic agents against Iran, and the emergence of terrorists eager to inflict mass casualties generated calls to strengthen the BWC. For almost a decade, discussions have been underway among the 159 BWC signatory nations on ways to verify compliance and deter violations. Consensus on a workable addendum or protocol to the BWC has proven elusive. Negotiators have been frustrated by the inherent difficulty, some would say utter impossibility, of policing the proliferation of … organisms and dual-use technologies so easily converted from lawful to lethal purposes."

Online

http://purl.access.gpo.gov/GPO/LPS22788

http://purl.access.gpo.gov/GPO/LPS22790 (PDF)

BIOLOGICAL WEAPONS: THE THREAT POSED BY TERRORISTS. U.S. Congress. Senate Committee on the Judiciary. Subcommittee on Technology, Terrorism, and Government Information. 105th Congress, 2nd Session, 4 March; 22 & 23 April 1998. Washington, DC: U.S. Government Printing Office, 1998. 197p. [Hearing].

SuDoc# Y 4. J 89/2: S.HRG.105-710

"Our domestic preparedness programs have focused on first responders—the front line law enforcement and emergency personnel at the incident site. We need to ensure that those we might call the second responders—the medical service providers at hospitals, critical care walk-in clinics, who will be treating the victims of

bioterrorism—also receive thorough training in our domestic preparedness programs. Likewise, there's a need to develop national policies on the stockpiling, distribution and use of antidotes and other medical treatments, such as the FDA-approved anthrax vaccine, in cases where our populations have been exposed to biological weapons."

BIOTERRORISM AND PROPOSALS TO COMBAT BIOTERRORISM. U.S. Congress. House. Committee on Energy and Commerce. 107th Congress, 1st Session, 15 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 126p. [Hearing].

SuDoc# Y 4. C 73/8: 107-72

The level of readiness in the Federal Government as a whole and the Centers for Disease Control and Prevention specifically regarding bioterrorist attacks.

BIOTERRORISM: COORDINATION AND PREPAREDNESS: STATEMENT OF JANET HEINRICH, DIRECTOR—HEALTH CARE PUBLIC HEALTH ISSUES. U.S. General Accounting Office. 5 October 2001. Washington, DC: U.S. General Accounting Office, 2001. [Testimony].

SuDoc# GA 1.5/2: GAO-02-129 T

"(1) the research and preparedness activities being undertaken by federal departments and agencies to manage the consequences of a bioterrorist attack, (2) the coordination of these activities, and (3) the findings of reports on the preparedness of state and local jurisdictions to respond to a bioterrorist attack."

Online

http://purl.access.gpo.gov/GPO/LPS17902 (PDF)

BIOTERRORISM—DOMESTIC WEAPONS OF MASS DESTRUCTION. U.S. Congress. Senate. Committee on Appropriations. Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies. 106th Congress, 1st Session, 2000. Washington, DC: U.S. Government Printing Office, 2000. 57p. [Special Hearing].

SuDoc# Y 4. AP 6/2: S.HRG.106-352

"The question of biological warfare and chemical warfare has been one of enormous importance as it applies to the domestic scene. Congress has appropriated very large sums of money to the FBI on counterterrorism … Today, we are going to make inquiries into what line of preparedness there is at the present time and what ought to be done."

BIOTERRORISM: FEDERAL RESEARCH AND PREPAREDNESS ACTIVITIES. U.S. General Accounting Office. September 2001. Washington, DC: U.S. General Accounting Office, 2001. 102p. [Report].

SuDoc# GA 1.13: GAO-01-915

The efforts of federal agencies, departments, and programs to prepare for the possibility of biological attack. Concerns regarding preparedness as state and local levels, as well as fragmentation of federal programs that need to be coordinated.

Online

http://purl.access.gpo.gov/GPO/LPS16042 (PDF)

BIOTERRORISM: INFORMATION TECHNOLOGY STRATEGY COULD STRENGTHEN FEDERAL AGENCIES' ABILITIES TO RESPOND TO PUBLIC HEALTH EMERGENCIES. U.S. General Accounting Office. May 2003. Washington, DC: U.S. General Accounting Office, 2003. 96p. [Report].

SuDoc# GA 1.13: GAO-03-139

"The six key federal agencies involved in bioterrorism preparedness and response identified about 70 planned and operational information systems in several IT categories associated with supporting a public health emergency. These encompass detection (systems that collect and identify potential biological agents from environmental samples), surveillance (systems that facilitate ongoing data collection, analysis, and interpretation of disease-related data), communications (systems that facilitate secure and timely delivery of information to the relevant responders and decision makers), and supporting technologies (tools or systems that provide information for the other categories of systems)…"

Online

http://purl.access.gpo.gov/GPO/LPS37282 (PDF)

http://www.gao.gov/cgi-bin/getrpt?GAO-03-139 (PDF)

http://www.gao.gov/new.items/d03139.pdf (PDF)

BIOTERRORISM: OUR FRONTLINE RESPONSE, EVALUATING U.S. PUBLIC HEALTH AND MEDICAL READINESS. U.S. Congress. Senate. Committee on Health, Education, Labor, and Pensions. Subcommittee on Public Health. 106th Congress, 1st Session, 25 March 1999. Washington, DC: U.S. Government Printing Office, 1999. 83p. [Hearing].

SuDoc# Y 4. L 11/4: S.HRG.106-21

"Examining issues relating to bioterrorism, including the United States public health and medical readiness, biological terrorism deterrence, outbreak containment and investigation, national pharmaceutical stockpile, and research and development."

BIOTERRORISM: PREPAREDNESS VARIED ACROSS STATE AND LOCAL JURISDICTIONS. U.S. General Accounting Office. April 2003. Washington, DC: U.S. Government Printing Office, 2003. [Report].

SuDoc# GA 1.13: GAO-03-373

"State and local officials reported varying levels of preparedness to respond to a bioterrorist attack. Officials reported deficiencies in capacity, communication, and coordination elements essential to preparedness and response, such as workforce shortages, inadequacies in disease surveillance and laboratory systems, and a lack of regional coordination and compatible communications systems. Some elements, such as those involving coordination efforts and communication systems, were being addressed more readily, whereas others, such as infrastructure and workforce issues, were more resource-intensive and therefore more difficult to address. Cities with more experience in dealing with public health emergencies were generally better prepared for a bioterrorist attack than other cities, although deficiencies remain in every city."

Online

http://purl.access.gpo.gov/GPO/LPS36529 (PDF)

http://www.gao.gov/cgi-bin/getrpt?GAO-03-373 (PDF)

http://www.gao.gov/new.items/d03373.pdf (PDF)

BIOTERRORISM: PUBLIC HEALTH AND MEDICAL PREPAREDNESS. U.S. General Accounting Office. 9 October 2001. Washington, DC: U.S. General Accounting Office, 2001. [Testimony].

SuDoc# GA 1.5/2: GAO-02-141 T

"…we found emerging concerns about the preparedness of state and local jurisdictions, including insufficient state and local planning for response to terrorist events, a lack of hospital participation in training on terrorism and emergency response…"

Online

http://purl.access.gpo.gov/GPO/LPS17900 (PDF)

BIOTERRORISM: PUBLIC HEALTH RESPONSE TO ANTHRAX INCIDENTS OF 2001. U.S. General Accounting Office. October 2003. Washington, DC: U.S. General Accounting Office, 2003. 48p. [Report].

SuDoc# GA 1.13: GAO-04-152

"Local and state public health officials in the epicenters of the anthrax incidents identified strengths in their responses as well as areas for improvement. These

officials said that although their preexisting planning efforts, exercises, and previous experience in responding to emergencies had helped promote a rapid and coordinated response, problems arose because they had not fully anticipated the extent of coordination needed among responders and they did not have all the necessary agreements in place to put the plans into operation rapidly. Officials also reported that communication among response agencies was generally effective but public health officials had difficulty reaching clinicians to provide them with guidance."

Online

http://purl.access.gpo.gov/GPO/LPS38212 (PDF)

http://www.gao.gov/new.items/d04152.pdf (PDF)

BIOTERRORISM-RELATED ANTHRAX. U.S. Department of Health and Human Services. *Emerging Infectious Diseases.* Vol. 8, No. 10, October 2002. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2002. [Entire Issue].

SuDoc# HE 20.7817: 8/10

"In this issue of Emerging Infectious Diseases, numerous individuals involved in the public health aspect of the anthrax investigation document their experiences. Articles describe the epidemiologic and laboratory investigations, applied research findings, environmental assessment and remediation experiences, workplace safety issues, prophylaxis and clinical care information, international aspects, and collaborations between law enforcement and public health officials. The articles also highlight the widespread efforts made to identify the source of exposure and prevent illness among those exposed. While many of the individuals involved in this effort are acknowledged in these articles, many others are not, including the large numbers of medical, public health, law enforcement, and emergency response personnel throughout the country and the world who dealt with the numerous hoaxes perpetrated in the weeks following the attack. We recognize and thank them for their heroic efforts."

Online

http://www.cdc.gov/ncidod/EID/vol8no10/contents_v8n10.htm

BIOTERRORISM-RELATED INHALATIONAL ANTHRAX: THE FIRST 10 CASES REPORTED IN THE UNITED STATES. U.S. Department of Health and Human Services. John A. Jernigan, et al. *Emerging Infectious Diseases.* Vol. 7, No. 6, 2001. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2001. p.933-944. [Article].

SuDoc# HE 20.7817: 7/6

"Research describing the clinical presentation and course of the first ten cases of bioterrorism-related inhalational anthrax resulting from the intentional delivery of B. anthracis spores through mailed letters or packages."

Online

http://www.cdc.gov/ncidod/EID/vol7no6/jernigan.htm

BIOTERRORISM: REVIEW OF PUBLIC HEALTH PREPAREDNESS PROGRAMS. U.S. General Accounting Office. 10 October 2001. Washington, DC: U.S. General Accounting Office, 2001. 26p. [Testimony].

SuDoc# GA 1.5/2: GAO-02-149 T

The activities of federal agencies to prepare the nation to respond to the public health and medical consequences of a bioterrorist attack.

Online

http://purl.access.gpo.gov/GPO/LPS16041 (PDF)

BIOTERRORISM, 2001. U.S. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, and Education, and Related Agencies. 107th Congress, 1st Session, 3 & 28 October; 2 & 29 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 255p. [Hearing].

SuDoc# Y 4. AP 6/2: S.HRG.107-452

"Unlike the assaults on New York and Washington, a biological attack would not be accompanied by explosions and police sirens. Instead, terrorists could release a lethal bioweapon in a crowded shopping mall or subway station. They might expose millions to the deadly microbes by spraying a biological weapon over a city. In the days that followed, victims of emergency room [sic], complaining of mild fevers, aches in the joints or perhaps a sore throat. Doctors need to be well aware of the symptoms of a bioterrorist attack, or precious hours will be lost as doctors try to diagnose their patients."

Online

http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.88&filename=77048.pdf&directory=/diskc/wais/data/107_senate_hearings (PDF)

CAPITOL HILL ANTHRAX INCIDENT: EPA'S CLEANUP WAS SUCCESSFUL; OPPORTUNITIES EXIST TO ENHANCE CONTRACT OVERSIGHT. U.S. General Accounting Office. June 2003. Washington, DC: U.S. General Accounting Office, 2003. 41p. [Report].

SuDoc# GA 1.13: GAO-03-686

"EPA spent about $27 million on the Capitol Hill anthrax cleanup, using funds from its Superfund program. From the outset, many uncertainties were associated with the cleanup effort, including how to remove anthrax from buildings. EPA revised its November 2001 estimate of $5 million several times during the cleanup as the nature and extent of the contamination became fully known and the solutions to remove and properly dispose of the anthrax were agreed upon and carried out. To conduct the cleanup, EPA relied extensively on the existing competitively awarded Superfund contracts it routinely uses to address threats posed by the release of hazardous substances. Specifically, about 80 percent of the contract costs were incurred under 10 of EPA's existing Superfund contracts."

Online

http://www.gao.gov/cgi-bin/getrpt?GAO-03-686 (PDF)

http://purl.access.gpo.gov/GPO/LPS37289 (PDF)

http://www.gao.gov/new.items/d03686.pdf (PDF)

CATASTROPHIC BIOTERRORISM—WHAT IS TO BE DONE? U.S. Department of Defense. Richard Danzig. August 2003. Washington, DC: Center for Technology and National Security Policy, National Defense University; U.S. Government Printing Office, 2003. 30p. [Monograph].

SuDoc# D 5.402: B 52/2

"Biological terrorism affords the possibility of repeated attack, undermining confidence and forcing ever-escalating investments of resources to achieve a modicum of defense. If, during a period of recurring biological attack, we are inadequately prepared, then the psychologically and politically corrosive consequences of the attack will be amplified, as our population will ask: why wasn't more done? In the extreme but chillingly plausible case, an unprecedented effect may be achieved: our national power to manage the consequences of repeated biological attacks could be exhausted while the terrorist ability to reload remains intact. This paper is designed to suggest how we can better prepare for such attacks."

CDC'S STRATEGIC PLAN FOR BIOTERRORISM PREPAREDNESS AND RESPONSE. U.S. Department of Health and Human Services. Jeffrey Koplan. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.9-16. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Summary of past and current CDC efforts to prepare for bioterrorist attacks.

CHALLENGES CONFRONTING PUBLIC HEALTH AGENCIES. U.S. Department of Health and Human Services. Margaret A. Hamburg. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.59-63. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The competing demands and responsibilities of public health agencies to the terrorist threat, what resources are available, how the new mission fits with the profession's traditional goals and characteristics, and what is left to be done to face the threat of terrorism.

CHEMICAL AND BIOLOGICAL DEFENSE: DOD MEDICAL READINESS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans' Affairs, and International Relations. 107th Congress, 1st Session, 7 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 59p. [Hearing].

SuDoc# Y 4. G 74/7: C 42/4

"The war against terrorism is being fought against an unconventional enemy with no compunction about using unconventional weapons. Those being sent to fight the war deserve to know medical support will be available whether they face tanks or toxins, mines or microbes."

Online

http://purl.access.gpo.gov/GPO/LPS25139 (PDF)

CHEMICAL AND BIOLOGICAL DEFENSE: EMPHASIS REMAINS INSUFFICIENT TO RESOLVE CONTINUING PROBLEMS. U.S. General Accounting Office. March 1996. Washington, DC: U.S. General Accounting Office, 1996. 42p. [Report].

SuDoc# GA 1.13: NSIAD-96-103

"Although DOD is taking steps to improve the readiness of U.S. ground forces to conduct operations in a chemical or biological environment, serious weaknesses remain. Many early deploying active and reserve units do not possess the amount of chemical and biological equipment required by regulations, and new equipment development and procurement are often proceeding more slowly than planned."

Online

http://purl.access.gpo.gov/GPO/LPS26583 (PDF)

CHEMICAL AND BIOLOGICAL DEFENSE: EMPHASIS REMAINS INSUFFICIENT TO RESOLVE CONTINUING PROBLEMS: STATEMENT OF MARK E. GEBICKE, DIRECTOR, MILITARY OPERATIONS AND CAPABILITIES ISSUES, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 12 March 1996. Washington, DC: U.S. General Accounting Office, 1996. 9p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-96-123

"This situation is a result of the inconsistent but generally lower priority DOD—especially the Joint Chiefs of Staff (JCS) and the war-fighting Commanders-in-Chief (CINC)—assigns chemical and biological defense as evidenced by the limited funding, staffing, and mission priority chemical and biological defense activities receive. Shortcomings … are likely to continue unless the Secretary of Defense and the JCS Chairman specifically assign a higher priority to this area."

Online

http://purl.access.gpo.gov/GPO/LPS27279 (PDF)

CHEMICAL AND BIOLOGICAL DEFENSE FOR U.S. FORCES. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Procurement; Subcommittee on Military Research and Development. 106th Congress, 1st Session, 20 October 1999. Washington, DC: U.S. Government Printing Office, 2000. 96p. [Joint Hearing].

SuDoc# Y 4. AR 5/2 A: 999-2000/51

"To gain an understanding of the threat to U.S. military forces posed by the proliferation of chemical and biological weapons, their preparedness to fight on a battlefield under threat of use of chemical or biological weapons, and the Department of Defense (DOD's) program for improving the chem.-bio defenses of U.S. forces."

CHEMICAL AND BIOLOGICAL DEFENSE: OBSERVATIONS ON ACTIONS TAKEN TO PROTECT MILITARY FORCES: STATEMENT OF NORMAN J. RABKIN, DIRECTOR, NATIONAL SECURITY PREPAREDNESS ISSUES, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 10 October 1999. Washington, DC: U.S. General Accounting Office, 1999. 10p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-00-49

"In August of this year we reported on the extent to which DOD has applied the Government Performance and Results Act's outcome-oriented principles to its Chemical and Biological Defense Program. We concluded that the program in general, and its research and development activities in particular, had not incorporated key Results Act principles, as evidenced by the fact that the goals of the program were vague and unmeasurable and did not articulate specific desired impacts. We also pointed out that the program was not being evaluated according to its impact on the defensive or operational capabilities of U.S. forces, either individually or collectively."

Online

http://purl.access.gpo.gov/GPO/LPS15061 (PDF)

CHEMICAL AND BIOLOGICAL DEFENSE: OBSERVATIONS ON DOD'S PLANS TO PROTECT U.S. FORCES: STATEMENT OF MARK E. GEBICKE, DIRECTOR, MILITARY OPERATIONS AND CAPABILITIES ISSUES, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 17 March 1998. Washington, DC: U.S. General Accounting Office, 1998. 2p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-98-83

"DOD has moved in the right direction in increasing its emphasis on improving its chemical and biological defense capabilities. Increased emphasis by the commanders in chief in their areas of responsibility, a DOD-wide spending increase leading to increased numbers of fielded chemical and biological detection and protective equipment, and planned procurements of equipment over the next several years will make U.S. forces better prepared to deal with chemical and biological weapons than in the past."

Online

http://purl.access.gpo.gov/GPO/LPS14530 (PDF)

CHEMICAL AND BIOLOGICAL EQUIPMENT: PREPARING FOR A TOXIC BATTLEFIELD. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 2nd Session, 1 October 2002. Washington, DC: U.S. Government Printing Office, 2003. 160p. [Hearing].

SuDoc# Y 4. G 74/7: C 41/5

"Despite prolonged and costly efforts to improve CB defense doctrines, tactics, and materiel, seemingly intractable problems still plague the effort to defend against chemical and biological weapons attacks. Research and development remains unfocused and in some instances duplicative."

Online

http://purl.access.gpo.gov/GPO/LPS35865 (PDF)

CHEMICAL AND BIOLOGICAL WEAPONS THREAT: THE URGENT NEED FOR REMEDIES. U.S. Congress. Senate. Committee on Foreign Relations. 101st Congress, 1st Session, 24 January; 1 March; 9 May 1989. Washington, DC: U.S. Government Printing Office, 1989. 257p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.101-252

"Chemical weapons proliferation is part of the disturbing trend of weapons development in Third World countries. Currently, we believe that as many as 20 countries may be developing chemical weapons, and we expect this trend to continue, despite ongoing multilateral efforts to stop their proliferation."

CHEMICAL/BIOLOGICAL/RADIOLOGICAL INCIDENT HANDBOOK (OCTOBER 1998). Central Intelligence Agency. Langley, Virginia: Central Intelligence Agency, 1998. [CIA Website].

SuDoc# PREX 3.8: 2002005524

"This handbook is intended to supply information to first responders to use in making a preliminary assessment of a situation when a possible chemical, biological agent, or radiological material is suspected. When evaluating and taking action against a possible chemical, biological, or radiological incident, your personal safety is of primary concern."

Online

http://purl.access.gpo.gov/GPO/LPS16176

http://www.cia.gov/cia/reports/cbr_handbook/cbrbook.htm

CHEMICAL WEAPONS: DOD DOES NOT HAVE A STRATEGY TO ADDRESS LOW-LEVEL EXPOSURES. U.S. General Accounting Office. September 1998. Washington, DC: U.S. General Accounting Office, 1998. 39p. [Report].

SuDoc# GA 1.13: NSIAD-98-228

"Members of Congress have raised concerns regarding the adequacy of Department of Defense (DOD) policy, doctrine, and technology to identify, prepare for, and defend troops against the possible adverse effects of exposure to low-level chemical warfare agents."

Online

http://purl.access.gpo.gov/GPO/LPS16543 (PDF)

CHEMICAL WEAPONS: FEMA AND ARMY MUST BE PROACTIVE IN PREPARING STATES FOR EMERGENCIES. U.S. General Accounting Office. August 2001. Washington, DC: U.S. General Accounting Office, 2001. 63p. [Report].

SuDoc# GA 1.13: GAO-01-850

The status of the Chemical Stockpile Emergency Preparedness Program, the progress of states and communities in the program toward being fully prepared, and the changes in federal management relations with the states and communities in the program.

Online

http://purl.access.gpo.gov/GPO/LPS17405 (PDF)

CHEMICAL WEAPONS PROLIFERATION. U.S. Congress. House. Committee on International Economic Policy and Trade. Subcommittee on Arms Control, International Security and Science; Subcommittee on International Economic Policy and Trade. 101st Congress, 1st Session, 4 May; 27 July, 1989. Washington, DC: U.S. Government Printing Office, 1990. 85p. [Hearing & Markup].

SuDoc# Y 4. F 76/1: C 42/4

"Iraqi use of chemical weapons, new chemical weapons production capabilities in Libya, persistent Department of Defense efforts to promote U.S. binary production, and reports of growing chemical weapons proliferation … all are signs of movement backwards to the World War I era of chemical weapons use; but the post-World War II U.S. foreign policy and arms control objective is to negotiate a worldwide ban on the production and use of chemical weapons. In effect, the world appears to be moving backwards."

CIA NATIONAL INTELLIGENCE ESTIMATE FOR FOREIGN MISSILE DEVELOPMENTS AND THE BALLISTIC MISSILE THREAT THROUGH 2015. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on International Security, Proliferation, and Federal Services. 107th Congress, 2nd Congress, 11 March 2002. Washington, DC: U.S. Government Printing Office, 2003. 55p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-467

"We all fear the spread of ballistic missiles and weapons of mass destruction, but our policy cannot be one of constructing moats against imagined threats. We must have a policy that counters real threats in an effective and cost efficient manner. Some of these dangers may, in the medium- to long-term, come from intercontinental ballistic missiles."

Online

http://purl.access.gpo.gov/GPO/LPS27020 (PDF)

A CITIZEN GUIDE TO DISASTER PREPAREDNESS. General Services Administration. April 2003. Washington, DC: General Services Administration, Federal Citizen Information Center, 2003. 30p. [Manual].

