Can Ebola Be Weaponized?

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The recent <u>Ebola virus epidemic</u> has had its share of headlines, and some articles raise alarms with regards to its use in germ warfare.

This is a concern that should be examined. Can Ebola be weaponized? What is necessary for it to be usable by forces that want to unleash a pandemic upon us?

Let's discuss the use of microbes as weapons. Biological warfare is the use of infectious agents such as bacteria, viruses, fungi or their by-products to wreak death and havoc among a specific population.

The user's goal is to achieve control over an area or a segment of the population by weakening the ability to resist. Biological weapons don't necessarily have to directly kill: unleashing a horde of locusts to destroy crops or agents that kill an area's livestock can be just as effective.

A number of anti-livestock and anti-vegetation bio-weapons have already been developed.

History Of Biological Warfare

This type of weapon has been used since ancient times, and even appears in the bible as some of the plagues visited upon Pharaoh by a wrathful God. Medieval accounts of diseased corpses catapulted into besieged cities abound; this method was used as late at 1710, when the Russians attacked the Swedish city of Reval (present day Tallinn) in this manner.

The Western hemisphere was changed forever by the inadvertent introduction of smallpox into the Native American population, killing 90% in some areas and opening vast swaths of land for European colonization.

In addition, purposeful biological warfare occurred against Native Americans when the British presented a large "gift" of infected blankets as a "peace" offering during Pontiac's War in the mid-1700s.

As time progressed, new methods and infectious agents such as Anthrax were used in certain situations during World War I. As a result, use of biological weapons was banned by the Geneva Protocol in 1925, but research and production was still carried out by both sides during World War II. Research into the use of Anthrax by the United Kingdom left their laboratory area in Scotland contaminated for the next five decades.

Eventually, the storage, production, and transport of such agents was banned in 1972 by the Biological Weapons Convention (BWC). Despite this, there are a number of violations that have been documented in the former Soviet Union and Iraq, and various others suspected. Presently, 170 countries have signed the BWC pact.

The Perfect Bio-Warfare Agent

The perfect biological weapon would have these characteristics:



- □ Be infectious and contagious in a large percentage of those exposed
- □ Cause severe long-term debilitation or death of the infected organism
- Have few available antidotes, preventives or cures
- □ Be easily deliverable to the area or population targeted
- □ Have low likelihood of causing damage to those using the age

Some candidates for use as biological warfare agents include Anthrax, Smallpox, Viral hemorrhagic Fevers (Ebola, etc.), and Pneumonic Plague.

Anthrax

Anthrax is a bacterium that can be contracted in several ways: skin contact, inhalation, and through the gut. More common in livestock than people, Anthrax may be transmitted through the air, but isn't perfect as a weapon.

A "cloud" of Anthrax would be necessary to affect a large population. Large numbers of infected livestock, however, could result in an epidemic of the disease in humans.

Having said this, Anthrax has been the biological weapon of choice. Why? It is exceptionally hardy and can survive for centuries in the ground despites weather extremes.

Although Penicillin, Doxycycline, and Ciprofloxacin (Fish-Pen Bird-Biotic, and Fish-Flox) are effective against this bacteria if treated early, full-blown inhalation Anthrax is deadly.

Pneumonic Plague

"Pneumonic" is one of three types of plague and, by far, the most contagious, easily spread by coughing bacteria into the air. It is caused by a bacterium known as Yersinia Pestis, usually found in rodents and other small animals and their fleas.

Unlike inhalation Anthrax, which may take weeks to develop symptoms, patients with Pneumonic plague may be dead in 2-4 days if not treated early. Tetracycline (Fish-Cycline), Doxycycline (Bird-Biotic) and Ciprofloxacin (Fish-Flox), and IV Gentamycin are common treatments.

Smallpox

Smallpox is another viral illness that is highly contagious and was responsible for the decimation of the Native American population in the Americas. Once infected, there is no cure. Although rare in developed countries now, FEMA is still thought to stockpile Smallpox vaccines in enough quantity to vaccinate every U.S. citizen.

Ebola as a Biological Weapon

(For general info on Ebola, see my article: <u>http://www.doomandbloom.net/ebola-the-next-great-pandemic/</u>)

The candidate in the news today is Ebola Hemorrhagic Fever. The current strain of the virus in West Africa has a 55-60% death rate and is out of control in the epidemic areas. You would think that Ebola would, therefore, be an excellent choice as a biological weapon.



It isn't. Ebola virus is very sensitive to its environment and just doesn't last long outside a host. It doesn't tolerate sunlight and needs high temperature and humidity to survive. Most cities in developed countries don't have the climate conducive to Ebola's survival. It doesn't transmit as well as, say, influenza, through airborne means.

It's also not easy to work with. Even if a terrorist kidnapped an Ebola victim, working with the virus in anything less than an advanced microbiology lab (called a "Biosafety Level 4") would likely result in the terrorist dying from the disease. As well, Ebola virus is too sensitive to survive the complex process of refining, enriching, purification, etc. that is necessary for weaponization.

So don't panic the next time you read about "Ebola Gas" or "Ebola Bombs". Be aware of the virus, <u>have supplies available that will help in a crisis,</u> and use your most important survival tool: Your mind. Do you own research, get the facts, and come to your own conclusions.

Even SWAT Teams Are Helpless Against This

This article was written as a Guest Writer for <u>Survivopedia</u> by Joe Alton, M.D., aka Dr. Bones of <u>www.doomandbloom.net</u>.

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