SuDoc# GS 11.8: D 62

In addition to providing guidance regarding preparation for natural disasters, this guide also includes information concerning preparations for acts of terrorism, including radiological materials dispersal, conventional bombings, and the chemical and biological terrorism.

Online

http://purl.access.gpo.gov/GPO/LPS31779

http://www.pueblo.gsa.gov/cic_text/family/disaster-guide/disasterguide.htm

THE CLEAN UP OF THE U.S. POSTAL SERVICE'S BRENTWOOD PROCESSING AND DISTRIBUTION CENTER. U.S. Congress. House. Committee on Government Reform. Subcommittee on the District of Columbia. 107th Congress, 2nd Session, 26 July 2002. Washington, DC: U.S. Government Printing Office, 2003. 127p. [Hearing].

SuDoc# Y 4. G 74/7: P 84/30

> "…there are many questions that remain unanswered following the anthrax tragedy … the health effects on employees and residents who may have been exposed, on what measures are planned to prevent any recurrence of a bioterrorist threat or events, and on what measures will be taken to protect the community from the substances to be used in the Brentwood decontamination process."

Online

http://purl.access.gpo.gov/GPO/LPS30777 (PDF)

CLINICAL AND EPIDEMIOLOGIC PRINCIPLES OF ANTHRAX. U.S. Department of Health and Human Services. Theodore J. Cieslak and Edward M. Eitzen, Jr. *Emerging Infectious Diseases.* Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.552-5. [Article].

SuDoc# HE 20.7817: 5/4

> "Anthrax, in the minds of most military and counterterrorism planners, represents the single greatest biological warfare threat. A World Health Organization report estimated that 3 days after the release of 50 kg of anthrax spores along a 2-km line upwind of a city of 500,000 population, 125,000 infections would occur, producing 95,000 deaths (5). This number represents far more deaths than predicted in any other scenario of agent release. Moreover, it has been estimated (6) that an aerial spray of anthrax along a 100-km line under ideal meteorologic conditions could produce 50% lethality rates as far as 160 km downwind. Finally, the United States chose to include anthrax in the now-defunct offensive biological weapons program of the 1950s, and the Soviet Union and Iraq also admitted to possessing anthrax weapons. An accident at a Soviet military compound in Sverdlovsk in 1979 resulted in at least 66 deaths due to inhalational anthrax, an inadvertent demonstration of the viability of this weapon. The epidemiology of this inadvertent release was unusual and unexpected. None of the persons affected were children (7). Whether this is due to differences in susceptibility between children and adults or purely to epidemiologic factors (children may not have been outdoors at the time of release) is unclear."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/cieslak.htm

COMBATING TERRORISM: ASSESSING THE THREAT. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 1st Session, 20 October 1999. Washington, DC: U.S. Government Printing Office, 2000. [Hearing].

SuDoc# Y 4. G 74/7: T 27/7

The General Accounting Office's effort to examine the scientific and practical aspects of terrorists carrying out large-scale chemical or biological attacks on U.S. soil. The degrees of difficulty terrorists face when trying to acquire, process, improvise, and disseminate certain chemical and biological agents to inflict mass casualties of 1,000 or more.

Online

http://purl.access.gpo.gov/GPO/LPS6688

http://purl.access.gpo.gov/GPO/LPS6689 (PDF)

COMBATING TERRORISM: ASSESSING THE THREAT OF A BIOLOGICAL WEAPONS ATTACK. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans' Affairs, and International Relations. 107th Congress, 1st Session, 12 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 88p. [Hearing].

SuDoc# Y 4. G 74/7: T 27/18

"Before September 11, assessing the threat of biological terrorism was disdained by some as little more than an academic or bureaucratic exercise. Today, as we worry about access to crop dusters and suspicious anthrax exposures in Florida, a clear-eyed, a fully informed view of the threat imposed by weaponized pathogens is a national security imperative. But we still have no comprehensive threat assessment and achieving that essential perspective remains a challenge. Assessing the threat of Bioterrorism requires a sober judgment about the motivations, intentions and capabilities of people so intoxicated with hate and evil, they would kill themselves in the act of killing others. The questions that confound the assessment process, when and where will terrorists use biological weapons against us, how will the agent be disbursed, for what type and magnitude of attack should we be prepared. Available answers offer little comfort and less certainty in assessing the threat."

Online

http://purl.access.gpo.gov/GPO/LPS25093 (PDF)

COMBATING TERRORISM: FEDERAL RESPONSE TO A BIOLOGICAL WEAPONS ATTACK. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 1st Session, 23 July 2001. Washington, DC: U.S. Government Printing Office, 2002. 198p. [Hearing].

SuDoc# Y 4. G 74/7: T 27/16

"Coming to grips with the needs of first responders, the role of the Governors, use of the National Guard, and the thresholds for Federal intervention in realistic exercises vastly increases our chances of responding effectively when the unthinkable but some say inevitable outbreak is upon us. The costs of an uncoordinated, ineffective response will be paid in human lives, civil disorder, loss of civil liberties and economic disruption that could undermine both national security and even national sovereignty."

Online

http://purl.access.gpo.gov/GPO/LPS24160 (PDF)

COMBATING TERRORISM: FEDERAL RESPONSE TEAMS PROVIDE VARIED CAPABILITIES; OPPORTUNITIES REMAIN TO IMPROVE COORDINATION. U.S. General Accounting Office. November 2000. Washington, DC: U.S. General Accounting Office, 2000. 77p. [Report].

SuDoc# GA 1.13: GAO-01-14

"Eight agencies have 24 types of teams that can respond to a terrorist incident involving chemical, biological, radiological, or nuclear agents or weapons to assist state and local governments. The characteristics of these teams vary. Specifically, teams vary in their size, composition of personnel, equipment, geographical coverage, transportation needs, and response time."

Online

http://www.gao.gov/new.items/d0114.pdf (PDF)

http://www.mipt.org/pdf/gao0114.pdf (PDF)

COMBATING TERRORISM: IMPLEMENTATION AND STATUS OF THE DEPARTMENT OF DEFENSE DOMESTIC PREPAREDNESS PROGRAM. U.S. Congress. House. Committee on Government Reform and Oversight. Subcommittee on National Security, International Affairs, and Criminal Justice. 105th Congress, 2nd Session, 2 October 1998. Washington, DC: U.S. Government Printing Office, 1999. 178p. [Hearing].

SuDoc# Y 4. G 74/7: T 27/4

"In light of the perceived increase in the probability of a terrorist attack on American soil involving weapons of mass destruction, today the subcommittee will examine several aspects of the Department of Defense Domestic Preparedness Program. Commonly referred to as the Nunn-Lugar-Domenici plan, it is designed to prepare local government authorities, such as police, fire, and emergency services personnel for a terrorist incident involving a chemical, biological, or nuclear weapon."

COMBATING TERRORISM: INDIVIDUAL PROTECTIVE EQUIPMENT FOR U.S. FORCES, INVENTORY AND QUALITY CONTROLS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 2nd Session, 21 June 2000. Washington, DC: U.S. Government Printing Office, 2001. 142p.[Hearing].

SuDoc# Y 4. G 74/7: T 27/11

> "So we continue our oversight of the chemical and biological defense program with these questions. Is the readiness of individual protective equipment a military priority today? Having placed top-level emphasis on the need for the anthrax vaccine, so-called "medical body armor," against one agent, has the Department of Defense [DOD], been as attentive to the need for reliable masks and suits that protect against all toxins and agents?"

Online

http://purl.access.gpo.gov/GPO/LPS13743

http://purl.access.gpo.gov/GPO/LPS13744 (PDF)

COMBATING TERRORISM: MANAGEMENT OF MEDICAL SUPPLIES. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 1st Session, 1 May 2001. Washington, DC: U.S. Government Printing Office, 2001. 88p.[Hearing].

SuDoc# Y 4. G 74/7: T 27/13

> "In the event of mass casualties inflicted through the use of chemical, biological, or radiological weapons, State and local public health officials will need help.They will look for timely access to Federal stockpiles of the antidotes, antibiotics, and vaccines necessary to save lives. Will those critical medicines get there in time? Last year we could not be certain. Weak internal controls, lax security, and sloppy inventory management practices increased the risks of stockpiling the wrong medicines, expired medicines, or not enough of the medicines needed to meet the consequences of a terrorist attack … The threat of domestic terrorism demands we amass and pre-position costly perishable medical supplies we hope never to use, but when called upon to stem the toll of a terrorist attack the stockpiles must arrive at the right place at the right time containing the types and amounts of medicines needed to save lives."

Online

http://purl.access.gpo.gov/GPO/LPS17270

http://purl.access.gpo.gov/GPO/LPS17271 (PDF)

COMBATING TERRORISM: NEED FOR COMPREHENSIVE THREAT AND RISK ASSESSMENTS OF CHEMICAL AND BIOLOGICAL ATTACKS. U.S. General Accounting

Office. September 1999. Washington, DC: U.S. General Accounting Office, 1999. 36p. [Report].

SuDoc# GA 1.13: NSIAD-99-163

"Reviews the scientific and practical aspects of a terrorist carrying out large-scale chemical or biological attacks on U.S. soil. Specifically examines the technical ease or difficulty for terrorists to acquire, process, improvise, and disseminate certain chemical and biological agents that might cause at least 1,000 casualties (physical injuries or death) without the assistance of a state-sponsored terrorist program."

Online

http://purl.access.gpo.gov/GPO/LPS17922 (PDF)

COMBATING TERRORISM: OBSERVATIONS ON BIOLOGICAL TERRORISM AND PUBLIC HEALTH INITIATIVES: STATEMENT OF HENRY L. HINTON, JR., ASSISTANT COMPTROLLER GENERAL, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 16 March 1999. Washington, DC: U.S. Government Printing Office, 1999. 12p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-99-112

"It is frightening to think that a lone terrorist or terrorist group might be able to improvise a biological weapon or use other means to spread anthrax, smallpox, or other biological agents to cause mass casualties and overwhelm the health care system in the United States."

Online

http://purl.access.gpo.gov/GPO/LPS17226 (PDF)

COMBATING TERRORISM: OBSERVATIONS ON THE THREAT OF CHEMICAL AND BIOLOGICAL TERRORISM: STATEMENT OF HENRY L. HINTON, JR., ASSISTANT COMPTROLLER GENERAL, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 20 October 1999. Washington, DC: U.S. Government Printing Office, 1999. 9p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-00-50

"According to the experts we consulted, in most cases terrorists would have to overcome significant technical and operational challenges to successfully make and release chemical or biological agents of sufficient quality and quantity to kill or injure large numbers of people without substantial assistance from a state sponsor."

Online

http://purl.access.gpo.gov/GPO/LPS15062 (PDF)

COMBATING TERRORISM: PREVENTING NUCLEAR TERRORISM. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 2nd Session, 24 September 2002. Washington, DC: U.S. Government Printing Office, 2003. 120p. [Hearing].

SuDoc# Y 4. G 74/7: T 27/21

> "As we will hear today from witnesses expert in nuclear programs and nonproliferation efforts, a global radiological bazaar has opened for business since the demise of the Soviet Union. The International Atomic Energy Agency has reported 17 confirmed incidents since 1993 involving diversion of plutonium or highly enriched uranium. Some of that material has never been recovered. More than 300 research reactors in 58 nations generate weapons-grade uranium kept under security arrangements ranging from adequate to appalling."

COMBATING TERRORISM: ROLE OF THE NATIONAL GUARD RESPONSE TEAMS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 23 June 1999. Washington, DC: U.S. Government Printing Office, 1999. 69p. [Hearing].

SuDoc# Y 4. G 74/7: T 27/5

> "State and local officials expressed widely varying degrees of confidence that a RAID team would arrive in time to be of real use in the critical early stages of situation assessment and lethal agent detection. Some viewed the RAID team mission as duplicative of growing State and local first-response capabilities … the Federal Emergency Management Agency … agreed that 'new chemical capabilities for the guard may not be necessary to support Federal operations.' GAO recommends a basic reassessment of the RAID team concept before the program is expanded. Others disagree. The Department of Defense sees a well-defined role for specifically trained National Guard units as an advance element of the overall support the Pentagon will inevitably be called upon to provide."

COMBATING TERRORISM: USE OF NATIONAL GUARD RESPONSE TEAMS IS UNCLEAR: STATEMENT OF MARK E. GEBICKE, DIRECTOR, NATIONAL SECURITY PREPAREDNESS ISSUES, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 23 June 1999. Washington, DC: U.S. General Accounting Office, 1999. 13p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-99-184

> "While DOD has defined the specific mission for the RAID teams, the plans for these relatively new teams and their implementation continue to evolve. We found that there are differing views among federal and state officials on the role and use of the RAID teams and how they will fit into state and federal plans to respond to WMD incidents."

Online

http://purl.access.gpo.gov/GPO/LPS24402 (PDF)

COMMAND AND CONTROL OF SOVIET NUCLEAR WEAPONS: DANGERS AND OPPORTUNITIES ARISING FROM THE AUGUST REVOLUTION. U.S. Congress. Senate. Committee on Foreign Relations. Subcommittee on European Affairs. 102nd Congress, 1st Session, 24 September 1991. Washington, DC: U.S. Government Printing Office, 1992. 25p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.102-402

> "Some 5,000 tactical warheads are in breakaway republics and over twice as many in Russia itself, where minorities also seek autonomy from Moscow. These weapons are small, they are transportable, and some have inadequate locking devices. Long-range missiles appear to be more secure, but with political loyalties in flux, a joint drawdown on strategic missiles offers the only real assurance."

COMPREHENSIVE MEDICAL CARE FOR BIOTERRORISM EXPOSURE—ARE WE MAKING EVIDENCED-BASED DECISIONS? WHAT ARE THE RESEARCH NEEDS? U.S. Congress. House. Committee on Government Reform. 107th Congress, 1st Session, 14 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 114p. [Hearing].

SuDoc# Y 4. G 74/7: M 46/26

> "We will be looking at how much we know about the safety and efficacy of all treatments of potential use in a bioterrorist attack. At the same time, there are complementary and nutritional approaches that may help minimize some of the side effects of conventional treatments like antibiotics. There are also some nutritional approaches that may improve the outcome of the conventional treatments. There is research evidence in both of these areas."

Online

http://purl.access.gpo.gov/GPO/LPS19246

http://purl.access.gpo.gov/GPO/LPS19247 (PDF)

CONSEQUENCE MANAGEMENT: DOMESTIC RESPONSE TO WEAPONS OF MASS DESTRUCTION. U.S. Department of Defense. Chris Seiple. *Parameters: US Army War College Quarterly*. Vol. 27, No. 3, Autumn 1997. Carlisle Barracks, Pennsylvania: U.S. Army War College, 1997. p.119-134. [Article].

SuDoc# D 101.72: 27/3

> "It is no longer a matter of if—but rather when—a weapon of mass destruction will be used against the people and institutions of the United States … The FBI is presently tracking several groups within the United States that have acquired, or

show an inclination to use, some type of weapon of mass destruction. The seemingly inevitable attempt by foreign or domestic terrorists to use such weapons inside the United States requires a candid discussion about how we as a nation are preparing to manage the consequences of such an incident. It is clear that we are not prepared … An incident will happen: WMD will be used against Americans in their own country. The time to manage the consequences is now. We will be capable of this daunting task only if we remain candid and open to discussion. The above recommendations—based on a look at the recent past through the prism of the Chemical-Biological Incident Response Force and the response structure of the Atlanta Olympics—suggest some of the tasks needed to get started. We understand that the emergence of consequence management means we live in an era of fundamentally new and transnational problems that demand new partners and new solutions. It is an age of borders violated and ethical and moral norms ignored. How we develop strategic initiatives and cooperate operationally will determine just how successful we are."

Online

http://carlisle-www.army.mil/usawc/Parameters/97autumn/seiple.htm

CRISIS RESPONSE CAPABILITIES TO DOMESTIC ACTS OF TERRORISM RELATED TO WEAPONS OF MASS DESTRUCTION. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Procurement. 102nd Congress, 2nd Session, 5 March 2002. Washington, DC: U.S. Government Printing Office, 2002. 121p. [Hearing].

SuDoc# Y 4. AR 5/2 A: 2001-2002/36

Discusses funding and other factors determining the capabilities of first responders, DOD, FEMA, emergency medical personnel, FBI, and Army National Guard Weapons of Mass Destruction Civil Support Teams (WMD-CST).

CUBA'S PURSUIT OF BIOLOGICAL WEAPONS: FACT OF FICTION? U.S. Congress. Senate. Committee on Foreign Relations. Subcommittee on Western Hemisphere, Peace Corps and Narcotics Affairs. 107th Congress, 2nd Session, 5 June 2002. Washington, DC: U.S. Government Printing Office, 2002. 45p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.107-736

"Cuba has several facilities involved in biologically related efforts in agriculture, medicine, and veterinary science which, as in any country, could be used for illicit purposes. This dual-use problem presents all who are committed to combating the BW threat with the dilemma of how best to assess the capabilities of any given facility against the intent to develop biological weapons … The nature of biological weapons makes it difficult to procure clear, incontrovertible proof that a country is engaged in illicit biological weapons research, production, weaponization, and stockpiling."

Online

http://purl.access.gpo.gov/GPO/LPS25269

http://purl.access.gpo.gov/GPO/LPS25270 (PDF)

THE DARK WINTER SCENARIO AND BIOTERRORISM. U.S. Congress. Senate. Committee on Armed Services. Subcommittee on Emerging Threats and Capabilities. 107th Congress, 1st Session, 25 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 40p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.107-431

> "Our subcommittee meets this morning to discuss the presentation of the Dark Winter exercise held earlier this summer to simulate the effects of a hypothetical biological warfare attack on the United States, using smallpox … The issue of bioterrorist attack is no longer hypothetical. It is happening around us. Although this Dark Winter scenario represents a fairly dire scenario, many of the issues raised in this study are the same ones we are confronting now at the Federal and state levels."

THE DECONTAMINATION OF ANTHRAX AND OTHER BIOLOGICAL AGENTS. U.S. Congress. House. Committee on Science. 107th Congress, 1st Session, 8 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 126p. [Hearing].

SuDoc# Y 4. SCI 2: 107-39

> "Specifically, this hearing will explore the challenges of decontaminating civilian facilities, the experience gained by the U.S. Army in decontaminating property at Fort Detrick, and the potential of new decontamination technologies and methods."

DEFENSE AGAINST TOXIN WEAPONS. U.S. Department of Defense. David R. Franz. Washington, DC: Veterinary Corps, U.S. Army, 1994. 53p. [Manual].

SuDoc# D 101.2: T 66

> "The purpose of this manual is to provide basic information on biological toxins to military leaders and health-care providers at all levels to help them make informed decisions on protecting their troops from toxins. Much of the information contained herein will also be of interest to individuals charged with countering domestic and international terrorism."

DEFENSE VACCINES: FORCE PROTECTION OR FALSE SECURITY? U.S. Congress. House. Committee on Government Reform. 106th Congress, 1st Session, 12 October 1999. Washington, DC: U.S. Government Printing Office, 2000. 228p. [Hearing].

SuDoc# Y 4. G 74/7: V 13/2

"To discuss the development of the U.S. defense vaccine policy. The Subcommittee on National Security, Veterans Affairs, and International Relations … has conducted a series of hearings looking at the Defense Department's current anthrax vaccine program. The full committee today will examine the overall picture of vaccines for defense."

Online

http://purl.access.gpo.gov/GPO/LPS6442

http://purl.access.gpo.gov/GPO/LPS6443 (PDF)

DEPARTMENT OF DEFENSE ANTHRAX VACCINE IMMUNIZATION PROGRAM. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Personnel. 106th Congress, 1st Session, 30 September 1999. Washington, DC: U.S. Government Printing Office, 2000. 362p. [Hearing].

SuDoc# Y 4. AR 5/2 A: 999-2000/22

"Anthrax vaccine is a biologic, and like all biological agents, there are side effects. Most are mild and self-limiting … If we are attacked with this agent, and we have a force that is vaccinated and properly protected, our soldiers, sailors, airmen and Marines will largely survive. If they are not vaccinated, they will inevitably die."

DEPARTMENT OF DEFENSE ANTHRAX VACCINE IMMUNIZATION PROGRAM. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Personnel. 106th Congress, 2nd Session, 13 July 2000. Washington, DC: U.S. Government Printing Office, 2001. 152p. [Hearing].

SuDoc# Y 4. AR 5/2 A: 999-2000/62

The overall military anthrax vaccination program and "the Department of Defense's approach to managing the dwindling supply of vaccine in the face of a continuing threat."

DEPARTMENT OF DEFENSE ANTHRAX VACCINE IMMUNIZATION PROGRAM. U.S. Congress. Senate. Committee on Armed Services. 106th Congress, 2nd Session, 13 April; 12 July 2000. Washington, DC: U.S. Government Printing Office, 2001. 244p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.106-886

Efficacy and safety of the anthrax vaccine. Progress thus far in the military personnel vaccination program.

THE DEPARTMENT OF DEFENSE ANTIBIOLOGICAL WARFARE AGENT VACCINE ACQUISITION PROGRAM. U.S. Congress. Senate. Committee on Armed Services.

Subcommittee on Personnel. 106th Congress, 2nd Session, 14 April 2000. Washington, DC: U.S. Government Printing Office, 2002. 33p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.106-1124

"The biological weapons threat is serious and potentially increasing in diversity and frequency. Currently, there are over 10 countries with known or suspected biological weapons programs. In addition, there are a number of non-national groups with access to such weapons. Assessing the threat is complicated by several interrelated changes, including the proliferation of weapons, technological advances, unstable political regimes, shifting regional power balances, and the increasing threat of terrorism. The threat will be exacerbated with continued and more frequent deployment of U.S. forces worldwide."

DEPARTMENT OF DEFENSE CHEMICAL AGENTS AND MUNITIONS DESTRUCTION PROGRAM. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Procurement. 106th Congress, 2nd Session, 21 September 2000. Washington, DC: U.S. Government Printing Office, 2001. 371p. [Hearing].

SuDoc# Y 4. AR 5/2 A: 999-2000/64

Review of the Department of Defense's program for destruction of the U.S. stockpile of lethal chemical warfare agents and munitions, chemical demilitarization, and chemical agents housed at Johnson Atoll in the Pacific southwest of Hawaii and eight sites in the continental United States.

DEPARTMENT OF DEFENSE SAFETY PROGRAMS FOR CHEMICAL AND BIOLOGICAL WARFARE RESEARCH. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on Oversight of Government Management. 100th Congress, 2nd Session, 27 & 28 July 1988. Washington, DC: U.S. Government Printing Office, 1988. 309p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.100-902

"Examining whether the Department of Defense is doing its job to ensure—to the extent possible—that the research that it sponsors in the area of chemical and biological warfare, or CBW, is being done in a safe manner."

DEPARTMENT OF DEFENSE'S SOLE-SOURCE ANTHRAX VACCINE. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 30 June 1999. Washington, DC: U.S. Government Printing Office, 1999. 73p. [Hearing].

SuDoc# Y 4. G 74/7: SO 4/5

"With no emergency production facility for the current vaccine and no alternative vaccine ready for use, the Pentagon is locked in a dependent relationship with

Bioport Corp., the newly privatized, apparently under-capitalized anthrax vaccine manufacturer."

DEPARTMENT OF ENERGY COUNTERINTELLIGENCE, INTELLIGENCE AND NUCLEAR SECURITY REORGANIZATION. U.S. Congress. Senate. Select Committee on Intelligence. 106th Congress, 2000. 77p. [Hearing].

SuDoc# Y 4. IN 8/19: S.HRG.106-592

"Proposals to reorganize the [Department of Energy's] counter intelligence, intelligence, and nuclear security functions" to counter the threat to Department of Energy labs.

DEVELOPING NEW SMALLPOX VACCINES. U.S. Department of Health and Human Services. Steven R. Rosenthal, et al. *Emerging Infectious Diseases.* Vol. 7, No. 6, 2001. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention. p.920-6. [Article].

SuDoc# HE 20.7817: 7/6

"New stockpiles of smallpox vaccine are required as a contingency for protecting civilian and military personnel against deliberate dissemination of smallpox virus by terrorists or unfriendly governments … the adverse events associated with calf-lymph propagated smallpox vaccine, the issues regarding selection and use of cell substrates for vaccine production, and the issues involved in demonstrating evidence of safety and efficacy."

Online

http://www.cdc.gov/ncidod/EID/vol7no6/rosenthal.htm

DEVELOPMENT OF ANTI-TERRORISM TOOLS FOR WATER INFRASTRUCTURE. U.S. Congress. House. Committee on Science. 107th Congress, 1st Session, 14 November 2001. Washington, DC: U.S. Government Printing Office, 2001. 86p. [Hearing].

SuDoc# Y 4. SCI 2: 107-29

Discussion of H.R. 3178, the Water Infrastructure Security and Research Development Act and the need for research related to the development of technologies to prevent and/or respond to both physical and electronic threats to drinking water and wastewater systems.

DIRTY BOMBS AND BASEMENT NUKES: THE TERRORIST NUCLEAR THREAT. U.S. Congress. Senate. Committee on Foreign Relations. 107th Congress, 2nd Session, 6 March 2002. Washington, DC: U.S. Government Printing Office, 2002. 68p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.107-575

"…the single most urgent threat we face is the access potential terrorists have to fissile material … We have to know exactly what the terrorists can do with nuclear materials, from the simplest application to the most sophisticated, and there are important steps we can take to stop them, from improving nuclear security in the former Soviet Union to thinking carefully about our response here at home, to combating the threat of nuclear terrorism, and make it much less destructive if it were to occur."

Online

http://purl.access.gpo.gov/GPO/LPS22119

http://purl.access.gpo.gov/GPO/LPS22121 (PDF)

DISARMING IRAQ: THE STATUS OF WEAPONS INSPECTIONS. U.S. Congress. House. Committee on International Relations. 105th Congress, 2nd Session, 15 September 1998. Washington, DC: U.S. Government Printing Office, 1999. 149p. [Hearing].

SuDoc# Y 4. IN 8/16: IR 1/9

"Despite the best efforts of UNSCOM and the IAEA, Iraq has not disclosed the full truth about its chemical and biological weapons programs. UNSCOM believes Iraq is probably concealing SCUD missiles, and questions remain about Iraq's nuclear programs. As long as Baghdad is under its present leadership, we must expect Iraq will reconstitute its weapons of mass destruction if given the opportunity. Iraq's goal is to gain relief from sanctions without revealing more about its weapons programs."

DOD CHEMICAL AND BIOLOGICAL DEFENSE PROGRAM: MANAGEMENT AND OVERSIGHT. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 2nd Session, 24 May 2000. Washington, DC: U.S. Government Printing Office, 2001. 66p. [Hearing].

SuDoc# Y 4. G 74/7: C 42/3

"The Persian Gulf war taught many important lessons about the effective use of our military strength, and about weaknesses in our chemical and biological—CB—defenses. Poor detection capability, bulky protective clothing, and limited supplies of medicines and decontaminants, among other problems, increased the vulnerability of U.S. forces to unconventional attack."

Online

http://purl.access.gpo.gov/GPO/LPS13012

http://purl.access.gpo.gov/GPO/LPS13013 (PDF)

DOD'S MANDATORY ANTHRAX VACCINE IMMUNIZATION PROGRAM FOR MILITARY PERSONNEL. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 29 April 1999. Washington, DC: U.S. Government Printing Office, 1999. 200p. [Hearing].

SuDoc# Y 4. G 74/7: AN 8/10

"The plan to immunize 2.4 million men and women against weaponized anthrax raises legitimate concerns about the safety and efficacy of the current vaccine when used for that purpose on that many people. To address those questions, we asked the General Accounting Office [GAO], to examine the data, supporting safety and efficacy claims and to gauge the impact of good manufacturing practice deviations on vaccine quality."

DOMESTIC RESPONSE CAPABILITIES FOR TERRORISM INVOLVING WEAPONS OF MASS DESTRUCTION. U.S. Congress. Senate. Committee on the Judiciary. Subcommittee on Technology, Terrorism, and Government Information. 107th Congress, 1st Session, 27 March 2001. Washington, DC: U.S. Government Printing Office, 2002. 42p. [Hearing].

SuDoc# Y 4. J 89/2: S.HRG.107-224

The findings of the congressionally mandated Advisory Panel to Assess Domestic Response Capabilities of Terrorism Involving Weapons of Mass Destruction, presented under the title, "Toward a National Strategy for Combating Terrorism." Looks at numerous recommendations made by the Panel aimed at strengthening the U.S. intelligence community's ability to gather information on terrorist organizations and share that information between the various agencies responsible for countering the terrorist threat, as well as between various Federal, State, and local entities, to enhance the nation's ability to respond to a catastrophic terrorist attack.

Online

http://purl.access.gpo.gov/GPO/LPS17608

http://purl.access.gpo.gov/GPO/LPS17609 (PDF)

EFFECTIVE RESPONSES TO THE THREAT OF BIOTERRORISM. U.S. Congress. Senate. Committee on Health, Education, Labor and Pensions. Subcommittee on Public Health. 107th Congress, 1st Session, 9 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 70p. [Hearing].

SuDoc# Y 4. L 11/4: S.HRG.107-440

"Our first priority must be to prevent an attack. That means enhancing our intelligence capability and our ability to infiltrate terrorist cells…We must also improve America's preparedness for bioterrorist attack … To improve detection, we should enhance the ability of health professionals to recognize the symptoms of a bioterrorist attack, identify biological weapons accurately, and communicate essential

medical information rapidly and securely. To improve the treatment of victims of a terrorist attack, we must strengthen our hospitals and emergency medical plans."

Online

http://purl.access.gpo.gov/GPO/LPS19931

http://purl.access.gpo.gov/GPO/LPS19932 (PDF)

THE EFFECTS OF NUCLEAR WEAPONS. U.S. Department of Defense. Samuel Glasstone and Philip J. Dolan, ed. Washington, DC: U.S. Department of Defense; U.S. Department of Energy, 1977. 653p. [Collection].

SuDoc# D 1.2: N 88/2

General principles and descriptions of nuclear explosions, air blast phenomena, structural damage from air blast, shock effects of surface and shallow underground bursts, thermal radiation effects, initial nuclear radiation, residual nuclear radiation and fallout, biological effects.

EFFECTS OF SARIN ON THE NERVOUS SYSTEM IN RESCUE TEAM STAFF MEMBERS AND POLICE OFFICERS 3 YEARS AFTER THE TOKYO SUBWAY SARIN ATTACK. U.S. Department of Health and Human Services. Yuji Nishiwaki, et al. *Environmental Health Perspectives.* Vol. 109, No. 11, 2001. Research Triangle Park, North Carolina: National Institute of Environmental Health Sciences, 2001. p.1169-1173. [Article].

SuDoc# HE 20.3559: 109/11

Scientific research into the effects of sarin through intentional terrorist exposure. Utilizes the results of memorization and psychometric tests to conclude that there is a positive statistical relationship between exposure to sarin gas and loss of memory.

Online

http://ehp.niehs.nih.gov/docs/2001/109p1169-1173nishiwaki/abstract.html

http://ehp.niehs.nih.gov/members/2001/109p1169-1173nishiwaki/EHP109p1169PDF.PDF (PDF)

EMERGENCY ROOM PROCEDURES IN CHEMICAL HAZARD EMERGENCIES: A JOB AID. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2002. [CDC Website].

A step-by-step guide for health professionals providing emergency room treatment to victims of chemical poisoning or attack.

Online

http://www.cdc.gov/nceh/demil/articles/initialtreat.htm

ENVISIONING WORLDWIDE DISARMAMENT. U.S. Department of Health and Human Services. Stansfield Turner. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.104-107. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The worldwide disarmament of chemical, biological, and nuclear weapons will not occur in the foreseeable future. Suggests that the U.S. establish a regime of punishments for the use of weapons of mass destruction. Also suggests that the U.S. government must ensure that it has the best intelligence possible about the development and possible use of weapons of mass destruction.

EPIDEMIC RESPONSE SCENARIO: DECISION MAKING IN A TIME OF PLAGUE. U.S. Department of Health and Human Services. Tara O'Toole and Thomas V. Inglesby. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.92-103. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Three of the most critical and complex issues that might arise in the management of an epidemic after a biological weapons attack on civilian populations: scarcity, containment of contagious disease, and decision-making processes.

EVALUATION OF BACILLUS ANTHRACIS CONTAMINATION INSIDE THE BRENTWOOD MAIL PROCESSING AND DISTRIBUTION CENTER—DISTRICT OF COLUMBIA, OCTOBER 2001. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* 21 December 2001. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/50

"During October 19--21, 2001, four postal workers at the Brentwood Mail Processing and Distribution Center in the District of Columbia were hospitalized with inhalational anthrax; two of the workers died. The building, which was closed on October 21, was believed to have been contaminated by a letter containing *Bacillus anthracis* spores sent to the Hart Senate Office Building (HSOB) that had passed through the postal facility on October 12. A second contaminated letter addressed to another U.S. senator that was processed through the same mail sorter and sort run as the first letter was discovered on November 17. This report describes the results of CDC's evaluation of *B. anthracis* in the facility, which showed widespread contamination of the facility and suggest that wipe samples and high efficiency particulate air (HEPA) vacuum samples complement each other in assessing contamination."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5050a1.htm

FACTS ABOUT BOTULISM. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# N/A

"Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called *Clostridium botulinum*. *There are three main kinds of botulism:* Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient. Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract. Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin."

Online

http://www.bt.cdc.gov/DocumentsApp/FactSheet/Botulism/about.asp

FACTS ABOUT PNEUMONIC PLAGUE. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# N/A

"Plague is an infectious disease that affects animals and humans. It is caused by the bacterium Yersinia pestis. This bacterium is found in rodents and their fleas and occurs in many areas of the world, including the United States. *Y. pestis* is easily destroyed by sunlight and drying. Even so, when released into air, the bacterium will survive for up to one hour, although this could vary depending on conditions. Pneumonic plague is one of several forms of plague. Depending on circumstances, these forms may occur separately or in combination…"

Online

http://www.bt.cdc.gov/DocumentsApp/FactSheet/Plague/About.asp

http://www.bt.cdc.gov/agent/plague/es/pdf/factsheet.pdf (PDF)

FAQ'S ABOUT ANTHRAX. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# N/A

"What is anthrax? Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax most commonly occurs in wild and domestic

lower vertebrates (cattle, sheep, goats, camels, antelopes, and other herbivores), but it can also occur in humans when they are exposed to infected animals or to tissue from infected animals or when anthrax spores are used as a bioterrorist weapon."

Online

http://www.bt.cdc.gov/DocumentsApp/FAQAnthrax.asp#topic16

FAQ's ABOUT SMALLPOX. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# N/A

"Smallpox is an acute, contagious, and sometimes fatal disease caused by the variola virus (an orthopoxvirus), and marked by fever and a distinctive progressive skin rash. In 1980, the disease was declared eradicated following worldwide vaccination programs. However, in the aftermath of the events of September and October, 2001, the U.S. government is taking precautions to be ready to deal with a bioterrorist attack using smallpox as a weapon. As a result of these efforts: 1) There is a detailed nationwide smallpox preparedness program to protect Americans against smallpox as a biological weapon. This program includes the creation of preparedness teams that are ready to respond to a smallpox attack on the United States. Members of these teams – health care and public health workers - are being vaccinated so that they might safely protect others in the event of a smallpox outbreak. 2) There is enough smallpox vaccine to vaccinate everyone who would need it in the event of an emergency."

Online

http://www.bt.cdc.gov/DocumentsApp/FAQSmallpox.asp?link#2&page#bio

http://www.bt.cdc.gov/agent/smallpox/overview/pdf/faq.pdf (PDF)

FEDERAL BIODEFENSE READINESS. U.S. Congress. Senate. Committee on Health, Education, Labor, and Pensions. 108th Congress, 1st Session, 24 July 2003. Washington, DC: U.S. Government Printing Office, 2003. 59p. [Hearing].

SuDoc# Y 4. L 11/4: S.HRG.108-126

"Examining Federal biodefense readiness, focusing on the public health workforce, the status of Centers for Disease Control terrorism preparedness and emergency response activities, the emergency communication system, smallpox preparedness, the food and drug administration's role in counterterrorism activities, vulnerability and threat assessments, laboratory enhancements, research, Operation Liberty Shield, and developing the research infrastructure."

Online

http://purl.access.gpo.gov/GPO/LPS39671 (PDF)

FEDERAL EFFORTS TO COORDINATE AND PREPARE THE UNITED STATES FOR BIOTERRORISM: ARE THEY READY? U.S. Congress. Senate. Governmental Affairs Committee; Subcommittee on International Security, Proliferation and Federal Services. 107th Congress, 1st Session, 17 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 186p. [Joint Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-213

> "…whether our government at all levels is organized adequately to respond to biological and chemical attacks on the American homeland … The sad fact is that we have now entered an era when the previously theoretical, with regard to chemical and biological attacks, has become altogether real."

Online

http://purl.access.gpo.gov/GPO/LPS22247

http://purl.access.gpo.gov/GPO/LPS22248 (PDF)

THE FEDERAL RESPONSE TO DOMESTIC TERRORISM INVOLVING WEAPONS OF MASS DESTRUCTION AND THE STATUS OF THE DEPARTMENT OF DEFENSE SUPPORT PROGRAM. U.S. Congress. House. Committee on National Security. Subcommittee on Military Research and Development. 105th Congress, 1st Session, 4 November 1997. Washington, DC: U.S. Government Printing Office, 1998. 270p. [Hearing].

SuDoc# Y 4. SE 2/1 A: 997-98/21

> "These are some of the issues that this country has got to come to grips with or we're going to face a major disaster … people who are skeptical and say that this won't happen, let me read for you a piece that I got from the Palestinian Resistance Movement that appeared in a publication in June 1996. The entire publication which I would put into the record at this point in time, without objection, is the 'Plan for Freeing the Palestinians from Zionism.' This published document talks about the tools of the plan—3 atom bombs, 2 warheads with nuclear charges, 10 small-strength nuclear charges, and 100 kilograms of plutonium. Many bacteriological and biological weapons and several civilian airplanes were acquired … The plan of action 'two civilian airplanes with well-known businessmen on board, kamikaze pilots, and also with nuclear weapons fly off at a specified time … The businessmen get off with the kamikaze pilots remaining on board … These airplanes will complete their flights over Tel Aviv and the western part of Jerusalem and will crash in the center of the city. In connection with this a powerful explosion will occur with mass destruction. The pilots will perish as heroes. Such is the plan that exists for freeing Palestine.' Actions after the explosion: '…Then the third remaining bomb will be used against one of the U.S. cities. It is possible that this will be New York or Washington … Thanks to the collapse of the U.S.S.R., today we have an atomic weapon …' Then

they went on to put a diagram in of the plan to inflict a nuclear strike. Now this was actually published in a document … But this is the reality we have to face."

FEMA'S ROLE IN MANAGING BIOTERRORIST ATTACKS AND THE IMPACT OF PUBLIC HEALTH CONCERNS ON BIOTERRORISM PREPAREDNESS. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on International Security, Proliferation, and Federal Services. 107th Congress, 1st Session, 23 July 2001. Washington, DC: U.S. Government Printing Office, 2001. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-142

The Federal Emergency Management Agency and Department of Health and Human Services describe what the U.S. government is doing to prepare local communities for bioterrorism.

Online

http://purl.access.gpo.gov/GPO/LPS15902

http://purl.access.gpo.gov/GPO/LPS15903 (PDF)

FIGHTING BIOTERRORISM: USING AMERICA'S SCIENTISTS AND ENTREPRENEURS TO FIND SOLUTIONS. U.S. Congress. Senate. Committee on Commerce, Science, and Transportation. Subcommittee on Science, Technology, and Space. 107th Congress, 2nd Session, 5 February 2002. Washington, DC: U.S. Government Printing Office, 2004. 80p. [Hearing].

SuDoc# Y 4. C 73/7: S.HRG.107-1028

"The mitigation of acts of bioterrorism can be viewed broadly as a problem of resource allocation under budget constraints. No community in America will ever develop the capacity to take care of 20,000 extra patients … Preparedness will not mean having beds waiting in reserve on empty wards, but it will mean being able to quickly reorganize the assets at hand and maximize their utility. This will mean, in the first place, knowing what assets exist. We have advocated actually the creation in every community of a medical registry, a census of the total available medical assets, including doctors and nurses and pharmacists, but also retired and otherwise inactive professionals, including hospital beds, but also decommissioned wards, potential auxiliary facilities, and including such things as quarantine facilities, staging areas, evacuation routes, and supply depots. Knowing what we have will improve our capacity to use it, and it will also let us make the hard choices that may need to be made with as much confidence as we can muster."

FURTHERING PUBLIC HEALTH SECURITY: PROJECT BIOSHIELD. U.S. Congress. House. Committee on Energy and Commerce. Subcommittee on Health; Subcommittee on Emergency Preparedness and Response. 108th Congress, 1st Session, 27 March 2003. Washington, DC: U.S. Government Printing Office, 2003. 117p. [Joint Hearing].

SuDoc# Y 4. C 73/8: 108-11

"The possibility that our enemies might attack us with biological weapons remains a very significant threat. Unfortunately, while there has been tremendous and rapid progress in the treatment of many serious naturally occurring diseases, the medical treatments available for some types of bioterrorist attacks have improved little in decades."

Online

http://purl.access.gpo.gov/GPO/LPS34172

http://purl.access.gpo.gov/GPO/LPS34173 (PDF)

GERMS, TOXINS AND TERROR: THE NEW THREAT TO AMERICA. U.S. Congress. Senate. Committee on the Judiciary. Subcommittee on Technology, Terrorism, and Government Information. 107th Congress, 1st Session, 6 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 74p. [Hearing].

SuDoc# Y 4. J 89/2: S.HRG.107-656

"We need to explore how the federal government can encourage private sector companies to develop technologies to scan and detect these agents. We need to examine the commercial sale of equipment—aerosol sprayers, for example—used to disperse and aerosolize these agents. We need to beef up needed stockpiles of vaccines and better educate public health personnel. As a matter of fact, the testimony that we have had today indicates that the weakest link in our chain are local and state public health offices."

Online

http://purl.access.gpo.gov/GPO/LPS23563

http://purl.access.gpo.gov/GPO/LPS23564 (PDF)

GLOBAL SPREAD OF CHEMICAL AND BIOLOGICAL WEAPONS. U.S. Congress. Senate. Committee on Governmental Affairs. Permanent Subcommittee on Investigations. 101st Congress, 1st Session, 9 & 10 February 1989. Washington, DC: U.S. Government Printing Office, 1990. 746p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.101-744

"…you could take 1 ounce of some biological material, which could easily be smuggled into the country in just a pocket flask without detection at airports, and combine it with a half-a-gallon or so of growth medium for that biological material. When properly grown and disseminated, you could sicken or kill perhaps as much as 95-percent of a population of a city the size of Washington, D.C. Now, that is what we are up against. We are talking about very tiny amounts of material that will do

enormous amounts of damage. How can we expect the CIA or anyone to be able to discover such small facilities, much less detect the very small vials passing through airports or other points of entry to our or any other country?"

GUIDE FOR THE SELECTION OF CHEMICAL AND BIOLOGICAL DECONTAMINATION EQUIPMENT FOR EMERGENCY FIRST RESPONDERS. U.S. Department of Justice. Alim A Fatah, et. al. October 2001. Washington, DC: U.S. Department of Justice, Office of Justice Program, National Institute of Justice, 2001. [Manual].

SuDoc# J 28.8/3: 103-00/v.1-2

Chemical agents, toxic industrial materials, biological agents, decontaminants and the decontamination process, emergency first responder initiatives for decontamination, and evaluation of varied equipment and selection factors.

Online

http://purl.access.gpo.gov/GPO/LPS16770

http://www.ncjrs.org/pdffiles1/nij/189724.pdf (PDF)

HHS MAY ACQUIRE MORE THAN 75 MILLION DOSES OF SMALLPOX VACCINE: AGREEMENT WOULD REQUIRE THAT VACCINE BE SAFE AND EFFECTIVE. U.S. Department of Health and Human Services. Washington, DC: U.S. Department of Health and Human Services, Press Office, 2002. [DHHS Website].

SuDoc# N/A

"HHS Secretary Tommy G. Thompson today announced that HHS intends to obtain more than 75 million additional doses of smallpox vaccine from Aventis Pasteur Inc., provided the decades-old vaccine supply is proven safe and effective."

Online

http://www.hhs.gov/news/press/2002pres/20020329.html

HOMELAND SECURITY: IMPROVING PUBLIC HEALTH SURVEILLANCE. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Emerging Threats and International Relations. 108th Congress, 1st Session, 5 May 2003. Washington, DC: U.S. Government Printing Office, 2003. 145p. [Hearing].

SuDoc# Y 4. G 74/7: H 75/19

"Our public health surveillance systems provide a critical piece of the public health infrastructure for recognizing and controlling deliberate bioterrorist threats as well as naturally occurring new or re-emerging diseases and other threats to health. We have made substantial progress to date in enhancing the nation's capability to detect and respond to problems that threaten the public's health … We are undertaking a critical

review of current efforts to determine what would be feasible and useful to implement more broadly. We are implementing the National Electronic Disease Surveillance System, which will provide direct linkages with the health care system, improving the timeliness, efficiency, and usefulness of our surveillance efforts. These cross-cutting efforts to build the surveillance infrastructure will be useful to detect any problem, not just potential bioterrorist events; the ongoing use of this surveillance infrastructure will ensure that it is familiar and functional should bioterrorist events continue to occur."

Online

http://purl.access.gpo.gov/GPO/LPS41865 (PDF)

HOSPITAL PREPAREDNESS FOR BIOTERRORISM. U.S. Department of Health and Human Services. James D. Bentley. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.36-9. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

"What happens when, despite best detection, prevention, and information, people get sick in a bioterrorism attack and end up in the hospital"—the challenges facing hospitals as they confront the potential for bioterrorism.

HOW CAN THE FEDERAL GOVERNMENT BETTER ASSIST STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL, OR NUCLEAR ATTACK? U.S. Congress. House. Committee on Government Reform. 107th Congress, 2nd Session, 24 October 2002. Washington, DC: U.S. Government Printing Office, 2002. 19p. [Report].

SuDoc# Y 1.1/8: 107-766

"Although many issues were discussed throughout the field hearings, first responders highlighted several significant concerns. They included: (1) the lack of interoperable communications systems; (2) the inability of the health care system to handle a massive influx of victims; (3) the need for fast, reliable intelligence sharing; and (4) the need for Federal emergency planning guidelines, standards and best practices. In addition, first responders said the Federal Government could provide more effective assistance if: (1) Federal funding programs had greater flexibility; (2) the Federal Government had a single point of contact to apply for Federal grants, awards and training programs; and (3) the Federal Government encouraged more fully a regional, all-hazards approach to emergency preparedness."

Online

http://purl.access.gpo.gov/GPO/LPS25075

http://purl.access.gpo.gov/GPO/LPS25076 (PDF)

HOW EFFECTIVELY ARE FEDERAL, STATE AND LOCAL GOVERNMENTS WORKING TOGETHER TO PREPARE FOR A BIOLOGICAL, CHEMICAL, OR NUCLEAR ATTACK? U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 107th Congress, 2nd Session, 1 March 2002. Washington, DC: U.S. Government Printing Office, 2002. 161p. [Hearing].

SuDoc# Y 4. G 74/7: G 74/25

> "The aftermath of September 11th clearly demonstrated the need for adequate communications systems and rapid deployment of well-trained emergency personnel. Yet despite billions of dollars in spending on Federal Emergency Programs, there remain serious doubts as to whether the Nation is equipped to handle a massive chemical, biological or nuclear attack. Today, the subcommittee will examine how effectively Federal, State and local agencies are working together to prepare for emergencies."

Online

http://purl.access.gpo.gov/GPO/LPS25557 (PDF)

HOW EFFECTIVELY ARE FEDERAL, STATE AND LOCAL GOVERNMENTS WORKING TOGETHER TO PREPARE FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK? U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 107th Congress, 2nd Session, 22 March 2002. Washington, DC: U.S. Government Printing Office, 2003. 147p. [Hearing].

SuDoc# Y 4. G 74/7: G 74/25/2002-2

> "The challenge of providing State and local governments with access to sensitive national security information that is nonetheless vital for their citizens … we can help them better face their challenges in terrorism by better sharing information, but they can also help us, and that is the last point here … Basically the State and local governments have vital resources. They are essential to help us interdict and prevent terrorism as well. With 600,000 local police officers, 200,000 sheriff staff, you have really the resources to know better what is going on in communities than the Federal Government does."

Online

http://purl.access.gpo.gov/GPO/LPS31074 (PDF)

HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK? U.S. Congress. House Subcommittee on Government Efficiency, Financial Management and

Intergovernmental Relations. 107th Congress, 2nd Session, 1 July 2002. Washington, DC: U.S. Government Printing Office, 2003. 114p. [Hearing].

SuDoc# Y 4. G 74/7: B 52/6/2002

> "The front line of response in most disasters is local government. We see this again and again as hurricanes, tornadoes and heat waves strike the cities. Local firefighters, police officers and emergency medical personnel are the first there to tend to those in need. Any response we make now must keep in mind that fact. Training, resources, and communications are key to disaster response and should be the centerpiece of our investment. The majority of that investment should be made at the local level."

Online

http://purl.access.gpo.gov/GPO/LPS34326 (PDF)

HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK?
U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 107th Congress, 2nd Session, 22 August 2002. Washington, DC: U.S. Government Printing Office, 2003. 168p. [Hearing].

SuDoc# Y 4. G 74/7: B 52/6/2002-4

> "The threat of further chemical and biological agents is real. The ease with which biological and chemical agents can be concealed and their potential to affect large segments of the population beyond those initially exposed only increases their appeal to terrorists. A terrorist attack using a deadly agent could kill or sicken millions of Americans. Many countries have developed biological warfare capabilities in spite of the fact that there are treaties against it."

Online

http://purl.access.gpo.gov/GPO/LPS34618 (PDF)

HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL OR NUCLEAR ATTACK?
U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 107th Congress, 2nd Session, 20 August 2002. Washington, DC: U.S. Government Printing Office, 2003. 160p. [Hearing].

SuDoc# Y 4. G 74/7: B 52/6/2002-5

> "The aftermath of September 11th clearly demonstrated the need for adequate communications systems and rapid deployment of well-trained emergency personnel. Yet despite billions of dollars in spending on Federal emergency programs, there

remain serious doubts as to whether the Nation is equipped to handle a massive chemical, biological or nuclear attack."

Online

http://purl.access.gpo.gov/GPO/LPS35549 (PDF)

HOW EFFECTIVELY IS THE FEDERAL GOVERNMENT ASSISTING STATE AND LOCAL GOVERNMENTS IN PREPARING FOR A BIOLOGICAL, CHEMICAL, OR NUCLEAR ATTACK? U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 2003. 122p.

SuDoc# Y 4. G 74/7: B 52/6/2002-3

"…the key thing is that GAO has been studying terrorism preparedness programs and counter-terrorism activities and has concluded and recommended for a number of years the importance of better Federal coordination. Both our work and the reports by emergency managers at the State level, as well as the experience of a lot of the exercises has shown that Federal programs have not been well coordinated, and organizations and different levels of government have not worked together as well as they could."

HOW TO VACCINATE 30,000 PEOPLE IN THREE DAYS: REALITIES OF OUTBREAK MANAGEMENT. Michael T. Osterholm. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.74-8. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Forethought concerning vaccinations must be stressed, as a vaccination program should be in place before mass vaccinations are needed. Otherwise, officials could find themselves too late to manage a mass outbreak of disease precipitated by terrorist actions.

THE IMPACT OF THE ANTHRAX VACCINE PROGRAM ON RESERVE AND NATIONAL GUARD UNITS. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs, and International Relations. 106th Congress, 1st Session, 29 September 1999. Washington, DC: U.S. Government Printing Office, 2000. 125p. [Hearing].

SuDoc# Y 4. G 74/7: AN 8/11

"The Anthrax Vaccine Immunization Program, which we refer to as AVIP, has two serious problems. Highly trained, veteran members of Reserve components, Reserve and National Guard units, are opting to leave military service, citing unresolved questions about the safety, efficacy and necessity of the anthrax vaccine program. And for those who are taking the vaccine, recent tracking data from the Department of Defense [DOD] confirms the worst fears of those who doubted the Department's

ability to keep accurate medical records and comply with the FDA-mandated inoculation schedule. How many are leaving? In some Air Guard units, attrition among pilots and technicians may be as high as 30 percent. But because phase I of the AVIP has reached only a small fraction of Reserve components, DOD appears unable, or unwilling, to discern a trend. So we asked the Department, and individual service members, to discuss the impact and implications of the AVIP to date on retention, readiness, and morale."

Online

http://purl.access.gpo.gov/GPO/LPS5784

http://purl.access.gpo.gov/GPO/LPS5785 (PDF)

IMPLEMENTATION OF SMALLPOX VACCINATION PLAN. U.S. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies. 108th Congress, 1st Session, 29 January 2003. Washington, DC: U.S. Government Printing Office, 2004. 65p. [Special Hearing].

SuDoc# Y 4. AP 6/2: S.HRG.108-221

"Smallpox is a deadly and disfiguring disease. It is contagious, and even though we had eradicated natural disease from the face of the earth, we know that it does pose a threat, that there is a possibility of a smallpox attack, and we must take steps to prepare our Nation and to protect our public. Now, preparedness really consists of four major components. We have got to have policies, we have got to have plans, we have got to have products such as vaccines and antidotes to the side effects, and we have got to have people who are prepared and trained to implement the program."

Online

http://purl.access.gpo.gov/GPO/LPS44068

http://purl.access.gpo.gov/GPO/LPS44069 (PDF)

INCREASING OUR NONPROLIFERATION EFFORTS IN THE FORMER SOVIET UNION. U.S. Congress. Senate. Committee on Foreign Relations. 107th Congress, 2nd Session, 23 April 2002. Washington, DC: U.S. Government Printing Office, 2002. 68p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.107-685

"When the Soviet Union collapsed, a massive military infrastructure geared toward a global confrontation lost its purpose overnight. Huge stockpiles of nuclear weapons and fissile material, poisonous chemical munitions, and illegally produced biological pathogens were no longer needed. As the culture of centralized control withered away in the newly democratic Russia, the security and safeguards for weapons storage facilities and laboratories began to weaken. Weapons scientists, who had devoted

their careers to the Soviet state, were left to drift and forced to moonlight to make a living."

Online

http://purl.access.gpo.gov/GPO/LPS24319

http://purl.access.gpo.gov/GPO/LPS24320 (PDF)

INDIA-PAKISTAN NUCLEAR PROLIFERATION. U.S. Congress. House. Committee on International Relations. Subcommittee on Asia and the Pacific. 105th Congress, 2nd Session, 18 June 1998. Washington, DC: U.S. Government Printing Office, 1998. 78p. [Hearing].

SuDoc# Y 4. IN 8/16: IN 2/7

"…a month before the tests took place, Pakistan tested its new Ghauri missile, a weapon named after a Muslim conqueror of India. All of the components and technology from the Ghauri came from China via North Korea … At the same time, Pakistan continued funding and equipping terrorists for attacks into the Kashmir Valley. For the past five years Pakistan has denied providing funding to terrorist groups in Kashmir. Now the Government of Pakistan announced that it was no longer aiding the Harkat-Ul-Ansar. This admission came only after the U.S. placed that group on the list of known terrorist organizations for kidnapping 4 people, including American Donald Hutchings."

INFECTIOUS DISEASE OUTBREAKS: BIOTERRORISM PREPAREDNESS EFFORTS HAVE IMPROVED PUBLIC HEALTH RESPONSE CAPABILITY, BUT GAPS REMAIN: STATEMENT OF JANET HEINRICH, DIRECTOR, HEALTH CARE, PUBLIC HEALTH ISSUES. U.S. General Accounting Office. 9 April 2003. Washington, DC: U.S. General Accounting Office, 2003. [Testimony].

SuDoc# GA 1.5/2: GAO-03-654 T

"The efforts of state and local public health agencies to prepare for a bioterrorist attack have improved the nation's capacity to respond to infectious disease outbreaks and other major public health threats, but gaps in preparedness remain. GAO found workforce shortages and gaps in disease surveillance and laboratory facilities. The level of preparedness varied across cities GAO visited. Jurisdictions that have had multiple prior experiences with public health emergencies were generally more prepared than others. GAO found that regional planning was generally lacking between states but that states were developing their own plans for receiving and distributing medical supplies for emergencies, as well as plans for mass vaccinations in the event of a public health emergency."

Online

http://purl.access.gpo.gov/GPO/LPS43543 (PDF)

http://www.gao.gov/new.items/d03654t.pdf (PDF)

http://www.gao.gov/cgi-bin/getrpt?GAO-03-654T (PDF)

INFECTIOUS DISEASES: A GROWING THREAT TO AMERICA'S HEALTH AND SECURITY. U.S. Congress. House. Committee on International Relations. 106th Congress, 2nd Session, 29 June 2000. Washington, DC: U.S. Government Printing Office, 2000. 132p. [Hearing].

SuDoc# Y 4. IN 8/16: D 63

> "Regarding the 747 and the case of meningitis, this was one of many cases of meningitis this year that have circulated around the world. After the Hajj in Mecca this year, there were over 500 pilgrims that returned to their countries in North America, Asia and Latin America and in Africa, with bacterial meningitis. Many of these people died and spread this disease elsewhere. Now, this was not bioterrorism, but bioterrorism will appear the same way. It will be an epidemic of disease occurring somewhere, and therefore we are working closely with CDC and with our other partners throughout the world to develop a network which will help us identify any infectious disease when it occurs and respond to that infectious disease on a global basis."

Online

http://purl.access.gpo.gov/GPO/LPS8516

http://purl.access.gpo.gov/GPO/LPS8286 (PDF)

INSTITUTIONAL NETWORKS: REGIONAL RESPONSE TO DISASTERS. U.S. Department of Health and Human Services. Jeffrey Rubin. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.45-8. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

> "California's experience and approach to developing regional and statewide response networks to disasters, particularly regarding cooperative strategies with hospitals, as guidelines for a larger federal effort."

INTERIM SMALLPOX RESPONSE PLAN AND GUIDELINES. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2002. [CDC Website].

SuDoc# N/A

> "This updated *Smallpox Response Plan and Guidelines* incorporates, and extends, many of the concepts and approaches that were successfully employed 30 to 40 years ago to control smallpox outbreaks. These overall concepts for outbreak containment contributed greatly to the eventual global eradication of smallpox. Thus, while this

document is an updated plan, many of the elements in the plan have been extensively and successfully utilized in prior decades. This document outlines the public health strategies that would guide the public health response to a smallpox emergency and many of the federal, state, and local public health activities that must be undertaken in a smallpox outbreak. This plan will continue to be updated to reflect changes in capacities and resources for responding to a smallpox emergency."

Online

http://www.bt.cdc.gov/DocumentsApp/Smallpox/RPG/index.asp (Word or PDF)

INTERNATIONAL COOPERATION TO PREVENT BIOLOGICAL WEAPONS RESEARCH AND DEVELOPMENT. U.S. Department of Health and Human Services. Amy E. Smithson. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.23-6. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The biological weapons proliferation problem and the programs meant to resolve that as well as the Soviet "brain-drain" problem and the potential risks to the United States posed by this phenomenon.

INTERNATIONAL LEADERSHIP IN THE CONTROL OF BIOLOGICAL WEAPONS. U.S. Department of Health and Human Services. Richard Butler. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.53-8. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Ambassador Butler discusses his experience in Iraq and elsewhere related to the international control of biological weapons and weapons of mass destruction.

INTERNATIONAL POLITICAL EFFECTS OF THE SPREAD OF NUCLEAR WEAPONS. Central Intelligence Agency. John Kerry King, ed. Washington, DC: Central Intelligence Agency, National Foreign Assessment Center; U.S. Government Printing Office, 1979. 234p. [Essays].

SuDoc# PREX 3.10: N 88

"Technological and economic considerations no longer prevent the acquisition of nuclear weapons by nations that do not have them. The technology is now widely known and generally accessible, and the cost is not prohibitive. For an increasing number of nations a decision to develop nuclear weapons rests on political and strategic factors. An important, high priority aspect of United States foreign policy is to stop, or to curtail, tendencies toward the spread of nuclear weapons and of weapons-related technology."

INTERNET POSTING OF CHEMICAL "WORST CASE" SCENARIOS: A ROADMAP FOR TERRORISTS. U.S. Congress. House. Committee on Commerce. Subcommittee on Health and the Environment. 106th Congress, 1st Session, 10 February 1999. Washington, DC: U.S. Government Printing Office, 1999. 114p. [Joint Hearing].

SuDoc# Y 4. C 73/8: 106-3

The potential danger that even the best intentions of the EPA concerning the dissemination of sensitive data may be overridden by new technology and the requirements of law. Posits that Internet access is not only a question of speed, but also a question of the ability to search for specific information using different variables and to perhaps rank and select targets for opportunity.

Online

http://purl.access.gpo.gov/GPO/LPS4505

http://purl.access.gpo.gov/GPO/LPS4506 (PDF)

INTERSTATE TRANSPORTATION OF HUMAN PATHOGENS. U.S. Congress. Senate. Committee on the Judiciary. 104th Congress, 2nd Session, 6 March 1996. Washington, DC: U.S. Government Printing Office, 1997. 45p. [Hearing].

SuDoc# Y 4. J 89/2: S.HRG.104-834

"This morning, the Judiciary Committee will examine concerns arising from the interstate transportation of human pathogens. It may surprise the American people to know that very dangerous, indeed deadly organisms which cause diseases and death in human beings are available for purchase across State lines not only by those with a legitimate use for them, but by anyone else. These organisms include the agents that cause the bubonic plague, anthrax, and other diseases. In fact, the Federal Government has more strict regulations on the interstate transportation of pathogens causing disease in plants and animals than it has for the interstate transportation of agents that cause disease in humans … Some of the biological agents we will discuss today may be usable as weapons of mass destruction by domestic terrorists and, of course, access to them should be regulated … The only restrictions on how a person may receive human pathogens across State lines … are imposed by the sellers of the pathogens themselves."

INVESTIGATING DISEASE OUTBREAKS UNDER A PROTOCOL TO THE BIOLOGICAL AND TOXIN WEAPONS CONVENTION. U.S. Department of Health and Human Services. Mary Wheelis. *Emerging Infectious Diseases.* Vol. 6, No. 6, 2000. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2000. p.595-600. [Article].

SuDoc# HE 20.7817: 6/6

"Thousands of outbreaks of disease occur annually among humans, domestic animals, crop plants, and wild animals and plants. The only outbreaks relevant to the weapons convention and its verification protocol are "suspicious" outbreaks, which have features suggesting an unnatural cause. The draft protocol calls for requests to investigate outbreaks to include "detailed evidence, and other information, and analysis that such an outbreak(s) of disease is not naturally occurring and is directly related to activities prohibited by the Convention" (6). Thus, very few outbreaks would likely become issues of treaty compliance. An outbreak might be suspicious because epidemiologic features suggest an unnatural origin. For example, in the 1979 anthrax outbreak in Sverdlovsk, former Soviet Union, the distribution of both human and animal cases in a narrow corridor downwind from a military microbiology facility was a strong indication of unnatural origin (11,12). Also, the etiologic agent may differ from agents naturally found in the environment, as would be the case if the agent were genetically engineered; in such an event, the unusual phenotype of the agent would signal something anomalous. Detailed molecular study, including DNA sequencing, should reveal the recombinant nature of the organism."

Online

http://www.cdc.gov/ncidod/eid/vol6no6/wheelis.htm

IRAN'S BALLISTIC MISSILE AND WEAPONS OF MASS DESTRUCTION PROGRAMS. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on International Security, Proliferation, and Federal Services. 106th Congress, 2nd Session, 21 September 2000. Washington, DC: U.S. Government Printing Office, 2001. 46p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.106-800

"Iran has made rapid progress in the development of longer-range ballistic missiles because of assistance from North Korea, Russia, and China … Iran also continues its aggressive pursuit of nuclear, biological, and chemical weapons."

Online

http://purl.access.gpo.gov/GPO/LPS10402

http://purl.access.gpo.gov/GPO/LPS10404 (PDF)

JOINT DOCTRINE FOR NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEFENSE. U.S. Department of Defense. 10 July 1995. Washington, DC: Joint Chiefs of Staff, 1995. [Manual].

SuDoc# D 5.12: 3-11

"This publication provides guidelines for the planning and execution of NBC defensive operations. It focuses on the NBC threat; national policy; and strategic, operational, and logistic considerations peculiar to the preparation and conduct of NBC defense … This publication has been prepared under the direction of the

Chairman of the Joint Chiefs of Staff. It sets forth doctrine to govern the joint activities and performance of the Armed Forces of the United States in joint operations as well as doctrinal basis for US military involvement in multinational and interagency operations."

LEGAL ISSUES SURROUNDING PUBLIC HEALTH EMERGENCIES. U.S. Department of Health and Human Services. David P.Fidler. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.79-86. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Weaknesses inherent in the U.S. legal system that pose challenges to prevention and response efforts. The need for a legal strategy to bolster U.S. national security against bioweapons.

LESSONS LEARNED FROM A FULL-SCALE BIOTERRORISM EXERCISE. U.S. Department of Health and Human Services. Richard E. Hoffman and Jane E. Norton. *Emerging Infectious Diseases.* Vol. 6, No. 6, 2000. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2000. p.652-3. [Article].

SuDoc# HE 20.7817: 6/6

"During May 20-23, 2000, local, state, and federal officials, and the staff of three hospitals in metropolitan Denver, participated in a bioterrorism exercise called Operation Topoff. As a simulated bioterrorist attack unfolded, participants learned that a *Yersinia pestis* aerosol had been covertly released 3 days earlier at the city's center for the performing arts, leading to >2,000 cases of pneumonic plague, many deaths, and hundreds of secondary cases. The exercise provided an opportunity to practice working with an infectious agent and to address issues related to antimicrobial prophylaxis and infection control that would also be applicable to smallpox or pandemic influenza."

Online

http://www.cdc.gov/ncidod/eid/vol6no6/hoffman.htm

LOOSE NUKES, BIOLOGICAL TERRORISM, AND CHEMICAL WARFARE: USING RUSSIAN DEBT TO ENHANCE SECURITY. U.S. Congress. House. Committee on International Relations. 107th Congress, 2nd Session, 25 July 2002. Washington, DC: U.S. Government Printing Office, 2002. 70p. [Hearing].

SuDoc# Y 4. IN 8/16: N 91

"And since Russia is a valuable partner in our war on terror, it is imperative that we assist it in improving the security of weapons usable materials. The Russian Federation Debt Reduction for Non-proliferation Act of 2002 is one such measure.

That act establishes within the Department of the Treasury the Russian non-proliferation investment facility for the purpose of providing for the Administration of Soviet era debt reduction and authorizes the President to reduce the amount of outstanding Soviet era debt owed by the Russian Federation to our nation for the purpose of facilitating debt-for-non-proliferation exchanges."

Online

http://purl.access.gpo.gov/GPO/LPS42849 (PDF)

http://wwwc.house.gov/international_relations/107/80966.pdf (PDF)

MEDICAL MANAGEMENT OF BIOLOGICAL CASUALTIES HANDBOOK. U.S. Department of Defense. July 1998. Fort Detrick, Frederick, Maryland: U.S. Army Medical Research Institute of Infectious Diseases, 1998. 151p. [Manual].

SuDoc# D 104.6/2: M 46/4/998

"The purpose of this handbook is to provide concise supplemental reading material to assist in education of biological casualty management. Every effort has been made to make the information in this handbook consistent with official policy and doctrine. The information contained in this handbook is not official Department of the Army policy or doctrine, and it should not be construed as such."

MEDICAL READINESS: SAFETY AND EFFICACY OF THE ANTHRAX VACCINE. U.S. General Accounting Office. Washington, DC: U.S. General Accounting Office, 1999. 7p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD-99-148

"The results of an ongoing examination of the safety and efficacy of the anthrax vaccine. Presents preliminary findings on the short- and long-term safety of the vaccine, the efficacy of the vaccine, and problems the Food and Drug Administration found in the vaccine production facility in Michigan that could compromise the safety, efficacy, and quality of the vaccine."

Online

http://purl.access.gpo.gov/GPO/LPS17888 (PDF)

MOBILIZING PROFESSIONAL COMMUNITIES. U.S. Department of Health and Human Services. John G. Bartlett. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.40-4. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The role of practicing medical professionals for bioterrorism defense. The reasons for some reluctance to participate in the planning process. Methods that would correct the perceived deficits.

MODELING POTENTIAL RESPONSES TO SMALLPOX AS A BIOTERRORIST WEAPON. U.S. Department of Health and Human Services. Martin I. Meltzer, et al. *Emerging Infectious Diseases.* Vol. 7, No. 6, 2001. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention. p.959-969. [Article].

SuDoc# HE 20.7817: 7/6

The results of a mathematical model describing the spread of smallpox after a deliberate release of the virus. The model predicts how long it would take vaccinations to stop the outbreak, how long it would take a combination plan of vaccination and quarantine to stop the outbreak, and how many doses of vaccine the nation should have available through stockpiling.

Online

http://www.cdc.gov/ncidod/EID/vol7no6/meltzer.htm

NATIONAL DISASTER MEDICAL SYSTEM. U.S. Department of Health and Human Services. Robert F. Knouss. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.49-52. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The functions of the Office of Emergency Preparedness (OEP) within the Department of Health and Human Services (DHHS), particularly as they relate to responses to any release of a weapon of mass destruction. Stresses the importance of being aware that an infrastructure is available to address consequences that will be created for the health care delivery system.

THE NATIONAL IMMUNIZATION PROGRAM. U.S. Congress. Senate. Committee on Health, Education, Labor, and Pensions. 107th Congress, 1st Session, 27 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 71p. [Hearing].

SuDoc# Y 4. L 11/4: S.HRG.107-198

"…recent concerns about the growing threat of bioterrorism and the need to direct Federal resources toward the development of vaccines against potential bioterrorist agents also has potential implications for our existing portfolio of vaccine research and our traditional methods of vaccine delivery."

NATIONAL LEADERSHIP IN CONFRONTING BIOTERRORISM: **1.** U.S. Department of Health and Human Services. John J. Hamre. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.112-115. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The political pressures created by the ability of poor and small nations to acquire biological weapons that ultimately neutralize the military advantage of possessing nuclear weapons held by larger, more developed nations.

NATIONAL LEADERSHIP IN CONFRONTING BIOTERRORISM: **2.** U.S. Department of Health and Human Services. Edward M. Kennedy. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.116-118. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Discussion of the Public Health Threats and Emergency Act of 2000, "aimed at better preparing local, state, and federal public health agencies, as well as implementing training in the treatment of disease caused by biological attack for doctors and nurses."

NATIONAL SECURITY IMPLICATIONS OF MISSILE PROLIFERATION. U.S. Congress. Senate. Committee on Foreign Relations. 101st Congress, 1st Session, 31 October 1989. Washington, DC: U.S. Government Printing Office, 1990. 88p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.101-912

"…the number of countries which have covert programs to develop and produce long-range missiles, biological weapons, and nuclear weapons is growing alarmingly … some element in the U.S. and foreign industry have been remarkably shortsighted in their attitudes toward this issue. Just as developing nations do not have the right to be centers of mass destruction, no industry has the right to be a merchant of mass destruction."

THE NEW TERRORISTS. U.S. Institute of Peace. *Peace Watch*. Vol. 4, No. 4, June 1998. Washington, DC: U.S. Institute of Peace, 1998. p.6. [Article].

SuDoc# Y 3. P 31: 15-2/V.4/NO.4

"Advanced industrial societies with dense population concentrations like the United States are especially vulnerable to terrorism with weapons of mass destruction … Terrorist incidents have increased internationally more than 300 percent in the past three decades, escalating from 8,114 incidents in the 1970s to over 27,000 in 1990-96 … A new breed of terrorists—religious and political extremists in the United States and their counterparts in other countries—appear increasingly interested in terrorizing and disrupting American society and government using weapons of mass destruction…"

Online

http://www.usip.org/peacewatch/1998/698/terror.html

NONPROLIFERATION, ARMS CONTROL, AND POLITICAL-MILITARY ISSUES. U.S. Congress. Senate. Committee on Foreign Relations. 106th Congress, 1st Session, 27 April 1999. Washington, DC: U.S. Government Printing Office, 2000. 36p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.106-264

> "In Russia, Department of Energy employees and laboratory experts are on the ground and actively working to improve the security of hundreds of tons of plutonium and highly enriched uranium at dozens of facilities. We are also working with thousands of former Soviet Union weapons scientists to provide them with non-weapons jobs and prevent them from straying into work with countries of proliferation concern. Here at home, we are accelerating our efforts to harness the skills of the national laboratories to meet the growing threats of chemical and biological weapons and the very serious risk that such weapons will be used on U.S. territory."

NONPROLIFERATION PROGRAMS OF THE DEPARTMENT OF STATE. U.S. Congress. Senate. Committee on Foreign Relations. 108th Congress, 1st Session, 19 March 2003. Washington, DC: U.S. Government Printing Office, 2003. 105p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.108-52

> "For more than 11 years, the United States has been engaged in efforts through the Nunn-Lugar Cooperative Threat Reduction Program to address proliferation at its most likely source, the former Soviet Union. Through these efforts, more than 6,000 warheads have been deactivated, numerous storage locations have been secured, and tens of thousands of former weapons scientists have been employed in peaceful endeavors."

Online

http://purl.access.gpo.gov/GPO/LPS34240 (PDF)

NONPROLIFERATION R&D: NNSA'S PROGRAM DEVELOPS SUCCESSFUL TECHNOLOGIES, BUT PROJECT MANAGEMENT CAN BE STRENGTHENED. U.S. General Accounting Office. August 2002. Washington, DC: U.S. General Accounting Office, 2002. [Report].

SuDoc# GA 1.13: GAO-02-904

> "This report examines the (1) funding the program received over the past 5 years and the program's distribution of this funding to the national laboratories and, for fiscal year 2002, throughout its three research areas; (2) extent to which the program

identifies users' needs and monitors project progress; and (3) views of federal, state, and local agencies of the usefulness of program-developed technology, particularly in light of heightened homeland security concerns following September 11, 2001."

Online

http://purl.access.gpo.gov/GPO/LPS33219 (PDF)

http://www.gao.gov/new.items/d02904.pdf (PDF)

NORTH KOREA NUCLEAR AGREEMENT. U.S. Congress. Senate Committee on Foreign Relations. 104th Congress, 1st Session, 24 & 25 January 1995. Washington, DC: U.S. Government Printing Office, 1995. 119p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.104-125

"…the purpose of this morning's hearing is to provide an opportunity for the administration to clarify to the American people and to Congress why it is that the agreed framework with North Korea is in the national interest of the United States. Several technical, financial, and legal questions remain…"

NORTH KOREAN MILITARY AND NUCLEAR PROLIFERATION THREAT: EVALUATION OF THE U.S.-DPRK AGREED FRAMEWORK. U.S. Congress. House. Committee on International Relations. Subcommittee on International Economic Policy and Trade; Subcommittee on Asia and the Pacific. 104th Congress, 1st Session, 23 February 1995. Washington, DC: U.S. Government Printing Office, 1995. 136p. [Joint Hearing].

SuDoc# Y 4. IN 8/16: K 84/6

"Let me explain some of the reason for our concern. North Korea is on the terrorist list. We have never in the past given oil, or economic assistance, or power stations to terrorist countries. And so from our standpoint, when we are talking about giving this assistance … Why do we say in the case of Korea that the light-water reactors present a minimal proliferation threat when we strongly oppose the provision of similar reactors to Iran by Russia? … What guarantees do we have, what can you promise us, in regard to the North Koreans stopping as a part of this agreement their development, delivery, and commerce in nuclear weapons, long range missiles, and otherwise sharing their technology …"

NORTH KOREA'S NUCLEAR WEAPONS PROGRAM. Library of Congress. Larry A. Niksch. 27 August 2003. Washington, DC: Congressional Research Service, Library of Congress, 2003. 15p. [Online Report].

SuDoc# LC 14.19/3: IB 91141

"The main elements of the Bush Administration policy are (1) terminating the Agreed Framework; (2) no negotiations with North Korea until it dismantles its nuclear

program; (3) assembling an international coalition to apply economic pressure on North Korea; (4) planning for future economic sanctions and military interdiction against North Korea; and (5) warning North Korea not to reprocess nuclear weapons-grade plutonium, including asserting that 'all options are open,' including military options."

Online

http://www.fas.org/spp/starwars/crs/IB91141.pdf (PDF)

http://fpc.state.gov/documents/organization/20365.pdf (PDF)

NOTICE TO READERS: CONSIDERATIONS FOR DISTINGUISHING INFLUENZA-LIKE ILLNESS FROM INHALATIONAL ANTHRAX. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 50, No. 44, 9 November 2001. Atlanta, Georgia: Centers for Disease Control and Prevention; U.S. Government Printing Office, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/44

"CDC has issued guidelines on the evaluation of persons with a history of exposure to *Bacillus anthracis* spores or who have an occupational or environmental risk for anthrax exposure (*1*). This notice describes the clinical evaluation of persons who are not known to be at increased risk for anthrax but who have symptoms of influenza-like illness (ILI). Clinicians evaluating persons with ILI should consider a combination of epidemiologic, clinical, and, if indicated, laboratory and radiographic test results to evaluate the likelihood that inhalational anthrax is the basis for ILI symptoms. ILI is a nonspecific respiratory illness characterized by fever, fatigue, cough, and other symptoms. The majority of ILI cases is not caused by influenza but by other viruses (e.g., rhinoviruses and respiratory syncytial virus [RSV]), adenoviruses, and parainfluenza viruses). Less common causes of ILI include bacteria such as *Legionella spp.*, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, and *Streptococcus pneumoniae*. Influenza, RSV, and certain bacterial infections are particularly important causes of ILI because these infections can lead to serious complications requiring hospitalization (*2*--*4*). Yearly, adults and children can average one to three and three to six ILI, respectively (*5*).

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5044a5.htm

NOTICE TO READERS: UPDATE: INTERIM RECOMMENDATIONS FOR ANTIMICROBIAL PROPHYLAXIS FOR CHILDREN AND BREASTFEEDING MOTHERS AND TREATMENT OF CHILDREN WITH ANTHRAX. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 50, No. 45, 16 November 2001. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/45

Methods to prevent the spread of anthrax among children and breastfeeding mothers, and post-contamination treatment for these groups.

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5045a5.htm

NUCLEAR AND MISSILE PROLIFERATION. U.S. Congress. Senate. Committee on Governmental Affairs. 101st Congress, 1st Session, 18 May 1989. Washington, DC: U.S. Government Printing Office, 1990. 90p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.101-562

"Our anxiety concerning the proliferation of these deadly weapons must be all the greater because they appear to be spreading into some of the most unstable areas of the world. In many instances, we are witnessing Third World nations developing nuclear weaponry either in response to a perceived threat or pursuit of a military, political objective. Both situations should cause great anxiety to any civilized Nation particularly since in several instances advancement in ballistic missile technology appears to be proceeding hand in hand with progress in nuclear technology."

NUCLEAR NONPROLIFERATION. U.S. Congress. House. Committee on Energy and Commerce. Subcommittee on Oversight and Investigations. 102nd Congress, 1st Session, 24 April 1991. Washington, DC: U.S. Government Printing Office, 1992. 752p. [Hearing].

SuDoc# Y 4. EN 2/3: 102-95

"The subcommittee has been concerned for a considerable period about lax safeguards and security at the Department of Energy's nuclear bomb sites, a matter which would allow terrorists or hostile parties to get their hands on plutonium and enriched uranium, which is desperately sought by nations who want to have a bomb."

NUCLEAR NONPROLIFERATION: IMPLICATIONS OF THE U.S. PURCHASE OF RUSSIAN HIGHLY ENRICHED URANIUM. U.S. General Accounting Office. December 2000. Washington, DC: U.S. General Accounting Office, 2000. 38p. [Report].

SuDoc# GA 1.13: GAO-01-148

"…affirms that 'The HEU agreement's implementation has had a beneficial impact on the national security of the United States'…The metrics are clear: the equivalent of 4,000 nuclear weapons has been removed since 1995 from Russia by processing highly enriched uranium from Russian weapons into commercial reactor fuel."

Online

http://purl.access.gpo.gov/GPO/LPS9579 (PDF)

NUCLEAR NONPROLIFERATION: STATUS OF U.S. EFFORTS TO IMPROVE NUCLEAR MATERIAL CONTROLS IN NEWLY INDEPENDENT STATES. U.S. General Accounting Office. March 1996. Washington, DC: U.S. General Accounting Office, 1996. 46p. [Report].

SuDoc# GA 1.13: NSIAD/RCED-96-89

"Safeguarding nuclear material that can be used directly in nuclear explosives has become a primary national security concern for the United States and the newly independent states of the former Soviet Union. Terrorists and countries seeking nuclear weapons could use as little as 25 kilograms of highly enriched uranium (HEU) or 8 kilograms of plutonium to build a nuclear explosive."

Online

http://purl.access.gpo.gov/GPO/LPS26155 (PDF)

NUCLEAR NONPROLIFERATION: U.S. AND INTERNATIONAL ASSISTANCE EFFORTS TO CONTROL SEALED RADIOACTIVE SOURCES NEED STRENGTHENING. U.S. General Accounting Office. May 2003. Washington, DC: U.S. General Accounting Office, 2003. [Report].

SuDoc# GA 1.13: GAO-03-638

"The precise number of sealed sources is unknown because many countries do not systematically account for them. However, nearly 10 million sealed sources exist in the United States and the 49 countries responding to a GAO survey. There is also limited information about the number of sealed sources that have been lost, stolen, or abandoned, but it is estimated to be in the thousands worldwide. Many of the most vulnerable sealed sources that could pose a security risk are located in the countries of the former Soviet Union."

Online

http://www.gao.gov/cgi-bin/getrpt?GAO-03-638 (PDF)

http://purl.access.gpo.gov/GPO/LPS37082 (PDF)

http://www.gao.gov/new.items/d03638.pdf (PDF)

NUCLEAR NONPROLIFERATION: U.S. EFFORTS TO HELP NEWLY INDEPENDENT STATES IMPROVE THEIR NUCLEAR MATERIAL CONTROLS: STATEMENT OF HAROLD J. JOHNSON, ASSOCIATE DIRECTOR, INTERNATIONAL RELATIONS AND TRADE ISSUES, NATIONAL SECURITY AND INTERNATIONAL AFFAIRS DIVISION. U.S. General Accounting Office. 13 March 1996. Washington, DC; Gaithersburg, Maryland: U.S. General Accounting Office, 1996. 4p. [Testimony].

SuDoc# GA 1.5/2: T-NSIAD/RCED-96-118

"In summary, social and economic changes in the newly independent states have increased the threat of theft and diversion of nuclear material, and with the breakdown of Soviet-era control systems, the newly independent states may not be as able to counter the increased threat. While there is no direct evidence that a black market for stolen or diverted nuclear material exists in the newly independent states, seizures of direct-use material in Russia and Europe have increased concerns about the adequacy of controls at nuclear facilities."

NUCLEAR NONPROLIFERATION: U.S. EFFORTS TO HELP OTHER COUNTRIES COMBAT NUCLEAR SMUGGLING NEED STRENGTHENED COORDINATION AND PLANNING. U.S. General Accounting Office. May 2002. Washington, DC: U.S. General Accounting Office, 2002. 57p. [Report].

SuDoc# GA 1.13: GAO-02-426

"Illicit trafficking in or smuggling of nuclear and other radioactive materials occurs worldwide and has reportedly increased in recent years. According to the International Atomic Energy Agency, (IAEA), as of December 31, 2001, there had been 181 confirmed cases of illicit trafficking of nuclear material since 1993 … A significant number of the cases reported by IAEA involved material that could be used to produce a nuclear weapon or a device that uses conventional explosives with radioactive material ('dirty bomb') to spread radioactive contamination over a wide area."

Online

http://purl.access.gpo.gov/GPO/LPS38294 (PDF)

http://www.gao.gov/new.items/d02426.pdf (PDF)

NUCLEAR NONPROLIFERATION AND SAFETY: CONCERNS WITH THE INTERNATIONAL ATOMIC ENERGY AGENCY'S TECHNICAL COOPERATION PROGRAM. U.S. General Accounting Office. September 1997. Washington, DC: U.S. General Accounting Office, 1997. 44p. [Report].

SuDoc# GA 1.13: RCED-97-192

"U.S. officials do not systematically review or monitor all of IAEA's technical assistance projects to ensure that IAEA's activities do not conflict with U.S. nuclear nonproliferation and safety goals … U.S. officials had sporadically reviewed projects in countries of concern to the United States. Several of IAEA's technical assistance projects were related to a nuclear power plant under construction in Iran, to uranium prospecting and exploration in North Korea, and to a nuclear power plant whose construction has been suspended in Cuba. These are countries where the United States has concerns about nuclear proliferation and threats to nuclear safety."

Online

http://purl.access.gpo.gov/GPO/LPS10585 (PDF)

NUCLEAR NONPROLIFERATION ISSUES. Library of Congress. Carl E. Behrens. 28 April 2003. Washington, DC: Congressional Research Service, Library of Congress, 2003. 16p. [Online Report].

SuDoc# LC 14.19/3: IB10091

"While terrorists have not been ignored in nonproliferation efforts, particularly with regard to Russian nuclear materials, the major focus has been on preventing nation states from developing weapons capabilities. While many features of the nonproliferation regime, such as export controls and monitoring, are applicable to the terrorist threat, some shift in focus has been necessary."

Online

http://fpc.state.gov/documents/organization/20240.pdf (PDF)

NUCLEAR POWER INDUSTRY. U.S. Congress. Senate. Committee on Energy and Natural Resources and Subcommittee on Energy and Water Development. 107th Congress, 1st Session, 3 May 2001. Washington, DC: U.S. Government Printing Office, 2001. 52p. [Hearing].

SuDoc#: Y 4. EN 2: S.HRG.107-89

"Currently, there are 104 nuclear powerplants licensed … to operate in the United States in 31 different States. As a group, they are operating at high levels of safety and reliability. These plants have produced approximately 20 percent of our Nation's electricity for the past several years."

Online

http://purl.access.gpo.gov/GPO/LPS14691

http://purl.access.gpo.gov/GPO/LPS14692 (PDF)

NUCLEAR PROLIFERATION AND DETERRENCE IN A CHANGING POLITICAL WORLD. U.S. Department of Defense. *The DTIC Review.* Vol. 1, No. 1, August 1995. Alexandria, Virginia: Defense Technical Information Center, 1995.

SuDoc# D 10.11/2: 1/1

"This collection of selected documents from the Defense Technical Information Center (DTIC) addresses the formidable issue of protecting the United States and its people from potential nuclear destruction … Potential threats from countries not previously seen as a danger, the escalation of regional conflicts and the proliferation of weapons of mass destruction are but a few of the considerations to be addressed. This shift from a bipolar to a multipolar political world requires the development of innovative ideologies and unparalleled diplomacy."

NUCLEAR PROLIFERATION AND SAFEGUARDS. U.S. Congress. June 1977. Washington, DC: U.S. Congress, Office of Technology Assessment, 1977. 270p. [Report].

SuDoc# Y 3.T 22/2: 2 N 88

"A vital point to note is that non-state adversaries are highly mobile, and capable of finding and attacking the weakest targets. No nation, however invulnerable its own facilities, can feel secure against non-state adversary nuclear threats and violence unless all facilities handling weapons-grade material worldwide are equally well protected. Physical security is generally left to the discretion of the individual nation, although supplier states are insisting on a minimum level as a condition for export. The International Atomic Energy Agency has no physical security enforcement powers … Given the weapons material and a fraction of a million dollars, a small group of people, none of whom have ever had access to the classified literature, could possibly design and build a crude nuclear explosive device … there is a clear possibility that a clever and competent group could design and construct a device which would produce a significant nuclear yield."

Online

http://purl.access.gpo.gov/GPO/LPS29103 (PDF)

http://govinfo.library.unt.edu/ota/Ota_5/DATA/1977/7705.PDF (PDF)

http://purl.access.gpo.gov/GPO/LPS29104 (Vol. II PDF)

http://govinfo.library.unt.edu/ota/Ota_5/DATA/1977/9586.PDF (Vol. II PDF)

http://purl.access.gpo.gov/GPO/LPS29105 (Vol. II, Part 2 PDF)

http://govinfo.library.unt.edu/ota/Ota_5/DATA/1977/9587.PDF (Vol. II, Part 2 PDF)

NUCLEAR PROLIFERATION AND SAFEGUARDS: SUMMARY. U.S. Congress. 1982. Washington, DC: U.S. Congress, Office of Technology Assessment, 1982. 47p. [Report Summary].

SuDoc# Y 3.T 22/2: 2 N 88/SUM.

"Several factors could cause terrorists to break the previous patterns. A desperate insurgent group might decide to strike one catastrophic blow. Nihilist groups may emerge, whose goals would be well served by pure massive destruction. On the other hand, the primary attraction for terrorists to go nuclear may not be to cause mass casualties. Almost any nuclear action by terrorists would cause great alarm, attract widespread attention, and possibly win concessions … The nuclear nonstate adversary might not arise from those groups currently identified as potential nuclear adversaries. International terrorists are a new entity that emerged in the past decade. It is difficult to say what new entities may emerge in the coming decade. It is disquieting to realize that most new terrorist groups have not been detected prior to

their first terrorist act … If an individual or a group did successfully carry out a scheme of nuclear extortion or violence, other individuals or groups would probably try to imitate their act. Moreover, the growth of a transnational terrorist network over the past several years means that no nation, however invulnerable its own nuclear facilities, can regard itself as invulnerable to nuclear nonstate adversary action."

NUCLEAR PROLIFERATION IN THE MIDDLE EAST: IMPLICATIONS FOR THE SUPERPOWERS. U.S. Department of Defense. Roger F. Pajak. Fort Lesley J. McNair, Washington, DC: National Defense University Press; Washington, DC: U.S. Government Printing Office, 1982. 117p. [Monograph].

SuDoc# D 5.409: 82-1

"The diffusion of nuclear technology in the Third World and the possibility of nuclear weapons proliferation comprise one of the most acute security concerns confronting the U.S. and its allies. Nowhere are the implications for world peace more precarious than in the volatile Middle East. "

NUCLEAR PROLIFERATION: LEARNING FROM THE IRAQ EXPERIENCE. U.S. Congress. Senate. Committee on Foreign Relations. 102nd Congress, 1st Session, 17 & 23 October 1991. Washington, DC: U.S. Government Printing Office, 1992. 58p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.102-422

Upon the discovery of Iraq's aggressive weapons of mass destruction program, Congress looks to curb other nations from following the same path.

NUCLEAR PROLIFERATION: THE SITUATION IN PAKISTAN AND INDIA. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on Energy, Nuclear Proliferation and Federal Services. 96th Congress, 1st Session, 1 May 1979. Washington, DC: U.S. Government Printing Office, 1979. 31p. [Hearing].

SuDoc# Y 4. G 74/9: N 88/7

"To review the Pakistan situation and to explore its impact on India and other LDC's, as well as on the future of U.S. nonproliferation and export control policy. The role of the international safeguards system in this context will also be discussed."

NUCLEAR SMUGGLING: PATTERNS AND RESPONSES. U.S. Department of Defense. Rensselaer Lee. *Parameters: US Army War College Quarterly*. Vol. 33, No. 1, Spring 2003. Carlisle Barracks, Pennsylvania: U.S. Army War College, 2003. p.95-111. [Article].

SuDoc# D 101.72: 33/1

"Unlike nation-states, terrorists cannot leverage official contacts and exchanges in the nuclear realm to advance military procurement objectives. To maintain facilities for enrichment or reprocessing of fissile material is probably out of the question. Whether terrorists could obtain the requisite weapons design expertise to manufacture a fission bomb (or to decode the elaborate safety devices of an illegally obtained one) is uncertain, although they may have tried to do so. For instance, reports have surfaced of contacts between Osama bin Laden and Pakistani nuclear scientists Sultan Bashiruddin Mahmoud and Abdul Majid in which 'long discussions' about nuclear, chemical, and biological weapons took place. During those meetings bin Laden reportedly said that he had acquired some type of radiological material from the Islamic Movement of Uzbekistan and wanted to know how to use it … A widespread consensus exists that nuclear terrorism scenarios would involve so-called radiological dispersal devices (RDD), which produce a conventional explosion designed to spread radioactive contamination over a wide area and to sow panic … US court testimony by an al Qaeda turncoat referred to the latter's role in helping to broker a deal in Khartoum in 1993 or 1994 in which al Qaeda operatives intended to buy a cylinder of what was purported to be enriched uranium for $1.5 million; whether or not the deal went through is unclear … Accounts of varying credibility also point to efforts by terrorists to purchase finished nuclear weapons from inside the former USSR."

Online

http://carlisle-www.army.mil/usawc/Parameters/03spring/lee.htm

http://carlisle-www.army.mil/usawc/Parameters/03spring/lee.pdf (PDF)

NUCLEAR TERRORISM AND COUNTERMEASURES. U.S. Congress. House. Committee on National Security. Subcommittee on Military Research and Development. 105th Congress, 1st Session, 1 & 2 October 1997. Washington, DC: U.S. Government Printing Office, 1998. 297p. [Hearing].

SuDoc# Y 4. SE 2/1 A: 997-98/22

"The first layer of defense, and perhaps the best way to protect against nuclear terrorism, is obviously to protect it at the source. Nuclear weapons and nuclear materials simply have to be secured and protected worldwide, whether they are in Russia or some other country … The next layer of defense to be concerned about is catching what happens if that first layer doesn't work, if something starts to slip out, and the first place you have an opportunity to do that is at international borders … A third layer of defense is to detect the nuclear materials or devices as they start to come into the United States. A number of Government agencies are working together to enhance our national capabilities to counter nuclear smuggling … The fourth defense layer is to interdict the movement of nuclear weapons and nuclear materials on to U.S. bases and U.S. cities … Our fifth layer of defense is the technical ability to

do something about it once you find a weapon, and there you have to be able to disarm explosive devices, whether they are nuclear or not."

OBSERVATIONS FROM THE TOP OFF EXERCISE. U.S. Department of Health and Human Services. Thomas V. Inglesby. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.64-8. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

The most important issues surrounding the containment of contagious disease. Based on an exercise in May 2000, under the direction of the Department of Justice and ordered by the U.S. Congress, in which a chemical weapons attack, a radiological event, and a bioweapons event were simulated.

OLYMPICS 2000: PREPARING TO RESPOND TO BIOTERRORISM. U.S. Department of Health and Human Services. Jerome Hauer. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.19-22. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Efforts by the Australian government to prevent bioterrorist attacks at the 2000 Sydney Summer Games.

PERSIAN GULF WAR VETERANS' ILLNESSES. U.S. Congress. House. Committee on Government Reform and Oversight. Subcommittee on Human Resources and Intergovernmental Relations. 104th Congress, 2nd Session, 10 & 11 December 1996. Washington, DC: U.S. Government Printing Office, 1997. 319p. [Hearing].

SuDoc# Y 4. G 74/7: P 43/7

"Individual soldiers reported SCUD attacks followed by toxic mists and powdery fallout. They reported dead animals in the desert, and a notable lack of insects or other carrion scavengers on the carcasses … To this day, many Gulf war veterans report the symptoms—memory loss, fatigue, muscle and joint pain—that can characterize a neurologic exposure."

POTENTIAL BIOLOGICAL WEAPONS THREATS. U.S. Department of Health and Human Services. Mark G. Kortepeter and Gerald W. Parker. *Emerging Infectious Diseases.* Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.523-7. [Article].

SuDoc# HE 20.7187: 5/4

"There are many potential human biological pathogens. A North Atlantic Treaty Organization handbook dealing with biological warfare defense lists 39 agents, including bacteria, viruses, rickettsiae, and toxins, that could be used as biological

weapons (6). Examining the relationship between aerosol infectivity and toxicity versus quantity of agent illustrates the requirements for producing equivalent effects and narrows the spectrum of possible agents that could be used to cause large numbers of casualities. For example, the amount of agent needed to cover a 100-km^2 area and cause 50% lethality is 8 metric tons for even a "highly toxic" toxin such as ricin versus only kilogram quantities of anthrax needed to achieve the same coverage. Thus, deploying an agent such as ricin over a wide area, although possible, becomes impractical from a logistics standpoint, even for a well-funded organization (7). The potential impact on a city can be estimated by looking at the effectiveness of an aerosol in producing downwind casualties. The World Health Organization in 1970 modeled the results of a hypothetical dissemination of 50 kg of agent along a 2-km line upwind of a large population center. Anthrax and tularemia are predicted to cause the highest number of dead and incapacitated, as well as the greatest downwind spread (8)."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/kortepeter.htm

THE POWER OF PREVENTION: STRENGTHENING THE BTWC. U.S. Department of Health and Human Services. Charles W. Schmidt. *Environmental Health Perspectives.* Vol. 109, No. 11, November 2001. Research Triangle Park, North Carolina: National Institute of Environmental Health Sciences, 2001. p.A539-41. [Article].

SuDoc# HE 20.3559: 109/11

The Biological and Toxic Weapons Convention (BTWC), an international treaty that bans the development and possession of biological or toxic weapons except for "prophylactic, protective, or peaceful purposes." Gives reasons for proposed strengthening of the treaty to close loopholes and provide for an international inspection and enforcement entity.

Online

http://ehp.niehs.nih.gov/docs/2001/109-11/spheres-abs.html

http://ehp.niehs.nih.gov/docs/2001/109-11/EHP109pa539PDF.pdf (PDF)

PRECAUTIONS AGAINST BIOLOGICAL AND CHEMICAL TERRORISM DIRECTED AT FOOD AND WATER SUPPLIES. U.S. Department of Health and Human Services. Ali Khan, et al. *Public Health Reports.* Vol. 116, No. 1, 2001. Cary, North Carolina: Oxford University Press, 2001. p.3-14. [Article].

SuDoc# HE 20.30: 116/1

"The importance of improving quality control and implementation of reasonable security measures at central food and water production facilities, based on a vulnerability assessment."

PREPAREDNESS FOR EPIDEMICS AND BIOTERRORISM. U.S. Congress. Senate. Committee on Appropriations. 105th Congress, 2nd Session, 1998. Washington, DC: U.S. Government Printing Office, 1998. 61p. [Special Hearing].

SuDoc# Y 4. AP 6/2: S.HRG.105-630

The possible public health response to bioterrorism, and weaknesses in the Federal Government's prevention plans. Also problems at the Centers for Disease Control and Prevention that allowed dangerous biological agents to be mailed to unverified addresses in an FBI investigation.

PREPARING FOR REALITY: PROTECTING AGAINST WEAPONS OF MASS DESTRUCTION. U.S. Congress. Senate. Committee on Governmental Affairs. 107th Congress, 2nd Session, 28 June 2002. Washington, DC: U.S. Government Printing Office, 2002. 135p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-563

"Our task this morning … is to examine how a Department of Homeland Security can best meet the technological challenge of protecting Americans from attacks by weapons of mass destruction … there is no greater threat and no graver danger than the use of such weapons on our soil … We have got to leverage America's wealth of technological resources to counter current threats and anticipate new ones."

Online

http://purl.access.gpo.gov/GPO/LPS22546

http://purl.access.gpo.gov/GPO/LPS22548 (PDF)

PREVENTING PROLIFERATION OF BIOLOGICAL WEAPONS: U.S. ASSISTANCE TO THE FORMER SOVIET STATES. Library of Congress. Michelle Stem Cook and Amy F. Woolf. 10 April 2002. Washington, DC: Congressional Research Service, Library of Congress, 2002. 22p. [Online Report].

SuDoc# LC 14.19/3: RL31368

"The former Soviet and subsequently Russian biological weapons program possessed capabilities far in excess of any such program known to have existed elsewhere … Collaborative research projects involve former BW scientists in projects with American scientists and seek to deter former BW scientists from selling their expertise to terrorist groups or proliferating states."

Online

http://www.fas.org/spp/starwars/crs/RL31368.pdf (PDF)

THE PROBLEM OF BIOLOGICAL WEAPONS: NEXT STEPS FOR THE NATION. U.S. Department of Health and Human Services. Tara O'Toole. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.108-111. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Where the U.S. needs action regarding biological agents, and the top actions necessary in the next two years to deal with the problems of bioweapons and bioterrorism.

PROJECT BIOSHIELD. Library of Congress. Frank Gottron. 23 July 2003. Washington, DC: Congressional Research Service, Library of Congress, 2003. 6p. [Online Report].

SuDoc# LC 14.19/3: RS21507

"The anthrax attacks in the fall of 2001 underscored the nation's vulnerability to biological terrorism. Five people were killed by those attacks and thousands required prophylactic antibiotic treatment … Effective countermeasures do not exist for many of the biological threats deemed most dangerous by the Centers for Disease Control and Prevention (CDC). For example, botulinum toxin, plague, tularemia, and many viral hemorrhagic viral fevers (VHFs) lack licensed vaccines."

Online

http://www.fas.org/irp/crs/RS21507.pdf (PDF)

http://fpc.state.gov/documents/organization/20368.pdf (28 April 2003 PDF)

PROLIFERATION AND ARMS CONTROL. U.S. Congress. House. Committee on Foreign Affairs. Subcommittee on Arms Control, International Security and Science. 101st Congress, 2nd Session, 17 May; 11 July 1990. Washington, DC: U.S. Government Printing Office, 1990. 404p. [Hearing].

SuDoc# Y 4. F 76/1: P 94/4

"The proliferation of nuclear, chemical, biological, and ballistic missile weapons has increased. This proliferation threatens not only our security, the security of our allies, the peaceful democratic changes which have transformed the Cold War, but also, without wanting to exaggerate, world security, because there are few people beyond the terrifying reach of these weapons. Today the Subcommittee … will focus on the following major questions. What can and should be done to curb proliferation? What policies and actions by the U.S. will lead toward solutions and decrease the attractiveness of these weapons? What do the similarities and differences between these weapons and their proliferation tell us about their possible control and elimination? When and how will arms control best serve our non-proliferation objectives? Should these objectives be achieved and sought for through voluntary regimes as we now have, or should the effort be made mandatory at some point in time?"

PROLIFERATION AND REGIONAL SECURITY IN THE 1990S. U.S. Congress. Senate. Committee on Governmental Affairs. 101st Congress, 2nd Session, 9 October 1990. Washington, DC: U.S. Government Printing Office, 1991. 88p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.101-1208

"The hearing today on weapons proliferation and regional security in the 1990's comes at a time of great international instability. War could break out at any moment in the Middle East involving weapons of mass destruction of one kind or another. One thousand miles to the east of Iraq lies another tinderbox, where Pakistan and India, with their growing nuclear capabilities, are inching toward what might well become their fourth and most nightmarish war … Meanwhile, nuclear weapon-related activities in North Korea are creating new dangers of proliferation throughout East Asia; and what will be the options for Japan if its Korean neighbors and Taiwan proceed on that route?"

PROLIFERATION OF WEAPONS OF MASS DESTRUCTION: ASSESSING THE RISKS. U.S. Congress. August 1993. Washington, DC: Office of Technology Assessment; Washington, DC: U.S. Government Printing Office, 1993. 123p. [Report].

SuDoc# Y 3. T 22/2: 2 W 37/2

"Nuclear weapons, which can be more than a million times more powerful than the same weight of conventional explosives, create shock waves, high pressures, flying debris, and extreme heat … Unlike conventional explosives, however, nuclear blasts also create neutron and gamma radiation, which can kill or harm those exposed at the instant of detonation. In addition, they can generate long-term radioactivity in the form of fallout, which can spread over an area much greater than that affected by the bomb's immediate effects … Chemical agents are poisons that incapacitate, injure, or kill through their toxic effects on the skin, eyes, lungs, blood, nerves, or other organs. Some chemical warfare agents can be lethal when vaporized and inhaled in amounts as small as a few milligrams. As potent as chemical agents are, however, biological agents—disease-causing microorganisms such as bacteria, rickettsia, and viruses—can be many times deadlier, pound-for-pound. Laboratory tests on animals indicate that, if effectively disseminated and inhaled, 10 grams of anthrax spores (a form of disease-inducing bacteria) could produce as many casualties as a ton (one million grams) of nerve agent."

Online

http://purl.access.gpo.gov/GPO/LPS28048 (PDF)

http://govinfo.library.unt.edu/ota/Ota_1/DATA/1993/9341.PDF (PDF)

PROLIFERATION: THREAT AND RESPONSE. U.S. Department of Defense. January 2001. Washington, DC: Office of the Secretary of Defense; U.S. Government Printing Office, 2001. 125p. [Report].

SuDoc# D 1.2: P 94/17/2001

"Key states of proliferation concern are continuing to try to acquire and develop these dangerous weapons, while some terrorist groups are showing increasing interest in them. The growing availability of NBC- and missile-related technologies and expertise and the sophistication of some of these technologies also highlight the threat … NBC weapons increasingly are viewed as asymmetric means to counter the West's superior conventional military capabilities."

Online

http://purl.access.gpo.gov/GPO/LPS10550 (PDF)

http://www.defenselink.mil/pubs/ptr20010110.pdf (PDF)

PROLIFERATION THREATS OF THE 1990S. U.S. Congress. Senate. Committee on Governmental Affairs. 103rd Congress, 1993. Washington, DC: U.S. Government Printing Office, 1993. 192p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.103-209

"A growing number of countries are seeking advanced weapons, including nuclear, chemical, and biological ones, as well as missiles to deliver them. As international awareness of the problem increases, countries are becoming more clever, devising networks of front companies and suppliers to frustrate export controls and to buy what would otherwise be prohibited to them. The challenge that we face in controlling proliferation is multifaceted. We must decipher the myriad webs of suppliers, middlemen, and end users. We must distinguish between legitimate and illicit purposes, particularly for dual-use technology, and we must help interdict the flow of material, technology, and know-how to potential proliferating countries … More than 25 countries, many of them hostile to the U.S. and to our friends and allies, may have or may be developing nuclear, biological, and chemical weapons—so-called weapons of mass destruction, and the means to deliver them."

THE PROSPECT OF DOMESTIC BIOTERRORISM. U.S. Department of Health and Human Services. Jessica Stern. *Emerging Infectious Diseases.* Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.517-22. [Article].

SuDoc# HE 20.7187: 5/4

"Terrorism with biological weapons is likely to remain rare. This is especially the case for attacks intended to create mass casualties, which require a level of technologic

sophistication likely to be possessed by few domestic groups. While state-sponsored groups are most likely to be capable of massive biological weapons attacks, the state sponsor would presumably have to weigh the risk for retaliation. As in the case of other low-probability high-cost risks, however, governments cannot ignore this danger; the potential damage is unacceptably high. Because the magnitude of the threat is so difficult to calculate, however, it makes sense to focus on dual-use remedies: pursuing medical countermeasures that will improve public health in general, regardless of whether major biological attacks ever occur. This would include strengthening the international system of monitoring disease outbreaks in humans, animals, and plants and developing better pharmaceutical drugs. The risk for overreaction must be considered. If authorities are not prepared in advance, they will be more susceptible to taking actions they will later regret, such as revoking civil liberties. Attacks employing biological agents are also more likely and will be far more destructive if governments are caught unprepared."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/stern.htm

PUBLIC HEALTH ASSESSMENT OF POTENTIAL BIOLOGICAL TERRORISM AGENTS. U.S. Department of Health and Human Services. Lisa D. Rotz, et al. *Emerging Infectious Diseases.* Vol. 8, No. 2, 2002. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2002. p.225-30. [Article].

SuDoc# HE 20.7817: 8/2

"Agents were categorized based on the overall evaluation of the different areas considered. Table 2 shows the evaluation schemes as applied to agents in Categories A and B. For example, smallpox would rank higher than brucellosis in the public health impact criterion because of its higher untreated mortality (approximately 30% for smallpox and 2% for brucellosis); smallpox has a higher dissemination potential because of its capability for person-to-person transmission. Smallpox also ranks higher for special public health preparedness needs, as additional vaccine must be manufactured and enhanced surveillance, educational, and diagnostic efforts must be undertaken. Inhalational anthrax and plague also have higher public health impact ratings than brucellosis because of their higher morbidity and mortality. Although mass production of *Vibrio cholera* (the biological cause of cholera) and *Shigella* spp. (the cause of shigellosis) would be easier than the mass production of anthrax spores, the public health impact of widespread dissemination would be less because of the lower morbidity and mortality associated with these agents. Although the infectious doses of these bacteria are generally low, the total amount of bacteria that would be required and current water purification and food-processing methods would limit the effectiveness of intentional large-scale water or food contamination with these agents."

Online

http://www.cdc.gov/ncidod/EID/vol8no2/01-0164.htm

QUICKENING THE PACE OF RESEARCH IN PROTECTING AGAINST ANTHRAX AND OTHER BIOLOGICAL TERRORIST AGENTS: A LOOK AT TOXIN INTERFERENCE. U.S. Congress. House. Committee on Government Reform. 107th Congress, 2nd Session, 28 February 2002. Washington, DC: U.S. Government Printing Office, 2002. 144p. [Hearing].

SuDoc# Y 4. G 74/7:AN 8/15

> "We were caught totally unprepared. Government officials were forced to admit that there were serious holes in our treatment approach. They were forced to admit that our knowledge about how to treat anthrax is very limited. Right now we have two approaches. The first is the anthrax vaccine. The second is with antibiotics, and neither one is totally satisfactory."

Online

http://purl.access.gpo.gov/GPO/LPS21165

http://purl.access.gpo.gov/GPO/LPS21170 (PDF)

RADIATION PROTECTION MANAGEMENT ACT OF 1982. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on Energy, Nuclear Proliferation, and Government Processes. 97th Congress, 2nd Session, 29 April 1982. Washington, DC: U.S. Government Printing Office, 1982. 50p. [Hearing].

SuDoc# Y 4. G 74/9: R 11/2/982

> "To insure adequate protection of workers, the general public, and the environment from harmful radiation exposure, to establish mechanisms for effective coordination among the various federal agencies involved in radiation protection activities, to develop a coordinated radiation research program, and for other purposes."

RAPID RESPONSE INFORMATION SYSTEM. Federal Emergency Management Agency. Washington, DC: Federal Emergency Management Agency, 2001. [FEMA Website].

SuDoc# N/A

> "The Rapid Response Information System (RRIS) can be used as a reference guide, training aid, and an overall planning and training resource for response to a chemical, biological and/or nuclear terrorist incident. The RRIS is comprised of several databases, consisting of chemical and biological agents' and radiological materials' characteristics, first aid measures, Federal response capabilities, Help Line, Hotlines, and other Federal information sources concerning potential weapons of mass destruction."

Online

http://www.rris.fema.gov

RECOGNITION OF ILLNESS ASSOCIATED WITH THE INTENTIONAL RELEASE OF A BIOLOGIC AGENT. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 50, No. 41, 2001. Atlanta, Georgia: Centers for Disease Control and Prevention. 2001. [CDC Website].

SuDoc# HE 20.7009: 50/41

"On September 11, 2001, following the terrorist incidents in New York City and Washington, D.C., CDC recommended heightened surveillance for any unusual disease occurrence or increased numbers of illnesses that might be associated with the terrorist attacks. Subsequently, cases of anthrax in Florida and New York City have demonstrated the risks associated with intentional release of biologic agents (*1*). This report provides guidance for health-care providers and public health personnel about recognizing illnesses or patterns of illness that might be associated with intentional release of biologic agents."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5041a2.htm

REDUCING THE BIOWEAPONS THREAT: INTERNATIONAL COLLABORATION EFFORTS. U.S. Department of Health and Human Services. Edward M. Eitzen, Jr. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.17-18. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

"Four aspects of bioterrorism: access to biological agents, the science required to manufacture biological agents, the weaponization of the agent, and the intent to use the agent."

REDUCING THE THREAT OF CHEMICAL AND BIOLOGICAL WEAPONS. U.S. Congress. Senate Committee on Foreign Relations. 107th Congress, 2nd Session, 19 March 2002. Washington, DC: U.S. Government Printing Office, 2002. 86p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.107-481

"In the extreme case, the Department of Defense estimates that on the unlikely prospect that a small pox attack would occur that could cause as many as 4 million deaths. The intelligence community has warned that al Qaeda was working to acquire dangerous chemical agents and toxins as well as biological weapons. We do not know if al Qaeda succeeded in these efforts, but we do know that they showed their trainees how cyanide works. And earlier this month, a self-styled anarchist was found to be storing cyanide precursors in a Chicago subway tunnel…"

Online

http://purl.access.gpo.gov/GPO/LPS25845

http://purl.access.gpo.gov/GPO/LPS25847 (PDF)

REGIONAL IMPLICATIONS OF THE CHANGING NUCLEAR EQUATION ON THE KOREAN PENINSULA. U.S. Congress. Senate. Committee on Foreign Relations. 108th Congress, 1st Session, 12 March 2003. Washington, DC: U.S. Government Printing Office, 2003. 68p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.108-56

> "North Korea has a pretty bad history of exporting not only ballistic missiles, but cruise missiles and other military equipment and particularly selling them to countries that have, for excellent reason, difficulty buying this sort of nasty supply anywhere else."

Online

http://purl.access.gpo.gov/GPO/LPS34495

http://purl.access.gpo.gov/GPO/LPS34496 (PDF)

REMEDIATION OF BIOLOGICALLY AND CHEMICALLY CONTAMINATED BUILDINGS. U.S. Congress. Senate. Committee on Environment and Public Works. 107th Congress, 1st Session, 4 December 2001. Washington, DC: U.S. Government Printing Office, 2003. 77p. [Hearing].

SuDoc# Y 4. P 96/10: S.HRG.107-665

> "We are here today seeking knowledge in three areas: first, the coordination that goes into decontaminating a building; second, the health aspects of both cleanup technologies and residual contaminants; and finally, the various technologies available for remediating a building."

Online

http://purl.access.gpo.gov/GPO/LPS31934

http://purl.access.gpo.gov/GPO/LPS31935 (PDF)

THE REPORT OF THE GENERAL ACCOUNTING OFFICE ON NUCLEAR NONPROLIFERATION AND EFFORTS TO HELP OTHER COUNTRIES COMBAT NUCLEAR SMUGGLING. U.S. Congress. Senate. Committee on Armed Services. Subcommittee on Emerging Threats and Capabilities. 107th Congress, 2nd Session, 30 July 2002. Washington, DC: U.S. Government Printing Office, 2003. 119p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.107-813

"The threat of nuclear smuggling is real … there have been 181 incidents involving illicit trafficking in nuclear or radioactive materials, including weapons-usable materials, since the 1990s. Seventeen of these attempts have involved highly enriched uranium or plutonium. The efforts to smuggle nuclear materials have ranged from fairly sophisticated efforts involving insiders, such as two attempts involving naval officers and enlisted personnel trying to smuggle quantities of highly enriched uranium from Russian naval facilities, to black marketers involved in an effort to sell plutonium at the Munich Airport, to a very strange case where three men in St. Petersburg were arrested when highly enriched uranium was discovered in a jar in a refrigerator that belonged to one of them … The 181 cases cited by GAO are probably just the tip of the iceberg."

RESEARCH INTO PERSIAN GULF WAR VETERANS' ILLNESSES. U.S. Congress. House. Committee on Government Reform. Subcommittee on National Security, Veterans Affairs and International Relations. 107th Congress, 2nd Session, 10 October 2002. Washington, DC: U.S. Government Printing Office, 2003. 217p. [Hearing].

SuDoc# Y 4. G 74/7: P 43/10

"As in the United States, British researchers are beginning to identify the causes and mechanisms responsible for Gulf War illnesses. The researchers prominently identified neurological damage, likely caused by acetylcholinesterase inhibitors, including organophosphate pesticides, nerve agents, and pyrodistigmine bromide pills. Multiple vaccines were also identified by the British as associated with higher disease levels and possible neurological injury. Depleted uranium was identified by the British as a risk for cancer…it is increasingly evident that a major subset of illnesses is neurological."

Online

http://purl.access.gpo.gov/GPO/LPS39239 (PDF)

RESPONDING TO BIOTERRORISM: AHRQ HELPS CLINICIANS, HEALTH SYSTEMS, AND POLICYMAKERS: PRACTICAL SCIENCE-BASED ADVICE FROM AHRQ's RESEARCH. Agency for Healthcare Research and Quality. October 2001. Rockville, Maryland: Agency for Healthcare Research and Quality, 2001. [AHRQ Website].

SuDoc# HE 20.6502: 2002003362

Brief information and Internet links to explanations of AHRQ training modules which teach health professionals how to address various biological agents, including anthrax, smallpox, botulism, tularemia, viral hemorrhagic fever, and plagues. Also provides contact information for a questionnaire designed to help hospitals assess their own preparedness.

Online

http://purl.access.gpo.gov/GPO/LPS15699

http://www.ahrq.gov/research/bioterr.htm

A REVIEW OF FEDERAL BIOTERRORISM PREPAREDNESS PROGRAMS: BUILDING AN EARLY WARNING PUBLIC HEALTH SURVEILLANCE SYSTEM. U.S. Congress. House. Committee on Energy and Commerce. Subcommittee on Oversight and Investigations. 107th Congress, 1st Session, 1 November 2001. Washington, DC: U.S. Government Printing Office, 2002. 91p. [Hearing].

SuDoc# Y 4. C 73/8: 107-71

How technology can help the U.S. government identify and react quickly to evidence of an epidemic or bioterrorist attack. The infrastructure of the Center for Disease Control, and questions concerning what is needed for the national drug stockpile. Questions of public education, incentives for vaccine research, and the Environmental Protection Agency's authority to fight contamination and bio-threats.

A REVIEW OF FEDERAL BIOTERRORISM PREPAREDNESS PROGRAMS FROM A PUBLIC HEALTH PERSPECTIVE. U.S. Congress. House. Committee on Energy and Commerce. Subcommittee on Oversight and Investigations. 107th Congress, 1st Session, 10 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 221p. [Hearing].

SuDoc# Y 4. C 73/8: 107-70

"Effectiveness of Federal bioterrorism preparedness from a local public health perspective, especially the ability of local health care communities to detect, contain, treat and effectively manage a terrorist attack using biological agents."

THE ROLE OF THE INTERNATIONAL ATOMIC ENERGY AGENCY IN SAFEGUARDING AGAINST ACTS OF TERRORISM. U.S. Congress. House. Committee on International Operations. Subcommittee on International Operations and Human Rights. 107th Congress, 1st Session, 3 October 2001. Washington, DC: U.S. Government Printing Office, 2001. 56p. [Hearing].

SuDoc# Y 4. IN 8/16: EN 2/6

The role of the International Atomic Energy Agency in ensuring the physical protection of nuclear materials and countering the illicit trafficking of these radioactive elements. Also potential sources of rogue nuclear weapons and materials and the risk such pose to the security of the United States.

Online

http://purl.access.gpo.gov/GPO/LPS42261 (PDF)

http://wwwa.house.gov/international_relations/107/75561.pdf (PDF)

RUSSIA AND CHINA: NONPROLIFERATION CONCERNS AND EXPORT CONTROLS. U.S. Congress. Senate. Committee on Governmental Affairs. Subcommittee on International Security, Proliferation and Federal Services. 107th Congress, 2nd Session, 6 June 2002. Washington, DC: U.S. Government Printing Office, 2003. 92p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-557

"Today's hearing will examine how well Russia and China comply with nonproliferation agreements and enforce export controls. We are holding this hearing on the eve of what the whole world fears could be a nuclear war between India and Pakistan. These states conceivably would have never developed nuclear weapons or the means to deliver them without assistance from Russia and China."

Online

http://purl.access.gpo.gov/GPO/LPS26996 (PDF)

RUSSIA, IRAQ, AND OTHER POTENTIAL SOURCES OF ANTHRAX, SMALLPOX AND OTHER BIOTERRORIST WEAPONS. U.S. Congress. House. Committee on International Relations. 107th Congress, 1st Session, 5 December 2001. Washington, DC: U.S. Government Printing Office, 2001. 46p. [Hearing].

SuDoc# Y 4. IN 8/16: R 92/10

"Today's hearing focuses on the potential sources and suppliers of bioterrorist agents such as those that invaded the U.S. Postal Service. Our chief concerns are Russia and the former states of the Soviet Union, whose governments are cooperating with us to reduce this threat, and Iraq, whose repressive regime is clearly not. Although the extent of the former Soviet Union's biological weapons program is not entirely clear, the steps the United States must take to dismantle it are. Over the past decade, we have launched several nonproliferation programs to secure facilities, strengthen export controls and promote the employment of former weapons scientists and engineers who might otherwise be tempted to sell their services to rogue states and terrorist organizations. These programs are manifestly in America's national security interests and have served us well."

Online

http://purl.access.gpo.gov/GPO/LPS42881 (PDF)

http://wwwc.house.gov/international_relations/107/76481.pdf (PDF)

THE SAFETY, SECURITY, RELIABILITY, AND PERFORMANCE OF THE U.S. NUCLEAR STOCKPILE. U.S. Congress. House. Committee on Armed Services. Subcommittee on Military Procurement. 107th Congress, 2nd Session, 12 June 2002. Washington, DC: U.S. Government Printing Office, 2003. 120p. [Hearing].

SuDoc# Y 4. AR 5/2 A: 2001-2002/49

" …testimony on the safety, security, reliability, and performance of the United States nuclear stockpile." Discussion of the possibility of theft of weapons, fissile material, and radioactive waste, and programs to help the former Soviet Union manage and secure its nuclear stockpile.

SCIENCE OF BIOTERRORISM: IS THE FEDERAL GOVERNMENT PREPARED? U.S. Congress. House. Committee on Science. 107th Congress, 1st Session, 5 December 2001. Washington, DC: U.S. Government Printing Office, 2002. 109p. [Hearing].

SuDoc# Y 4. SCI 2: 107-51

"…this hearing will explore the research and development underway at various federal agencies to improve our nation's ability to detect, prevent, respond to, and remediate bioterrorist attacks. In addition the hearing will explore the relationship and information sharing among federal agencies and what efforts the Administration has underway to better coordinate the response to bioterrorism, particularly in the area of research and development."

SEARCHING FOR NATIONAL SECURITY IN AN NBC WORLD: FOUR PAPERS ON CHANGING NUCLEAR, BIOLOGICAL, AND CHEMICAL THREATS AND US GOVERNMENT POLICY IN THE POST-COLD WAR INTERNATIONAL SECURITY ENVIRONMENT. U.S. Department of Defense. James M. Smith, ed. July 2000. U.S. Air Force Academy, Colorado: USAF Institute for National Security Studies, 2000. 200p. [Monograph].

SuDoc# D 305.2: SE 2

"…new members have joined the 'club' of both declared and undeclared nuclear powers, and weapon and delivery technologies have become widely available for not only nuclear, but also biological and chemical, weapons (NBC). In short, the 'new world order' is disorderly, even messy, and exceedingly dangerous. And traditional superpower, bilateral, U.S.-Soviet traditions and norms of deterrence, arms control, non- and counter-proliferation, and national security organization to implement those norms no longer apply—at lease not in the ways they have for the past five decades."

SECURING AMERICA: THE FEDERAL GOVERNMENT'S RESPONSE TO NUCLEAR TERRORISM AT OUR NATION'S PORTS AND BORDERS. U.S. Congress. Committee on Energy and Commerce. Subcommittee on Oversight and Investigations. 107th Congress, 2nd Session, 17 October 2002. Washington, DC: U.S. Government Printing Office, 2002. [Hearing].

SuDoc# Y 4. C 73/8: 107-139

"Given the findings of this committee's year-long review of port and border security, I believe it is imperative that the Senate act immediately to join the House in creating a Department of Homeland Security which will have as a primary mission the

securing of our borders from terrorist threats and will serve as a focal point of the currently dispersed and diffused Federal efforts and programs aimed at preventing nuclear smuggling. Experts have coldly calculated the potential casualties from the detonation of a 12-kiloton nuclear bomb in a major U.S. metropolitan center. The blast and thermal effects of such an explosion would kill 52,000 people immediately, and direct radiation would cause 44,000 cases of radiation sickness of which 10,000 would be fatal. Radiation from fallout would kill an additional 200,000 people and cause several hundred thousand additional cases of radiation sickness. Unfortunately, the threat of nuclear terrorism is real, whether it is a nuclear device or a dirty bomb. As of December 31, 2001, the International Atomic Energy Agency has confirmed 17 incidents of illicit trafficking of highly enriched uranium or plutonium. According to the Department of Energy, the Russian weapons arsenal includes thousands of tactical nuclear warheads, many without mechanisms to prevent their unauthorized use, and over 200 tons of weapons-grade nuclear material stored at 53 different sites."

Online

http://purl.access.gpo.gov/GPO/LPS26122

http://purl.access.gpo.gov/GPO/LPS26123 (PDF)

SECURITY IMPLICATIONS OF THE PROLIFERATION OF WEAPONS OF MASS DESTRUCTION IN THE MIDDLE EAST. U.S. Department of Defense. Sami G. Hajjar. Washington, DC: U.S. Army War College, Strategic Studies Institute, 1998. 60p. [Online Monograph].

SuDoc# D 101.2: ST 8/SE 2

"This monograph addresses the important question of the security implications for the nations of the region of the proliferation of weapons of mass destruction in the Middle East…The author offers a unique perspective based on extensive interviews that he conducted in the region, and makes specific policy recommendations for U.S. military and civilian decisionmakers."

Online

http://purl.access.gpo.gov/GPO/LPS12154 (PDF)

http://www.carlisle.army.mil/ssi/pubs/1998/weapons/weapons.pdf (PDF)

SECURITY OF U.S. NUCLEAR WEAPONS AND NUCLEAR WEAPONS FACILITIES. U.S. Congress. Senate. Committee on Armed Services. Subcommittee on Strategic. 107th Congress, 1st Session, 13 December 2001. Washington, DC: U.S. Government Printing Office, 2002. 26p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.107-589

"…we will cover all aspects of nuclear weapons security, including personnel security, the physical security of the sites, security during transportation, emergency response capabilities, and the security features of nuclear weapons themselves."

THE SILENT WAR: ARE FEDERAL, STATE, AND LOCAL GOVERNMENTS PREPARED FOR BIOLOGICAL AND CHEMICAL ATTACKS? U.S. Congress. House. Committee on Government Reform. Subcommittee on Government Efficiency, Financial Management and Intergovernmental Relations. 107th Congress, 1st Session, 5 October 2001. Washington, DC: U.S. Government Printing Office, 2002. 182p. [Hearing].

SuDoc# Y 4. G 74/7: W 19/2

"Today, the subcommittee will examine the Nation's ability to respond to the possibility of a biological or chemical attack. Even though most experts believe that the likelihood of such an attack is relatively low, we must ensure that the Nation has an emergency management structure that is prepared to handle even the most remote possibility of such an attack."

Online

http://purl.access.gpo.gov/GPO/LPS23825 (PDF)

SMALLPOX: AN ATTACK SCENARIO. U.S. Department of Health and Human Services. Tara O'Toole. *Emerging Infectious Diseases*. Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.540-6. [Article].

SuDoc# HE 20.7187: 5/4

"Smallpox virus, which is among the most dangerous organisms that might be used by bioterrorists, is not widely available. The international black market trade in weapons of mass destruction is probably the only means of acquiring the virus. Thus, only a terrorist supported by the resources of a rogue state would be able to procure and deploy smallpox. An attack using the virus would involve relatively sophisticated strategies and would deliberately seek to sow public panic, disrupt and discredit official institutions, and shake public confidence in government. The following scenario is intended to provoke thought and dialogue that might illuminate the uncertainties and challenges of bioterrorism and stimulate review of institutional capacities for rapid communication and coordinated action in the wake of an attack."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/otoole.htm

SMALLPOX: CLINICAL AND EPIDEMIOLOGIC FEATURES. U.S. Department of Health and Human Services. D. A. Henderson. *Emerging Infectious Diseases.* Vol. 5, No. 4, 1999. Atlanta,

Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.537-9. [Article].

SuDoc# HE 20.7187: 5/4

> "Where might the virus come from? At one time, it was believed that the smallpox virus was restricted to only two high-security laboratories, one at the Centers for Disease Control and Prevention in Atlanta, Georgia, and one at the Russian State Centre for Research on Virology and Biotechnology, Koltsovo, Novosibirsk Region. By resolution of the 1996 World Health Assembly (WHA), those stocks were slated to be destroyed at the end of June 1999 ... despite widespread acceptance of the 1972 Bioweapons Convention Treaty, which called for all countries to destroy their stocks of bioweapons and to cease all research on offensive weapons, other laboratories in Russia and perhaps in other countries maintain the virus. Iraq and the Soviet Union were signatories to the convention, as was the United States. However, as reported by the former deputy director of the Russian Bioweapons Program, officials of the former Soviet Union took notice of the world's decision in 1980 to cease smallpox vaccination, and in the atmosphere of the cold war, they embarked on an ambitious plan to produce smallpox virus in large quantities and use it as a weapon. At least two other laboratories in the former Soviet Union are now reported to maintain smallpox virus, and one may have the capacity to produce the virus in tons at least monthly. Moreover, Russian biologists, like physicists and chemists, may have left Russia to sell their services to rogue governments. Smallpox is rated among the most dangerous of all potential biological weapons, with far-reaching ramifications."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/henderson.htm

SMALLPOX RESEARCH. U.S. Department of Health and Human Services. Centers for Disease Control. *Emerging Infectious Diseases.* Vol. 8, No. 7, July 2002. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 2002. [Entire Issue].

SuDoc# HE 20.7817: 8/7

> Special issue of EID devoted to current research on the transmission, symptoms, and prevention of the spread of smallpox, a disease many terrorism experts have mentioned as a likely candidate for bioterrorism.

Online

http://www.cdc.gov/ncidod/EID/contents_v8n7.htm

THE STATE OF PUBLIC HEALTH PREPAREDNESS FOR TERRORISM INVOLVING WEAPONS OF MASS DESTRUCTION: A SIX-MONTH REPORT CARD. U.S. Congress.

Senate. Committee on Governmental Affairs. 107th Congress, 2nd Session, 18 April 2002. Washington, DC: U.S. Government Printing Office, 2002. 102p. [Hearing].

SuDoc# Y 4. G 74/9: S.HRG.107-507

"Only the Federal Government can ensure that the necessary programs and structures are in place to protect the American people from a biological, chemical, or radiological attack and we must work together, Executive Branch, Legislative Branch, and private sector and nonprofit private sector," because we are now aware of "how woefully underprepared" much of our public health system is to respond to these types of attacks.

Online

http://purl.access.gpo.gov/GPO/LPS22830 (PDF)

STATEMENT BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING ADDITIONAL OPTIONS FOR PREVENTIVE TREATMENT FOR THOSE EXPOSED TO INHALATIONAL ANTHRAX. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# N/A

"Many of those who were exposed to inhalational anthrax in the recent mail attacks are presently concluding their 60-day course of preventive antibiotic treatment. Some of these persons, especially those who may have been exposed to very high levels of anthrax spores, may wish to take additional precautions. The Department of Health and Human Services (HHS) is providing two additional options beyond the 60-day antibiotic course, for those who may wish to pursue them: an extended course of antibiotics, and investigational post-exposure treatment with anthrax vaccine."

Online

http://www.bt.cdc.gov/DocumentsApp/Anthrax/12182001/hhs12182001.asp

THE STATUS OF EFFORTS TO IDENTIFY PERSIAN GULF WAR SYNDROME. U.S. Congress. House. Committee on Government Reform and Oversight. Subcommittee on Human Resources and Intergovernmental Relations. 104th Congress, 2nd Session, 11 & 28 March; 25 June; 19 September 1996. Washington, DC: U.S. Government Printing Office, 1997. 540p. [Hearing].

SuDoc# Y 4. G 74/7: P 43/6

"The problems of Persian Gulf war veterans challenge the Federal Government's capacity to care. Faced with an alarming variety of symptoms and possible pathologies, the Department of Veterans Affairs and others have, since 1991, undertaken an impressive number of studies to explore the illnesses suffered by Gulf war veterans."

THE STATUS OF EFFORTS TO IDENTIFY PERSIAN GULF WAR SYNDROME: RECENT GAO FINDINGS. U.S. Congress. House. Committee on Government Reform and Oversight. Subcommittee on Human Resources. 105th Congress, 1st Session, 24 June 1997. Washington, DC: U.S. Government Printing Office, 1997. 97p. [Hearing].

SuDoc# Y 4. G 74/7: P 43/8

Examining whether the syndrome was caused by low-level exposure to chemical weapons.

SUSPECTED BRUCELLOSIS CASE PROMPTS INVESTIGATION OF POSSIBLE BIOTERRORISM-RELATED ACTIVITY—NEW HAMPSHIRE AND MASSACHUSETTS, 1999. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 49, No. 23, 2000. Atlanta, Georgia: Centers for Disease Control and Prevention, 2000. [CDC Website].

SuDoc# HE 20.7009: 49/23

"This report illustrates the dilemmas inherent in laboratory detection of potential agents of biological terrorism. Although the standard laboratory test for *Brucella* antibody is the tube agglutination test (*7*), the more rapid simple slide agglutination test is commonly used in commercial and hospital laboratories. The slide agglutination test is 97%--100% sensitive and may be as low as 88% specific (*8*). However, if used in a population with a low prevalence of disease, even a diagnostic test with 99% specificity will have a low positive predictive value. Because agents high on the list of possible biological terrorism have very low incidence of natural infection in the United States, the risk for a false-positive result is high. Therefore, diagnostic laboratory testing should be integrated with epidemiologic investigation when assessing potential covert biological terrorism events to rule out false-positive laboratory findings. To ensure that evaluation of materials from suspected biological terrorism events or threats is sensitive, specific, and rapid, CDC is working with its public health partners to improve laboratory diagnostic tests for many of the potential agents of biological terrorism and to transfer these diagnostic capabilities to state health department laboratories (*6*). CDC and other federal, state, and territorial public health laboratories are creating a multilevel Laboratory Response Network for Biological Terrorism that links state and local public health agencies to advanced capacity facilities that collectively maintain state-of-the art capabilities for a wide range of biological agents."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4923a1.htm

TERRORIST NUCLEAR ATTACKS ON SEAPORTS: THREAT AND RESPONSE. Library of Congress. Jonathan Medalia. 23 August 2002. Washington, DC: Congressional Research Service, Library of Congress, 2002. 6p. [Online Report].

SuDoc# LC 14.19/3: RS21293

"This report focuses on a possible terrorist nuclear attack on a U.S. seaport, a low-probability but high-consequence threat. Ports are vulnerable, and an attack could affect the global economy as well as cause local devastation. Terrorists might obtain a bomb in several ways, though each presents difficulties. Current ability to detect a bomb appears limited."

Online

http://fpc.state.gov/documents/organization/13840.pdf (PDF)

TERRORISTS, WMD, AND THE US ARMY RESERVE. U.S. Department of Defense. Charles L. Mercier, Jr. *Parameters: US Army War College Quarterly.* Vol. 27, No. 3, Autumn 1997. Carlisle Barracks, Pennsylvania: U.S. Army War College, 1997. p.98-118. [Article].

SuDoc# D 101.72: 27/3

"With planning and training, significant Army Reserve chemical support could be available in affected areas within a few hours of an attack, ready to begin the search for additional casualties and identification of any contamination … Because Army Reserve units are spread throughout the United States, at least some chemical and medical units are within a few hours' driving distance of most major cities … A terrorist attack employing a radiation dispersal device would require immediate action, much as in response to a chemical attack. Medical personnel would need to deploy to the area, along with chemical units. There are no prophylactics or vaccinations for radiation, but symptoms of radiation sickness as well as the trauma effects of the blast can be treated … The mission identified and described in this article is in some respects an extension of survival and force protection on the battlefield. It differs significantly, however, in that success will be determined by the quality of the partnerships we develop with civil authorities in every region where we envision a requirement for military support to those authorities. From those partnerships will grow the mutual trust and confidence needed to respond rapidly and effectively to any contingencies that threaten to overwhelm the capacity of local authorities to respond effectively."

Online

http://carlisle-www.army.mil/usawc/Parameters/97autumn/mercier.htm

THE THREAT FROM BIOLOGICAL WEAPONS. U.S. Institute of Peace. *Peace Watch.* Vol. 8, No. 3, April 2002. Washington, DC: U.S. Institute of Peace, 2002. p.6. [Article].

SuDoc# Y 3. P 31: 15-2/V.8/NO.3

"The biological know-how and technology needed to develop and produce such weapons is available worldwide, spreading the capability to inflict mass injury."

Online

http://www.usip.org/peacewatch/2002/4/biological.html

THE THREAT OF BIOTERRORISM AND THE SPREAD OF INFECTIOUS DISEASES. U.S. Congress. Senate. Committee on Foreign Relations. 107th Congress, 1st Session, 5 September 2001. Washington, DC: U.S. Government Printing Office, 2001. 104p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.107-124

Focuses on threats to the United States homeland and attempts to assess what those threats are and prioritization for the purpose of making rational recommendations to the rest of the Congress.

Online

http://purl.access.gpo.gov/GPO/LPS15929

http://purl.access.gpo.gov/GPO/LPS15930 (PDF)

THREAT OF NORTH KOREAN NUCLEAR PROLIFERATION. U.S. Congress. Senate. Committee on Foreign Relations. Subcommittee on East Asian and Pacific Affairs. 102nd Congress, 1st & 2nd Sessions, 25 November 1991; 14 January; 6 February 1992. Washington, DC: U.S. Government Printing Office, 1992. 118p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.102-635

"So far the North Koreans have not agreed to international safeguards, and … have not really lived up to the terms of the Non-Proliferation Treaty."

THE TOKYO ATTACKS IN RETROSPECT: SARIN LEADS TO MEMORY LOSS. U.S. Department of Health and Human Services. Ernie Hood. *Environmental Health Perspectives.* Vol. 109, No. 11, 2001. Research Triangle Park, North Carolina: National Institute of Environmental Health Sciences, 2001. p.A542. [Article].

SuDoc# HE 20.3559: 109/11

Reports on a study conducted by Nishiwaki and others on people exposed to sarin gas in the Tokyo subway attack of 1995. Memorization and psychometric tests preliminarily indicate that there is a significant statistical correlation between exposure to sarin gas and loss of memory.

Online

http://ehp.niehs.nih.gov/docs/2001/109-11/ss.html

TREATING THE SICK: CAPACITY OF THE U.S. HEALTH CARE SYSTEM TO RESPOND TO AN EPIDEMIC. U.S. Department of Health and Human Services. Ken Bloem. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.34-5. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

Whether the U.S. health care system could adequately respond to a terrorist attack; whether the necessary persons are coordinated, aware, and prepared for the threat; whether there would be adequate coordination and back-up from government agencies, civilian and military, and private, nongovernmental health organizations; and whether there are appropriate federal and state policies supportive of this coordinated response.

TULAREMIA FAQ's. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, 2002. [CDC Website].

SuDoc# N/A

"Q. What is tularemia?
A. Tularemia, also known as "rabbit fever," is a disease caused by the bacterium *Francisella tularensis*. Tularemia is typically found in animals, especially rodents, rabbits, and hares. Tularemia is usually a rural disease and has been reported in all U.S. states except Hawaii.
Q. How do people become infected with tularemia?
A. Typically, people become infected through the bite of infected insects (most commonly, ticks and deerflies), by handling infected sick or dead animals, by eating or drinking contaminated food or water, or by inhaling airborne bacteria."

Online

http://www.bt.cdc.gov/DocumentsApp/FAQTularemia.asp?link#3&page#bio

UNDERSTANDING PUBLIC RESPONSE TO DISASTERS. U.S. Department of Health and Human Services. Thomas A. Glass. *Public Health Reports.* Vol. 116, Supp. 2, 2001. Cary, North Carolina: Oxford University Press, 2001. p.69-73. [Article].

SuDoc# HE 20.30: 116/2/SUPP.2

What can be learned from the study of actual technological or natural disasters, specifically what can be learned to prepare for potential biological weapons release.

UPDATE: ADVERSE EVENTS ASSOCIATED WITH ANTHRAX PROPHYLAXIS AMONG POSTAL EMPLOYEES—NEW JERSEY, NEW YORK CITY, AND THE DISTRICT OF COLUMBIA METROPOLITAN AREA, 2001. U.S. Department of Health and Human Services.

Morbidity and Mortality Weekly Report. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/47

"Antimicrobial prophylaxis to prevent inhalational anthrax has been recommended for persons potentially exposed to *Bacillus anthracis* as a result of the recent bioterrorist attacks (*1*). During October 26--November 6, 2001, an epidemiologic evaluation to detect adverse events associated with antimicrobial prophylaxis was conducted among 8,424 postal employees who had been offered antimicrobial prophylaxis for 60 days in New Jersey (NJ), New York City (NYC), and one postal facility in the District of Columbia (DC). This report summarizes preliminary results of that evaluation, which found that few employees receiving antimicrobial prophylaxis sought medical attention for symptoms that may have been associated with anaphylaxis. Persons with exposures to *B. anthracis* related to the bioterrorist attacks should complete the full 60-day course of antimicrobial prophylaxis."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5047a2.htm

UPDATE: INVESTIGATION OF BIOTERRORISM-RELATED ANTHRAX AND INTERIM GUIDELINES FOR CLINICAL EVALUATION OF PERSONS WITH POSSIBLE ANTHRAX. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/43

"Since October 3, 2001, CDC and state and local public health authorities have been investigating cases of bioterrorism-related anthrax. This report updates findings as of October 31, and includes interim guidelines for the clinical evaluation of persons with possible anthrax. A total of 21 cases (16 confirmed and five suspected) of bioterrorism-related anthrax have been reported among persons who worked in the District of Columbia, Florida, New Jersey, and New York City (Figure 1). Until the source of these intentional exposures is eliminated, clinicians and laboratorians should be alert for clinical evidence of *Bacillus anthracis* infection. Epidemiologic investigation of these cases and surveillance to detect new cases of bioterrorism-associated anthrax continues."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5043a1.htm

UPDATE: INVESTIGATION OF BIOTERRORISM-RELATED ANTHRAX AND INTERIM GUIDELINES FOR EXPOSURE MANAGEMENT AND ANTIMICROBIAL THERAPY, OCTOBER, 2001. U.S. Department of Health and Human Services. *Morbidity and Mortality*

Weekly Report. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/42

"This report updates previous findings, provides new information on case investigations in two additional areas, presents the susceptibility patterns of *Bacillus anthracis* isolates, and provides interim recommendations for managing potential threats and exposures and for treating anthrax. As of October 24, investigations in the District of Columbia (DC), Florida, New Jersey, New York City (NYC), Maryland, Pennsylvania, and Virginia have identified 15 (11 confirmed and four suspected) cases of anthrax according to the CDC surveillance case definition (*1*). Seven of the 15 cases were inhalational anthrax and eight were cutaneous. Of the seven inhalational cases, five occurred in postal workers in New Jersey and DC, and one in a person who sorted and distributed mail at a media company in Florida. Two letters mailed to two different recipients in NYC and one letter mailed to a recipient in DC are known to have contained *B. anthracis* spores. Six cases were identified in employees of media companies; one was a 7-month-old infant who visited a media company; and eight cases are consistent with exposures along the postal route of letters known to be contaminated with *B. anthracis* spores in New Jersey and DC. Using molecular typing, analysis of *B. anthracis* isolates from cases in Florida, NYC, and DC indicated that the isolates are indistinguishable (*2*). Epidemiologic investigations and surveillance in other locations are continuing; no additional cases have been identified."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5042a1.htm

UPDATE: LARGEST-EVER DEPLOYMENT OF CDC EPIDEMIC INTELLIGENCE SERVICE OFFICERS: ELITE CORPS OF "DISEASE DETECTIVES" DEPLOYED IN RECORD NUMBERS SINCE SEPTEMBER 11. U.S. Department of Health and Human Services. Atlanta, Georgia: Centers for Disease Control and Prevention, Office of Communication, 2002. [CDC Website].

SuDoc# N/A

"One hundred thirty six CDC EIS officers, or 93 percent of the total number of disease detectives at CDC, were deployed at least once to assist state and local public health agencies since September 11, 2001. The deployment of 34 officers to New York City on September 14 was the largest single deployment of EIS officers to one location in its 51-year history. Many others were assigned to monitor for signs of bioterrorism-related illnesses in New York, Florida, New Jersey, Washington, D.C. and Connecticut."

Online

http://www.cdc.gov/od/oc/media/pressrel/r020125.htm

U.S. MILITARY'S CAPABILITIES TO RESPOND TO DOMESTIC TERRORIST ATTACKS INVOLVING THE USE OF WEAPONS OF MASS DESTRUCTION. U.S. Congress. Senate. Committee on Armed Services. Subcommittee on Emerging Threats and Capabilities. 107th Congress, 1st Session, 1 May 2001. Washington, DC: U.S. Government Printing Office, 2002. 123p. [Hearing].

SuDoc# Y 4. AR 5/3: S.HRG.107-731

> "The congressionally chartered United States Commission on National Security/21st Century (also known as the Hart/Rudman Commission) reported that 'America will become increasingly vulnerable to hostile attack on our homeland' and 'States, terrorists, and other disaffected groups will acquire weapons of mass destruction and mass disruption, and some will use them. Americans will likely die on American soil, possibly in large numbers.' Finally, the Commission stated that 'the most serious threat to our security may consist of unannounced attacks on American cities by sub-national groups using genetically-engineered pathogens'…If that attack happened today, they [first-responders] would be ill-equipped to ascertain the nature of the attack and would require expert assistance."

USE OF ANTHRAX VACCINE IN THE UNITED STATES: RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 49, No. 15, 2000. Atlanta, Georgia: Centers for Disease Control and Prevention, 2000. [CDC Website].

SuDoc# HE 20.7009: 49/15

> "The use of livestock vaccines was associated with occasional animal casualties, and live vaccines were considered unsuitable for humans. In 1904, the possibility of using acellular vaccines against *B. anthracis* was first suggested by investigators who discovered that injections of sterilized edema fluid from anthrax lesions provided protection in laboratory animals (*45,46*). This led to exploration of the use of filtrates of artificially cultivated *B. anthracis* as vaccines (*47--51*) and thereby to the human anthrax vaccines currently licensed and used in the United States and Europe today. The first product --- an alum-precipitated cell-free filtrate from an aerobic culture --- was developed in 1954 (*52,53*). Alum is the common name for aluminum potassium sulfate. This vaccine provided protection in monkeys, caused minimal reactivity and short-term adverse events in humans, and was used in the only efficacy study of human vaccination against anthrax in the United States. In the United States, during 1957--1960, the vaccine was improved through a) the selection of a *B. anthracis* strain that produced a higher fraction of PA under microaerophilic conditions, b) the production of a protein-free media, and c) the use of aluminum hydroxide rather than alum as the adjuvant (*50,51*). This became the vaccine approved for use in the United States --- anthrax vaccine adsorbed (AVA [patent number 3,208,909, September 28,

1965]). Passive immunity against *B. anthracis* can be transferred using polyclonal antibodies in laboratory animals (*54*); however, specific correlates for immunity against *B. anthracis* have not been identified (*55--57*). Evidence suggests that a humoral and cellular response against PA is critical to protection against disease following exposure (*49,57--59*)."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm

VACCINES, PHARMACEUTICAL PRODUCTS, AND BIOTERRORISM: CHALLENGES FOR THE U.S. FOOD AND DRUG ADMINISTRATION. U.S. Department of Health and Human Services. Kathryn C. Zoon. *Emerging Infectious Diseases*. Vol. 5, No. 4, 1999. Atlanta, Georgia: National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1999. p.534-6. [Article].

SuDoc# HE 20.7187: 5/4

"In regards to bioterrorism, the goal of the U.S. Food and Drug Administration (FDA) is to foster the development of vaccines, drugs and diagnostic products, safeguards of the food supply, and other measures needed to respond to bioterrorist threats. Many products (vaccines, therapeutic drug and biological products, food, devices, and diagnostics) regulated by FDA could be affected by bioterrorism. Pathogens or pathogen products adapted for biological warfare include smallpox (variola), anthrax (*Bacillus anthracis*), plague (*Yersinia pestis*), tularemia (*Francisella tularensis*), brucellosis (*Brucella abortus, B. melitensis, B. suis, B. canis*), Q fever (*Coxiella burnettii*), botulinum toxin (produced by *Clostridium botulinum*) and staphylococcal enterotoxin B. New products are needed to diagnose, prevent, and treat these public health threats."

Online

http://www.cdc.gov/ncidod/EID/vol5no4/zoon.htm

VACCINIA (SMALLPOX) VACCINE RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), 2001. U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report.* Vol. 50, No. 10, 2001. Atlanta, Georgia: Centers for Disease Control and Prevention, 2001. [CDC Website].

SuDoc# HE 20.7009: 50/10

"These revised recommendations regarding vaccinia (smallpox) vaccine update the previous Advisory Committee on Immunization Practices (ACIP) recommendations (MMWR 1991;40; No. RR-14:1--10) and include current information regarding the nonemergency use of vaccinia vaccine among laboratory and health-care workers occupationally exposed to vaccinia virus, recombinant vaccinia viruses, and other

Orthopoxviruses that can infect humans. In addition, this report contains ACIP's recommendations for the use of vaccinia vaccine if smallpox (variola) virus were used as an agent of biological terrorism or if a smallpox outbreak were to occur for another unforeseen reason."

Online

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm

WEAPONS OF MASS DESTRUCTION: DOD REPORTING ON COOPERATIVE THREAT REDUCTION ASSISTANCE HAS IMPROVED. U.S. General Accounting Office. February 1997. Washington, DC: U.S. General Accounting Office, 1997. 6p. [Report].

SuDoc# GA 1.13: NSIAD-97-84

"By the end of 1995, audit and examination teams had conducted 12 audits and examinations among the four recipient countries. The teams audited a variety of CTR-provided assistance, including rail car conversion kits, strategic arms elimination equipment, and environmental restoration equipment."

Online

http://purl.access.gpo.gov/GPO/LPS11088 (PDF)

WEAPONS OF MASS DESTRUCTION: EFFORT TO REDUCE RUSSIAN ARSENALS MAY COST MORE, ACHIEVE LESS THAN PLANNED. U.S. General Accounting Office. April 1999. Washington, DC: U.S. General Accounting Office, 1999. 28p. [Report].

SuDoc# GA 1.13: NSIAD-99-76

"The recent history of the Mayak and Shchuch'ye projects indicates that U.S. efforts to reduce the threat of Russian nuclear and chemical weapons will cost more than previously estimated and take longer than previously scheduled. Unless Russia and other foreign nations take certain steps, these facilities will not provide the United States with all the national security benefits that it sought. Russia's funding shortfalls and reluctance to provide DOD with crucial information have hampered DOD's efforts and limited prospects for achieving all of these projects' intended benefits within expected time frames."

Online

http://purl.access.gpo.gov/GPO/LPS17078 (PDF)

WEAPONS OF MASS DESTRUCTION IN THE MIDDLE EAST. U.S. Institute of Peace. *Peace Watch.* Vol. 4, No. 4, June 1998. Washington, DC: U.S. Institute of Peace, 1998. p. 4. [Article].

SuDoc# Y 3. P 31: 15-2/V.4/NO.4

"A failure to contain weapons of mass destruction in the Middle East jeopardizes prospects for long-term peace and security in the region, according to an Institute senior fellow … Iran and Iraq have long-standing nuclear weapons programs, and Israel has had an unacknowledged nuclear option since 1967. The region is also plagued by stockpiles of biological and chemical weapons."

Online

http://www.usip.org/peacewatch/1998/698/mideast.html

WEAPONS OF MASS DESTRUCTION: REDUCING THE THREAT FROM THE FORMER SOVIET UNION: AN UPDATE. U.S. General Accounting Office. June 1995. Washington, DC: U.S. General Accounting Office, 1995. 78p. [Report].

SuDoc# GA 1.13: NSIAD-95-165

"Uncertainty still exists about Russia's specific commitments to destroy its chemical weapons under its international obligations. In the past, Russia made no specific commitments to the United States to carry out the conditions of a bilateral chemical weapons destruction agreement and the Chemical Weapons Convention."

Online

http://purl.access.gpo.gov/GPO/LPS20504 (PDF)

WEAPONS OF MASS DESTRUCTION: STATUS OF THE COOPERATIVE THREAT REDUCTION PROGRAM. U.S. General Accounting Office. September 1996. Washington, DC: U.S. General Accounting Office, 1996. 35p. [Report].

SuDoc# GA 1.13: NSIAD-96-222

"Upon its breakup in 1991, the Soviet Union bequeathed a vast array of weapons of mass destruction to Russia, Ukraine, Belarus, and Kazakstan. This legacy included about 30,000 nuclear weapons, 2,500 strategic nuclear delivery systems, and at least 40,000 metric tons of chemical weapons. In 1991, Congress authorized DOD to establish a CTR program to help these states (1) destroy weapons of mass destruction, (2) store and transport the weapons in connection with their destruction, and (3) reduce the risk of proliferation."

Online

http://purl.access.gpo.gov/GPO/LPS31519 (PDF)

WEAPONS OF MASS DESTRUCTION: THE TERRORIST THREAT. Library of Congress. Steve Bowman. 7 March 2002. Washington, DC: Congressional Research Service, Library of Congress, 2002. 7p. [Online Report].

SuDoc# LC 14.19/3: RL31332

"Worldwide, the likelihood of terrorists being capable of producing or obtaining WMD may be growing due to looser controls of stockpiles and technology in the former Soviet states specifically, and the broader dissemination of related technology and information in general. However, WMD remain significantly harder to produce or obtain than what is commonly depicted in the press."

Online

http://www.fas.org/irp/crs/RL31332.pdf (PDF)

WEAPONS OF MASS DESTRUCTION: TRADE BETWEEN NORTH KOREA AND PAKISTAN. Library of Congress. Sharon Squassoni. 11 March 2004. Washington, DC: Congressional Research Service, Library of Congress, 2004. 16p. [Online Report].

SuDoc# LC 14.19/3: RL31900

"WMD trade between North Korea and Pakistan raises significant issues for Congress in its oversight role. First is the question of sources of leverage over proliferators that do not belong to nonproliferation regimes; second is the role of sanctions, interdiction, and intelligence as nonproliferation tools; third is a general interpretation of the threat of proliferation and how it affects the nexus of terrorism and WMD. Fourth, Congress may decide to consider the impact of tradeoffs between counterterrorism cooperation and nonproliferation cooperation and whether there are approaches that would make both policies mutually supportive."

Online

http://www.fas.org/spp/starwars/crs/RL31900.pdf (PDF)

WHAT EVERYONE NEEDS TO KNOW ABOUT THE ANTHRAX VACCINE. U.S. Department of Defense. 1 May 2000. Washington, DC: U.S. Department of Defense, 2000. 8p. [Pamphlet].

SuDoc# D 1.2: AN 8/2

"*Anthrax bacteria produce spores that can be processed to become easily airborne.* Mail-sorting machinery can easily aerosolize anthrax in envelopes sent via regular methods through the US Postal Service. Anthrax spores can be spread in the air by missiles, rockets, artillery, aerial bombs and sprayers. Anthrax can travel downwind for hundreds of miles. *Anthrax spores remain dangerous for decades.* During WW II the British experimented with anthrax on Gruinard Island. 40 years later, the island was still uninhabitable and had to be decontaminated. Naturally occurring anthrax spores remain dormant in the soil for decades. Grazing animals can ingest them and become infected with the disease. *Anthrax can be produced in large quantities with relatively basic technology.* All of the technology needed to produce anthrax is considered dual use--meaning it has legitimate uses in the biological and pharmaceutical industries. The technology is available on the open market with few

controls to purchase. Any country with basic healthcare or a basic pharmaceutical industry has the expertise to produce anthrax."

Online

http://www.anthrax.osd.mil

WMD DEVELOPMENTS ON THE KOREAN PENINSULA. U.S. Congress. Senate. Committee on Foreign Relations. 108th Congress, 1st Session, 4 February 2003. Washington, DC: U.S. Government Printing Office, 2003. 72p. [Hearing].

SuDoc# Y 4. F 76/2: S.HRG.108-13

"In July 2002, the administration received very good intelligence which made us dramatically change our assessment from the DPRK being involved in just and R&D program. And we found, for instance, an order of magnitude difference in the estimate that we had received of how many centrifuges they might be obtaining, vice what we received in new intelligence, which showed that they were receiving and acquiring many, many more than was originally thought…in our view, the North Koreans had embarked on a production program, no longer an R&D program."

Online

http://purl.access.gpo.gov/GPO/LPS31483

http://purl.access.gpo.gov/GPO/LPS31484 (PDF)